



# Olympic Area Agency on Aging

## Request for Proposals



**VIRTUAL or IN-PERSON**

## Evidence-Based Health Promotion Programs

Workshops for Exercise & Strengthening, Caregiver Training/Support,  
Mental Health Wellness, Chronic Disease Self-Management

**for Older Adults**

**RFP No. 22-001-Title IIID-RFP, January 2022**

Service Area: **Clallam, Grays Harbor, Jefferson, and Pacific Counties**

Issue Date: **December 1, 2021**

Closing Date: **January 30, 2022**

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## A: RFP INTRODUCTION

**The purpose of this Request for Proposals (RFP)** is to offer funding to individuals or organizations to become trained, certified, and paid to offer older adults (60+, tribal elders 55+), and their Caregivers the opportunity to participate in virtual/remote (phone/video conferencing) or in-person evidence-based health and exercise programs throughout Clallam, Grays Harbor, Jefferson, and Pacific counties.

Evidence-based health programs are proven to help older adults reduce falls and other injuries, prevent loneliness and isolation, while improving quality of life and their ability to live independently. Evidence-based training for Caregivers can offer support for their own health and well-being while caring for their loved ones.

### A1. Issuing Agency and Authority

This RFP is being issued by the Olympic Area Agency on Aging (O3A). O3A's mission is to help older adults and persons with disabilities maintain their dignity, health, and independence in their homes through a coordinated system of home and community-based services.

O3A receives federal and state funds through the Washington Department of Social and Health Services, Aging & Long-Term Support Administration.

For more information O3A please visit our website: [www.O3A.org](http://www.O3A.org).

### A2. What Are Evidence-Based Health Programs?

Evidence-based programs:

- Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*
- Research results published in a peer-review journal; *and*
- Fully translated in one or more community site(s); *and*
- Include developed dissemination products that are available to the public

Many evidence-based programs can be offered by anyone. Online or in-person certification trainings are regularly available.

## Examples of some evidence-based programs approved for in-person and/or remote delivery funding:

### Falls Prevention, Nutrition and Physical Activity:

- A Matter of Balance : <https://www.ncoa.org/article/evidence-based-program-a-matter-of-balance>
- Active Choices : <https://www.ncoa.org/article/evidence-based-program-active-choices>
- Active Living Every Day : <https://www.ncoa.org/article/evidence-based-program-active-living-every-day>
- AEA Arthritis Exercise : <https://www.ncoa.org/article/evidence-based-program-aea-arthritis-foundation-exercise-program-land-based>
- Bingocize : <https://www.ncoa.org/article/evidence-based-program-bingocize>
- Eat Smart, Move More, Weigh Less : <https://www.ncoa.org/article/evidence-based-program-eat-smart-move-more-weigh-less>
- Enhance Fitness : <https://www.ncoa.org/article/evidence-based-program-enhancefitness>
- Falls Talk : <https://www.ncoa.org/article/evidence-based-program-fallstalk>
- FallsScape : <https://www.ncoa.org/article/evidence-based-program-fallscape>
- Fit & Strong : <https://www.ncoa.org/article/evidence-based-program-fit-strong>
- Healthy Steps for Older Adults : <https://www.ncoa.org/article/evidence-based-program-healthy-steps-for-older-adults>
- On the Move : <https://www.ncoa.org/article/evidence-based-program-on-the-move>
- Otago Exercise Program : <https://www.ncoa.org/article/evidence-based-program-otago-exercise-program>
- Stay Active & Independent for Life (SAIL) : <https://www.ncoa.org/article/evidence-based-program-stay-active-independent-for-life-the-sail-program>
- Stepping On : <https://www.ncoa.org/article/evidence-based-program-stepping-on>
- Tai Chi for Arthritis & Fall Prev : <https://www.ncoa.org/article/evidence-based-program-tai-chi-for-arthritis-and-fall-prevention>
- Tai Ji Quan MBB : <https://www.ncoa.org/article/evidence-based-program-tai-ji-quan-moving-for-better-balance>
- Walk With Ease : <https://www.ncoa.org/article/evidence-based-program-walk-with-ease>

### Caregiver Support:

- Powerful Tools for Caregivers : <https://www.ncoa.org/article/evidence-based-program-powerful-tools-for-Caregivers>
- REACH : <https://www.ncoa.org/article/evidence-based-program-reach-community>
- Stress Busting for Caregivers : <https://www.ncoa.org/article/evidence-based-program-stress-busting-program-for-family-Caregivers>

### Behavioral Health:

- Health IDEAS : <https://www.ncoa.org/article/evidence-based-program-healthy-ideas>
- HealthMatters for IDD : <https://www.ncoa.org/article/evidence-based-program-healthmatters-program>
- PEARLS : <https://www.ncoa.org/article/evidence-based-program-pearls-program-to-encourage-active-rewarding-lives>

- WRAP : <https://www.ncoa.org/article/evidence-based-program-wellness-recovery-action-plan>

