



Olympic Area Agency on Aging

Request for Proposals

Home Sharing Platforms for Older Individuals

RFP No. 22-002-American Rescue Plan Act Funding, P.L. 117-2, grant is funding for activities authorized under Title III Part B of the Older Americans Act of 1965, as amended through P.L. 116-131

Alleviating negative health effects of social isolation due to long-term stay-at-home recommendations for older individuals for the duration of the COVID-19 public health emergency

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

Issue Date: **April 1, 2022**

Closing Date: **April 22, 2022**

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A: RFP INTRODUCTION

The purpose of this Request for Proposals (RFP) is to offer funding to launch a Home-Sharing technology platform tailored to the needs of the Olympic Peninsula. Home sharing has been identified to help some older residents remain in their homes longer and mitigate the effects of social isolation because of the pandemic. Home Sharing also provides additional housing options for those seeking living accommodations in an area with limited rentals and a competitive housing market.

Service needs assessments have identified Affordable Housing as one of the major barriers to aging in place on the Olympic Peninsula and reports of Social Isolation has increased by over 20% since March 2020.

O3A is seeking a contractor to provide a technological platform for long-term matches (6 months or longer) of homeowners and home seekers which will unlock more affordable housing options to enable aging in place and create companionship. The major goal of this program is to enhance older adults' ability to age at home and to reduce social isolation.

This is accomplished in multiple ways: reducing social isolation of either or both the homeowner and the home seeker; creating monthly income for the homeowner; creating a new pool of rental housing not commonly found or easily identified in existing rental markets; and ensuring that some rental agreements include services that improve the homeowner's and/or the home seeker's ability to live independently e.g., assistance with housekeeping, errands, transportation, etc. The pilot does not include rental subsidies.

O3A's intent is for the contractor to facilitate matches that are stable - leading to long-term relationships and rental agreements.

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.

A2. Funding

The source of the funds for this RFP are Federal funds from the agency's DSHS American Rescue Plan Act contract, CFDA 93.044, Title III-B Support Services.

O3A anticipates spending approximately \$40,000 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. Additional projects may be funded based on RFP responses contingent on funding availability.

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. The contract signatory 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. Demonstrated experience with virtual platforms and secure program support
4. Must not be debarred from receiving Federal or State funds.

B2. Program Requirements

- a. Ability to provide onboarding and training
- b. Provide marketing materials and outreach strategy support
- c. Technical implementation
- d. Provide customer support
- e. Provide a Platform for homeowners and home seekers to match
- f. Provide partner support
- g. Provide monthly data and reporting on number of users, matches, etc.
- h. Customer services and support

- i. Provide education on homesharing
- j. Insurance coverage
- k. Provide memberships
- l. Provide Background screens (national criminal search, county criminal search, eviction history and civil search, sex offender registry search, Social Security number verification)

B3. General Compliance & Insurance Requirements

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 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.

Insurance Requirements for Contract Award:

Upon entering a contract, you will be asked to provide proof of General Liability insurance. Please read the requirements of the Insurance Requirements (Attachment F). Insurance requirements are subject to the type of program. O3A and Washington State DSHS must be listed as additional insureds.

B4. Notice of Solicitation & Sole Point of Contact

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:

Ingrid Henden, Contracts Manager
Olympic Area Agency on Aging
2200 W. Sims Way, Suite 100
Port Townsend, WA 98368
Telephone: 360-379-5064
Fax: 360-379-5074
Email: Ingrid.henden@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	April 1, 2022
RFP Closing Date	April 22, 2022, 5:00 pm PST
Staff review for completed elements	April 26, 2022
RFP Scoring completed – Award announcement possible	May 9, 2022
Proposals to Advisory Council to recommend Approval to Council of Governments (depending on response)	May 17, 2022
Proposal to Council of Governments if required	June 2, 2022
Notice of Initial Proposal Acceptance/Rejection	June 2, 2022
Deadline for Appeal of proposal rejection	June 17, 2022
Appeal Decision	45 days after receipt of Appeal
Earliest Contract Start Date	May 13, 2022 or later

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, the following are required:

C2a. Proposal Cover Sheet (Attachment A):

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 Budget (Attachment C) Please provide an initial general project budget. Detailed contract and annual budgets will be required after contract award. A sample budget format may be requested from the Sole Point of Contact for a copy to be emailed to you.

C2d. Pre-Award Risk Assessment (Attachment D)

Email, USPS Mail, or Deliver to:

Ingrid Henden, Contracts Manager
Olympic Area Agency on Aging
2200 W. Sims Way, Suite 100
Port Townsend, WA 98368
Telephone: 360-379-5064
Fax: 360-379-5074
Ingrid.Henden@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.