### Chronic Disease Self-Management Education:

- EnhanceWellness : <https://www.ncoa.org/article/evidence-based-program-enhancewellness>
- Geri-Fit : <https://www.ncoa.org/article/evidence-based-program-geri-fit-strength-training-workout-for-older-adults>
- Health Coaches for Hypertension Control : <https://www.ncoa.org/article/evidence-based-program-health-coaches-for-hypertension-control>
- HomeMeds : <https://www.ncoa.org/article/evidence-based-program-homemeds>
- Yo Puedo Controlar Mi Diabetes! : <https://www.ncoa.org/article/evidence-based-program-si-yo-puedo-controlar-mi-diabetes-si-yo-puedo>
- Mind Over Matter : <https://www.ncoa.org/article/evidence-based-program-mind-over-matter-healthy-bowels-healthy-bladder-mom>
- National Diabetes Prevention Program : <https://www.cdc.gov/diabetes/prevention/resources/curriculum.html>

<b>A3.</b>	<b>Funding</b>
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The source of the funds for this RFP come from DSHS's Federal AAA Older Americans Act (OAA), Contract , Title III D, CFDA 93.043. Additional time-limited funding comes from the American Rescue Plan Act, Title III D, CFDA 93.043. All awards are conditioned upon continued funding.

O3A anticipates spending approximately \$39,740 in the Olympic Peninsula Region (Clallam, Grays Harbor, Jefferson, and Pacific counties) for virtual and/or in-person evidence-based programs contracted anytime in 2022.

Funds may be used to reimburse you for training/certification, video-conferencing leader training/certification fees, some start-up costs (virtual license, training materials, and some technical equipment costs). You will be paid for each successful virtual or in-person session required to complete a workshop or training series.

O3A, in its sole discretion, will review the proposals received and determine how to allocate the funds among proposals. (For more information, refer to the Scoring and Criteria section.)

#### Proposal Costs and Payment of Contingent Fees:

O3A is not liable for any costs you incur prior to the issuance of a contract. All costs incurred in response to this solicitation are your responsibility.

## **B: QUALIFICATIONS & PROGRAM REQUIREMENTS**

### **B1. Qualifications**

#### Qualifications:

1. You must be an individual, partnership or legally incorporated entity, eligible to do business in Washington State.
2. You must be able to successfully pass a criminal history check. Some criminal convictions may disqualify you. See the disqualifying list at: <https://apps.leg.wa.gov/wac/default.aspx?cite=388-113>
3. You must provide the virtual or in-person program free of charge to people aged 60 and older (Tribal Elders may be 55 and older) or to their Caregivers.
4. If offering your program remotely, you must demonstrate experience with virtual platforms and videoconferencing.

### **B2. Program Requirements**

Requirements will vary according to the evidence-based (EB) Program Administrator. At a minimum, Proposers must demonstrate:

- a. Familiarity with the proposed EB Program;
- b. A history of successful implementation of the EB Program, or a clear plan for implementation of the virtual or in-person EB Program;
- c. A plan for recruiting participants to participate in the virtual or in-person EB Program.

#### Video-Conferencing Considerations for Distance Learning:

1. Have experience with conducting online meetings/groups using systems that are user friendly, easy to access (Zoom, Facebook Live, Skype, Google Duo, etc.)
2. Ensure the platform you choose allows for computer-based audio listening/speaking and phone-based audio listening/speaking. Synchronous virtual programming: This includes real-time telephone or live audio-video interaction typically with a participant using a smartphone, tablet, or computer.
3. If required, obtain, and maintain Virtual Certification for an online version of evidence-based program.
4. Provide any written or visual materials ahead of time to give people an idea of what to expect and the ability to plan in advance. If emailing be sure to use an accessible file format, or USPS mail.
5. Limit class size to monitor safety.

6. Have a staff person, volunteer, or co-trainer available at all times to manage the technical support of the online program while you offer instruction (e.g. monitor chat box, assist user with tech support).
7. Conduct a "Session #0" to familiarize all attendees with the format and video/speaker functions. Including a request that they assess their surroundings for safe participation. You will be paid for a Session #0.
8. Obtain an emergency contact number for the participant in the event of any emergency situations.
9. Obtain a medical release and signed liability waiver, as appropriate.
10. Outline how you will track and encourage consistent attendance.
11. Conduct and maintain all required surveys, measurements, and other documentation that is required for your EB Program.
12. Develop a method to monitor the safety of your program attendees.

You must outline how you will meet the requirements in your Program Proposal Evaluation Form (Attachment B).

Services during the COVID-19 Pandemic:

O3A follows the recommendations of the Washington State Department of Health. Face coverings/masks, frequently washing hands, remain important tools in preventing transmission of the virus.

At the time of issuing this RFP, the National Council on Aging (NCOA) as well as other administrations and agencies nationwide, continue to work hard to develop criteria around the ability to offer EB Programs, remotely. Many EB Health Programs have been approved for Virtual (video conferencing) or over the phone delivery. Work in this area is ongoing and evolving.

<b>B3.</b>	<b>General Compliance &amp; Insurance Requirements</b>
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General Compliance:

Proposers must agree to provide services that conform to the following used to develop this RFP and its requirements:

- Federal Older Americans Act (Attachment E) and;
- Program policies issued by Department of Social and Health Services (DSHS) Aging and Long-Term Services Administration (AL TSA) in Home and Community Services (HCS) Management Bulletins.
- National Council on Aging (NCOA) Virtual EB Health Programs Guidance

Insurance Requirements for Contract Award:

Upon entering a contract, you will be asked to provide proof of Professional Liability and/or

General Liability insurance. It will be your responsibility to discuss the appropriate type of insurance coverage you need as a virtual trainer (e.g. Fitness Trainer policy). If you plan to conduct any in-person trainings at a specific location, you will be required to provide proof of Commercial General Liability insurance or be Endorsed as an Additional Insured for the premises liability insurance. If you purchase insurance solely for the purpose of providing an evidence-based program, you will be reimbursed for the cost. Please read the requirements of the Insurance Requirements (Attachment F). Insurance requirements are subject to the type of program.

<b>B4. Notice of Solicitation &amp; Sole Point of Contact</b>
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A copy of this Request for Proposal (RFP) will be posted to O3A's website and advertised in the proposed service areas. Any individual or organization wishing to be added to the O3A's e-mail distribution list in order to receive future notices of funding opportunities can make such a request by contacting the Sole Point of Contact. Failure of O3A to notify any interested party or parties directly regarding the availability of this RFP shall not void or otherwise invalidate the RFP process.

All communications related to any provision of the RFP must be directed only to the Sole Point of Contact specified below:

**Janis M. Housden**  
**Program Manager**  
**Olympic Area Agency on Aging**  
**2200 W. Sims Way, Suite 100**  
**Port Townsend, WA 98368**

**Telephone: 360-379-5064**  
**Fax: 360-379-5074**  
**[janis.housden@dshs.wa.gov](mailto:janis.housden@dshs.wa.gov)**



## C: APPLICATION (Instructions & Items Required)

### C1. RFP Timelines

O3A will review proposals in the order they are received within the RFP Issue Date timeframe (page 1), while funding remains available. If funds remain available after the closing date, the RFP will be reopened.

RFP Issue Date	December 1, 2021
RFP Closing Date	January 31, 2022, 5:00 pm PST
Evaluation and Scoring Completed	February 7, 2022
Notice of Proposal Acceptance/Rejection	February 14, 2022
Deadline for Appeal	March 15, 2022
Proposals to Advisory Council	February 18, 2022
Proposals to Council of Governments	March 3, 2022
Appeal Decision	45 days after receipt of Appeal
Contract Start Date	April 1, 2022

### C2. Instructions to Apply

You must completely fill out and submit ALL the following documents (Attachments). The "attachments" listed below are part of the RFP document and begin on page 14. However, please note Attachment C is an Excel Document and must be downloaded from our website at <https://www.o3a.org/contracting/special-opportunities/>. Or, emailed to you directly by contacting the Sole Point of Contact.

Do not leave any spaces blank. If the information requested does not apply to you, please write N/A.

If any items are missing from your proposal, we may eliminate your proposal from consideration:

#### C2a. Proposal Cover Sheet (Attachment A):

*This cover sheet allows you to propose up to two (2) different programs. If you do, then you must complete separate Attachments B, C, and D for each program. The amount that you will enter for the "funding request" is the amount derived from completing Attachment C, the Funding Request Excel Workbook.*

C2b. Program Proposal Evaluation Form (Attachment B):

*This is the form that we will use to evaluate your score. Please provide your responses to each question and statement, whether typing your response into the document itself, or, by preparing your own written response using the numbering outline in the document. For example, if you are responding to question A.3.c, please write "A.3.c" following with your response. If any question or statement is not applicable to you, then write N/A.*

C2c. Funding Request Excel Workbook (Attachment C)

*Attachment C, gives you the instructions where to locate and download the Excel Document. If you are not able to download, email the Sole Point of Contact for a copy to be emailed to you. Please note that you only need to fill in the cells that are shaded green. The Excel Workbook has five (5) tabs:*

**Cover Page:** the name of your program and what the dates are of your proposed Workshop(s). Some Workshops require 6-12 "sessions" to complete a Workshop. Enter the number of Workshops/Trainings you are proposing, not the number of sessions.

**Labor:** If you and your co-trainer need to attend a training to become certified, we will pay you minimum wage per hour for your time to attend. Enter this information under STAFF TRAINING. The PER WORKSHOP is where you list your hourly rate (check with other trainers in your field to see what they charge). If your Workshop requires six (6) sessions, including a "session 0", allow yourself up to 30 minutes "prep" time. For example, you would enter 1.5 for "hours per Workshop". Then, in the "number of workshop sessions" enter 7.

**Start Up:** This is pretty straight forward. These are one-time costs so that you can get set up to provide the training.

**Workshop:** This is pretty straight forward. If you are receiving ANY other funding or financial support to offer this training, you must list the other fund amounts. The final amount of "Per Workshop Funding Request" is amount you will list in Attachment A, "funding request".

\*\*If you need assistance completing this document, contact the Sole Point of Contact.