C3. Contract Award Notification and Conditions

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.

C4. Method of Payment to Contractor

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 Budget Attachment C) and as agreed to by O3A.
2. The method of payment is by reimbursement. You will be required to submit a monthly invoice. Payments by check will be mailed to you.

D: SCORING AND CRITERIA

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.

D1. Proposal Evaluation Procedure

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 .

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 only one proposal is received, the O3A Evaluation Committee may be authorized by the Council of Governments to award a contract based on the Evaluation Committee review alone.

If more than one proposal is received, or funding is not available for all the proposals that meet eligibility and submittal requirements, the proposals will be reviewed by the 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 AC 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.

D2. Grievance/Right to Appeal Process

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 15 (fifteen) 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	Insurance Requirements- Attachment E

A Proposal Cover Sheet – Attachment A

Name of Program		Funding Request
1.		\$
2.		\$
Where will this program be offered from (e.g. business address):		
Requestor's information		
Legal Name:		
Street Address:		Mailing Address:
Executive Officer:		Phone:
Title:		Email:
Primary Contact Person:		Phone:
Title:		Email:
Type of Organization		
<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>Litigation - Applicable or Not Applicable: If applicable, 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>Suspension & Debarment - Yes or None: If yes: 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>		

Please provide two (2) References		
	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>Acknowledgement of Required Assurances – YOU MUST READ AND SIGN THE FOLLOWING:</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"> • Compliance with federal and state laws requiring the safeguarding and disclosure of confidential information. • Purchase of comprehensive liability insurance as required O3A. • Completion and subsequent renewal of background checks for all employees, volunteers, or interns who will or may have unsupervised contact with participants. • Maintaining program and financial records for audit review and providing access to documentation upon request by O3A. • Submission of program and financial reports, as required by the O3A. • 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. • Certification that any licensed individual providing services has not had their license denied, revoked, or suspended in the past three (3) years. • U.S. Code Title 42, Chapter 35 Older Americans Act as amended in 2006 (Public Law 109-365); • Title VI of the Civil Rights Act of 1964 (P.L. 88-352); • U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act of 1996 (HIPAA); and • Any DSHS / ALTSA or O3A policies, procedures or additional requirements that may be developed for ongoing program management. 		
<p>Organization: _____</p>		
<p>Printed Name and Title: _____</p>		
<p>Signature: _____ Date: _____</p>		

B Program Proposal Evaluation Form - Attachment B

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: 30
	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.	
	Implementation Capability:	
A.1.	What is your experience providing this or any similar programs?	1-5
A.2.	What is your experience with providing a home sharing platform: <ul style="list-style-type: none"> a. Implementation b. Services c. Customer support. d. Marketing and data analytics 	1-5
A.3.	Please describe your implementation plan in full detail. <ul style="list-style-type: none"> a. Develop a method to monitor the security of the platform b. Conduct and maintain all requirements to ensure an accessible and safe service to deliver an effective home match program. c. Please provide a timeline showing all program preparedness up to launch. 	1-5
A.7.	Education & Outreach: 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 home seekers who live in the area?	1-5
B.	PROGRAM OUTCOMES No more than 2 pages for this section.	Total Possible Points: 5
B.2.	O3A will require data analytics showing participant demographics (where they live, age- <i>not date of birth</i>) on a monthly basis.	Pass/Fail
C.	FISCAL MANAGEMENT No more than 2 pages for this section and the workbook.	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.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 Budget Attachment C

Please submit an initial project budget with your proposal labeled Attachment C. Detailed contract specific and annual project budgets will be required. Applicants may also request a sample budget format from the Sole Point of Contact.

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.

Financial Stability	Yes	No	N/A	Comments (Explanation of answer/ response)
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. Examples of changes to key staff would include the Executive Director, Program Supervisor, and Fiscal Manager.				
2. Has your organization had changes to business systems in the past twelve (12) months? If yes, briefly describe the previous system and the new system, and explain why this change was made.				
History of Performance	Yes	No	N/A	Comments (Explanation of answer/ response)
1. Does your organization have experience managing grant funds, loans, or other types of financial assistance?				
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.				
Audit Reports and Findings	Yes	No	N/A	Comments (Explanation of answer/ response)
1. Did your organization expend \$750,000 or more in federal funds in any one of the past three (3) fiscal years? If yes, list the type of federal funds expended and total amount of expenditures by year.				

<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 years?</p> <p>If yes, provide the name of the auditor/firm(s) and date(s) of the audit(s).</p>				
<p>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.</p>				

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

E Insurance Requirements – Attachment E

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

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

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

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 five of this RFP 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.