C2d. Pre-Award Risk Assessment (Attachment D)

*\*ONLY COMPLETE IF YOU ARE APPLYING AS PART OF AN AGENCY OR BUSINESS. If you are an individual/sole proprietor, you do not need to complete Attachment D.*

***Email, USPS Mail, or Deliver to:***

**Janis M. Housden  
Program Manager  
Olympic Area Agency on Aging  
2200 W. Sims Way, Suite 100**

Port Townsend, WA 98368

Telephone: 360-379-5064

Fax: 360-379-5074

[janis.housden@dshs.wa.gov](mailto:janis.housden@dshs.wa.gov)

Requests for Reasonable Accommodation:

To request a reasonable accommodation to allow for equal participation in the Request for Proposal (RFP) process, please contact the Sole Point of Contact.

Ownership of Proposal:

Proposals and other materials submitted in response to this RFP become the property of O3A, are documents of public record, and will not be returned. By submitting a proposal, Proposers acknowledge and agree that they and/or their organization claim no proprietary rights to the ideas or approaches contained in their proposals.

<b>C3. Contract Award Notification and Conditions</b>
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Contract Award and Notification to Selected Proposers:

Decisions regarding contract awards for services solicited by this request will be made via email. Contracts become effective on the date signed by the O3A representative.

Acceptance of Terms and Conditions:

By submitting a response to this RFP, you acknowledge and accept all terms and conditions of this request and all State and local government regulations and requirements related to the delivery of the solicited services. If you are awarded a contract, the proposal will become part of the contract agreement. You are bound by the terms of the proposal, unless O3A agrees that specific parts of the proposal are not part of the agreement. O3A reserves the right to introduce different or additional terms and/or conditions during final contract negotiations. You will be required to enter into a formal written agreement with O3A. If you will be sub-contracting for Professional Services, that contract will also be subject to O3A's review and approval.

Right to Reject or Negotiate:

O3A reserves the right to reject any or all proposals. O3A may withdraw this RFP at any time and for any reason without liability to you for damages including, but not limited to, bid preparation costs.

Additionally, O3A reserves the right to negotiate with you and may request additional information or modification from you. When deemed advisable, and before a contract is issued, O3A reserves the right to arrange an on-site visit/review to determine your ability to meet the terms and conditions of the RFP. O3A reserves the right, with or without cause, to cancel any contract resulting from this RFP.

<b>C4. Method of Payment to Contractor</b>
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If you are awarded a contract, O3A will pay you:

1. For reasonable start-up expenses (receipts required) as outlined in your budget proposal (derived from the Funding Request Excel Workbook – Attachment C) and as agreed to by O3A.
2. A proportioned amount on a *per session* basis to cover most of your operating expenses. The awardee must submit a monthly invoice, billing only for the number of sessions completed for in that month.

Example: If your costs are \$6,000 to offer the program, and if 12 sessions are required to complete the program, you would be paid \$500 per each session, excluding startup costs which are reimbursed directly.

The method of payment is by reimbursement. You will be required to submit a monthly invoice with sign-in/attendance sheets for a completed workshop/activity or for a number of video sessions within a workshop/activity. Invoice, sign-in sheet, and attendance templates can be provided to you. Payments by check will be mailed to you.

<b>D: SCORING AND CRITERIA</b>
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Proposals will be evaluated and scored according to how well you understand the proposed program, the feasibility of the implementation plan, how well the marketing plan targets the priorities of the Older Americans Act (see Attachment E), and how well the program meets the regional needs for programs. The total number of points available for each section are specified in the Program Proposal Evaluation Form - Attachment B.

When evaluating proposals, O3A may consider your performance related to previous contracts that you might have held with O3A and other entities.

<b>D1. Proposal Evaluation Procedure</b>
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O3A staff will conduct an initial review to ensure that proposals meet eligibility and submittal

requirements outlined in the RFP.

O3A reserves the right to award contracts based upon its staff scoring and recommendations if each award is less than \$10,000, and funding is available for all qualified proposals for the time period requested.

The evaluator will score the responses either pass/fail or based upon a five-point score:

Poor	1
Below Average	2
Average	3
Above Average	4
Excellent	5

If funding is not available for all of the proposals that meet eligibility and submittal requirements, the proposals will be referred to an Evaluation Committee (EC).

The EC will make recommendations to the O3A Advisory Council to consider. The O3A Advisory Council will then submit recommendations to the O3A Council of Governments for their review and approval.

The EC and O3A Council of Governments may, in each of their sole discretion, reopen the solicitation, ask additional questions, or decide not to contract with any proposer that responded to the solicitation.

Unacceptable Proposals:

O3A will not consider any proposal submitted that:

- Does not address the essential requirements of this RFP; or
- Does not include the required original signed Cover Page and Acknowledgement of Required Assurances document.

<b>D2. Grievance/Right to Appeal Process</b>
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A proposer is any legal entity that has responded to a formal solicitation by the O3A (O3A), including Request for Proposals (RFP), Request for Qualifications (RFQ), bid requests, notice of funding availability (or similar formal procurement processes) for the provision of defined services under the O3A Area Plan approved by the Aging and Long-Term Support Administration (ALTSA).

1. O3A will notify all proposers in writing of the acceptance or rejection of the proposal, and, if appropriate, the level of funding to be allocated. Within thirty (30) working days from

the date of written notification, a proposer whose application has been denied may submit a written appeal to the Executive Director of O3A addressed as follows:

Executive Director  
Olympic Area Agency on Aging  
2200 West Sims Way, Unit 100  
Port Townsend, WA 98368

2. Appeals must be based on the documentation that was previously submitted as part of the RFP. No new documentation may be included in the appeal. The basis for the appeal must address one or more of the following criteria:
  - A. Violation of policies or guidelines established in the RFP.
  - B. Failure to adhere to published criteria and/or procedures.
3. The Executive Director will set a date for hearing the appeal within forty-five (45) days of receipt of the written appeal. The appeal will be scheduled to be heard by a quorum of the O3A's governing body, the Council of Governments (COG).
4. Written notice of the hearing date will be provided to all parties required to participate in the hearing at least ten (10) days prior to the hearing date.
5. A written decision of the COG will be issued to all parties within fifteen (15) days after the hearing. This decision is final.
6. O3A will notify AL TSA of any appeals received and final decisions within ten (10) days of receiving the appeal or written notification of the decision.

To respond to the RFP, please complete and return Attachments A, B, C, and D. If this is your first time responding to an RFP, or if you need assistance, please reach out to the Sole Point of Contact. We will be glad to address your questions.

## ATTACHMENTS

A	Proposal Cover Sheet – Attachment A
B	Program Proposal Evaluation Form – Attachment B
C	Funding Request Excel Workbook - Attachment C
D	Pre-Award Risk Assessment – Attachment D
E	Older Americans Act (OAA) Priorities – Attachment E
F	Insurance Requirements – Attachment F

<b>A</b>	<b>Proposal Cover Sheet – Attachment A</b>
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Name of Virtual/In-Person Evidence-Based Program	Funding Request
1.	\$
2.	\$
Where will this Virtual/In-person program be offered from (e.g. home or business address):	
<b>Requestor's information</b>	
Legal Name:	
Street Address:	Mailing Address:
Executive Officer:	Phone:
Title:	Email:
Primary Contact Person:	Phone:
Title:	Email:
<b>Type of Organization</b>	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation, Non-Profit
<input type="checkbox"/> Other (please specify):	
Taxpayer Identification Number:	
Washington State Unified Business Identifier (UBI) Number:	
<p><b>Litigation - <i>Applicable or Not Applicable</i>: If applicable</b>, indicate the extent, if any, to which the firm, association or corporation or any person in a controlling capacity or any position involving the administration of federal, state, or local funds is currently has had any litigation pending or judgment rendered within the past three (3) years against the Proposer:</p>	
<p><b>Suspension &amp; Debarment - <i>Yes or None</i>: If yes</b>: Indicate the extent, if any, to which the firm, association or corporation or any person in a controlling capacity or any position involving the administration of federal, state or local funds is currently under suspension, debarment, voluntary exclusion, or determination of eligibility by any agency; has been suspended, debarred, voluntarily excluded or determined ineligible by any agency within the past three (3) years; does have a proposed debarment pending; has been indicted, convicted or has a civil judgment rendered against said person, firm, association or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct within the past three (3) years:</p>	

<b>Please provide two (2) References</b>		
	Reference #1	Reference #2
Name:		
Address:		
Email:		
Telephone:		
<p>Olympic Area Agency on Aging may check to determine if references provided support Proposer's ability to comply with the requirements of this RFP. References may be used to obtain additional information, break tie scores, or verify any information needed. Olympic Area of Aging may contact any person or entity to verify Proposer's qualifications.</p>		
<p><b>Acknowledgement of Required Assurances – YOU MUST READ AND SIGN THE FOLLOWING:</b></p>		
<p>By submitting the accompanying proposal, and by my signature on this document, I understand and agree that any contract resulting from this solicitation will require compliance with the requirements of the contract, and with the statutes, regulations, requirements, and policies identified below, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Compliance with federal and state laws requiring the safeguarding and disclosure of confidential information.</li> <li>• Purchase of comprehensive liability insurance as required O3A.</li> <li>• Completion and subsequent renewal of background checks for all employees, volunteers, or interns who will or may have unsupervised contact with participants.</li> <li>• Maintaining program and financial records for audit review and providing access to documentation upon request by O3A.</li> <li>• Submission of program and financial reports, as required by the O3A.</li> <li>• Certification that the firm, association or corporation or any person in a controlling capacity or any position involving the administration of federal, state or local funds is not currently under suspension, debarment, voluntary exclusion, or a determination of ineligibility by any agency; has not been suspended, debarred, voluntarily excluded or determined ineligible by any agency within the past three (3) years; does not have a proposed debarment pending; has not been indicted, convicted or has not had a civil judgment rendered against said person, firm, association or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years.</li> <li>• Certification that any licensed individual providing services has not had their license denied, revoked, or suspended in the past three (3) years.</li> <li>• <a href="#">U.S. Code Title 42, Chapter 35 Older Americans Act as amended in 2006 (Public Law 109-365)</a>;</li> <li>• Title VI of the Civil Rights Act of 1964 (P.L. 88-352);</li> <li>• <a href="#">U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act of 1996 (HIPAA)</a>; and</li> <li>• Any DSHS / AL TSA or O3A policies, procedures or additional requirements that may be developed for ongoing program management.</li> </ul>		
<p>Organization: _____</p>		
<p>Printed Name and Title: _____</p>		
<p>Signature: _____ Date: _____</p>		



## B Program Proposal Evaluation Form - Attachment B

Name of Virtual/In-Person Evidence-Based Program:
Virtual Platform (e.g. Zoom, Skype, Facebook Live):
Proposed Workshop/Session Dates:

Please response/acknowledge each question/statement in sections A., B., and C. below. Some questions/statements may not be applicable to certain programs. If N/A, the scoring will be adjusted accordingly. Please use this form or respond in a separate document. Be sure to label your responses matching the section outline below:

A.	PROGRAM IMPLEMENTATION	Total Possible Points:
	Scoring: Your responses will be scored pass/fail or scored on a scale from 1 to 5. 1-Poor, 2-Below Average, 3-Average, 4-Above Average, 5-Excellent.	30
	<b>Implementation Capability:</b>	
A.1.	What is your experience providing this or any similar programs?	1-5
A.2.	What is your experience with video-conferencing and how will you address these video-conferencing considerations: <ol style="list-style-type: none"> <li>a. Have experience with conducting online meetings/groups using systems that are user friendly, easy to access (Zoom, Facebook Live, Skype, Google Duo, etc.)</li> <li>b. Ensure the platform you choose allows for computer-based audio listening/speaking and phone-based audio listening/speaking.</li> <li>c. If required, obtain, and maintain Virtual Training Certification for the online version of evidence-based program.</li> <li>d. Provide any written or visual materials ahead of time to help participants practice or prepare in advance. Be sure to use an accessible file format, or USPS mail.</li> <li>e. Have a staff person, volunteer, or co-trainer available at all times to manage the technical support of the online program while you offer instruction (e.g. monitor chat box, assist user with tech support).</li> <li>f. Conduct a "Session #0" to familiarize all attendees with the format and video/speaker functions.</li> </ol>	1-5
A.3.	Please describe your implementation plan in full detail. Areas to be addressed include: <ol style="list-style-type: none"> <li>a. Hiring (if applicable);</li> <li>b. What are the staff, training, certification requirements for the program? How will the required training and/or certification be obtained;</li> <li>c. Video-conferencing equipment requirements. If there is specialized video-conferencing equipment required, how will it be obtained?</li> <li>d. Outline how you will track and encourage consistent attendance.</li> <li>e. Develop a method to monitor the safety of your program attendees.</li> </ol>	1-5

	<p>f. Conduct and maintain all required surveys, measurements, and other documentation that is required for your virtual EB Program.</p> <p>g. Please provide a timeline showing all program preparedness up to scheduling your first session.</p>	
A.4.	If you are currently offering the program, explain what fees, if any, you charge participants and how receipt of this funding will allow you to waive those fees for participants sixty (60) years of age and older. (You must offer this program at no cost to older adults and their Caregivers.)	Pass/Fail
A.5.	Will you be sending or receiving information from participants' health care providers, family members, or other community members? If so, how will this be accomplished while preserving the confidentiality of participants? Please also describe the security measures that you will utilize to ensure that participant information is kept confidential.	Pass/Fail
A.6.	How will you address the safety of the participants following your instructions via video-conferencing? Are there any special conditions that your program's administration suggests? (This is the organization who certified you.)	1-5
A.7.	<b>Outreach:</b> How will you ensure that the participants live in the Region we serve: Clallam, Grays Harbor, Jefferson, and Pacific counties?	Pass/Fail
A.8.	How will you market or advertise this program to reach out to older adults and their Caregivers in the service area (see OAA Priorities – Attachment E)?	1-5
<b>B.</b>	<b>PROGRAM OUTCOMES</b> <b>No more than 2 pages for this section.</b>	Total Possible Points: 5
B.1.	Does the program require you to do performance measures to measure the impact of the program on participants? Does it require a pre and post-test, or a periodic assessment of your clients' strength and fitness? Please describe how you would implement and conduct Virtually, any required evaluations or other required performance measures.  Note that O3A will require a participant satisfaction survey following the completion of the workshop or session series.	1-5
B.2.	O3A will require a registration form and/or an attendance sheet showing participant demographics (where they live, age-not date of birth). Please submit a final or draft copy.	Pass/Fail
<b>C.</b>	<b>FISCAL MANAGEMENT</b> <b>No more than 2 pages for this section and the workbook.</b>	Must Pass all 3
C.1.	How will you maintain the books and financial records necessary to respond to any audit requests?	Pass/Fail
C.2.	Contributions: Older Americans Act Title III-D funding requires that all participants sixty (60) years of age and older be given the opportunity to voluntarily donate toward the cost of the program. Explain how you will ensure that all participants know about the opportunity to make voluntary contributions and describe how you will collect such donations. Describe how contributions received would be used to expand and enhance the delivery of the evidence-based program.	Pass/Fail
C.3.	Complete Attachment C (Excel Spreadsheet), Funding Request Workbook.  Note: O3A reserves the right to negotiate with the Proposer regarding the funding request, deliverables and payments prior entering into any contract with the Proposer.	Pass/Fail

**C Funding Request Excel Workbook – Attachment C**

This is a separate Excel document that must be completed. Help to complete this Excel Workbook is provided above (see page 10). The Excel Workbook is available on our website: <https://www.o3a.org/contracting/special-opportunities/>. Or, you can email the Sole Point of Contact for a copy.

From the “Home” page on the website, hover over “Contracting” in the top bar and select “Special Opportunities” from drop-down list. Scroll down to find the RFP and Attachment C. These documents are available to download or print. Sample page below:

ATTACHMENT C  
FUNDING REQUEST WORKBOOK

**Instructions:**  
Please complete a separate workbook for each Evidenced-Based Program requested.  
You complete the cells with green highlights.

**Applicant Name:**

**Evidenced Based Program:**

**List One or More Proposed Workshop Start Dates:**   
(Start date must be within 12 month period.)

**# of Workshops Requested within 12-month period:**

ATTACHMENT C Budget Workbook

**Cover Page** | Labor | Start Up | Workshop | Request

**D Pre-Award Risk Assessment – Attachment D**

Please answer all questions if applicable, and provide comments where directed. Pre-Award Risk Assessments are governed by the Code of Federal Regulations – 2 CFR Part 200.

<b>Financial Stability</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments (Explanation of answer/ response)</b>
<p>1. Has the organization had changes to key staff or positions in the past twelve (12) months? If yes, explain all changes in the Comments field.</p> <p>Examples of changes to key staff would include the Executive Director, Program Supervisor, and Fiscal Manager.</p>				
<p>2. Has your organization had changes to business systems in the past twelve (12) months?</p> <p>If yes, briefly describe the previous system and the new system, and explain why this change was made.</p>				
<b>History of Performance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments (Explanation of answer/ response)</b>
<p>1. Does your organization have experience managing grant funds, loans, or other types of financial assistance?</p>				
<p>2. Has the organization been awarded federal funds within the last three (3) years? If yes, list the awarding agencies, pass-through entities, and the dollar value of award(s) by year.</p>				
<b>Audit Reports and Findings</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments (Explanation of answer/ response)</b>
<p>1. Did your organization expend \$750,000 or more in federal funds in any one of the past three (3) fiscal years?</p> <p>If yes, list the type of federal funds expended and total amount of expenditures by year.</p>				
<p>2. Does your organization anticipate expending \$750,000 or more in federal grant funds in the next twelve (12) months?</p> <p>If yes, list the type of federal funds and total amount of anticipated expenditures.</p>				
<p>3. Has your organization had any type of independent audit within the past three</p>				

years?				
If yes, provide the name of the auditor/firm(s) and date(s) of the audit(s).				
4. List any findings received as a result of the audit(s) described in response to #3, above. If findings were noted, please also attach a copy of the audit report.				

Prepared by:
For (Name of Organization):
Date Completed:

## E Older Americans Act (OAA) Priorities – Attachment E

Older Americans Act funding is intended to identify and serve the entire community of older individuals, with particular focus on the following categories:

- A. Older individuals residing in rural areas.
- B. Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas). The term “greatest economic need” means the need resulting from an income level at or below the [federal poverty guidelines](#) (FPL). 2019 FPL is \$12,140 per year for an individual living alone, and \$16,460 per year for a two-person household.
- C. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas). The term “greatest social need” means the need caused by non-economic factors, which include:
  1. Older individuals with limited English proficiency (LEP)
  2. Cultural, social, or geographical isolation, including isolation caused by racial, ethnic, and/or sexual orientation status that results in any one or more of the following:
    - a. restricted ability of an individual to access services
    - b. restricted ability of an individual to live independently
    - c. threatened capacity of the individual to live independently
  3. Older individuals with severe disabilities
  4. Older individuals with dementia and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)
  5. Older individual at risk for institutional placement, which means the individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision); and/or meets institutional level of care criteria
  6. Older individuals providing care to individuals with severe disabilities, including children with severe disabilities

## **F Insurance Requirements – Attachment F**

The Contractor shall at all times comply with the following insurance requirements. The following insurance requirements will be subject to the type of program:

### **General Liability Insurance (*Depends on EB Program*)**

Required by O3A    Not Required by O3A

The Contractor shall maintain Commercial General Liability Insurance, or Business Liability Insurance, including coverage for bodily injury, property damage, and contractual liability, with the following minimum limits: Each Occurrence - \$1,000,000; General Aggregate - \$1,000,000. The policy shall include liability arising out of the parties' performance under this Contract, including but not limited to premises, operations, independent contractors, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract. *The Olympic Area Agency on Aging (O3A), the State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, agents, and employees of the state, shall be named as additional insureds.*

In lieu of general liability insurance mentioned above, if the contractor is a sole proprietor with less than three contracts, the contractor may choose one of the following three general liability policies but only if attached to a professional liability policy, and if selected the policy shall be maintained for the life of the contract:

Supplemental Liability Insurance, including coverage for bodily injury and property damage that will cover the contractor wherever the service is performed with the following minimum limits: Each Occurrence - \$1,000,000; General Aggregate - \$1,000,000. The Olympic Area Agency on Aging (O3A), the State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, agents, and employees shall be named as additional insured's.

or

Workplace Liability Insurance, including coverage for bodily injury and property damage that provides coverage wherever the service is performed with the following minimum limits: Each Occurrence - \$1,000,000; General Aggregate - \$1,000,000. The Olympic Area Agency on Aging (O3A), the State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, agents, and employees shall be named as additional insured's.

or

Premises Liability Insurance and provide services only at their recognized place of business, including coverage for bodily injury, property damage with the following minimum limits: Each Occurrence - \$1,000,000; General Aggregate - \$1,000,000. The Olympic Area Agency on Aging (O3A), the State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, agents, and employees shall be named as additional insured's.

### **Professional Liability Insurance (*Depends on EB Program*)**

Required by O3A    Not Required by O3A

The Contractor shall maintain Professional Liability Insurance or Errors & Omissions insurance, including coverage for losses caused by errors and omissions, with the following minimum limits: Each Occurrence - \$1,000,000;

Aggregate - \$1,000,000.

### **Business Automobile Liability Insurance (*Depends on EB Program*)**

Required by O3A  Not Required by O3A

The Contractor shall maintain a Business Automobile Policy on all vehicles used to transport clients, including vehicles hired by the Contractor or owned by the Contractor's employees, volunteers, or others, with the following minimum limits: \$1,000,000 per accident, combined single limit. The Contractor's carrier shall provide O3A with a waiver of subrogation or name O3A as an additional insured.

### **Required Endorsement of "Additional Insured": Washington State Department of Social Health and Services (DSHS), Olympic Area Agency on Aging (O3A)**

Required by O3A  Not Required by O3A

In all instances where Washington State DSHS is required to be named as an additional insured or provided a waiver of subrogation, or provided notice of cancellation or renewal, the AAA responsible for the area in which services under this contract are to be provided shall also be named as an additional insured, or provided waiver of subrogation, or provided notice of cancellation or renewal, as the case may be.

The Certificate of Insurance shall identify the Olympic Area Agency on Aging, the Washington State Department of Social and Health Services as the Certificate Holder. A duly authorized representative of each insurer, showing compliance with the insurance requirements specified in this Contract, shall execute each Certificate of Insurance.

The Contractor shall maintain copies of Certificates of Insurance, policies, and additional insured endorsements for each subcontractor as evidence that each subcontractor maintains insurance as required by the Contract

### **Evidence of Coverage**

The Contractor shall upon request by O3A submit a copy of the Certificate of Insurance, policy, and additional insured endorsement for each coverage required of the Contractor under this Contract.

### **Worker's Compensation**

The Contractor shall comply with all applicable Worker's Compensation, occupational disease, and occupational health and safety laws and regulations. The O3A, State of Washington and DSHS shall not be held responsible for claims filed for Worker's Compensation under RCW 51 by the Contractor or its employees under such laws and regulations.

### **Employees and Volunteers**

Insurance required of the Contractor under the Contract shall include coverage for the acts and omissions of the Contractor's employees and volunteers. In addition, the Contractor shall ensure that all employees and volunteers who use vehicles to transport clients or deliver services have personal automobile insurance and current driver's licenses.

### **Subcontractors**

The Contractor shall ensure that all subcontractors have and maintain insurance with the same types and limits of



coverage as required of the Contractor under the Contract.

### **Separation of Insured's**

All insurance policies shall include coverage for cross liability and contain a "Separation of Insured's" provision.

### **Insurers**

The Contractor shall obtain insurance from insurance companies identified as an admitted insurer/carrier in the State of Washington, with a Best's Reports' rating of B++, Class VII, or better. Surplus Lines insurance companies will have a rating of A-, Class VII, or better.

### **Material Changes**

The insurer shall give the O3A point of contact listed on page one of this Contract 45 days advance written notice of cancellation or non-renewal. If cancellation is due to non-payment of premium, the insurer shall give O3A 10 days advance written notice of cancellation.

### **General**

By requiring insurance, the O3A, the State of Washington and DSHS do not represent that the coverage and limits specified will be adequate to protect the Contractor. Such coverage and limits shall not be construed to relieve the Contractor from liability in excess of the required coverage and limits and shall not limit the Contractor's liability under the indemnities and reimbursements granted to the State and DSHS in this Contract. All insurance provided in compliance with this Contract shall be primary as to any other insurance or self-insurance programs afforded to or maintained by the State.

### **Waiver**

The Contractor waives all rights, claims, and causes of action against the O3A, State of Washington and DSHS for the recovery of damages to the extent said damages are covered by insurance maintained by Contractor.