

Application for Proposal

for the selection of Providers to provide

Legal Services

for the period

July 1, 2021 through June 30, 2025

Area Agency on Aging *Serving North Central Idaho*

a division of
Community Action Partnership
124 New 6th Street
Lewiston, ID 83501
(208) 798-4201



Completed applications must be physically in the possession of the Area Agency on Aging by 3:00 p.m., June 4, 2021.

Instructions for Application:

- All organizations bidding for service please complete the entire application package in its entirety.
- Be clear and concise in your describing and answering the questions.
- Describe your organization as you would to someone that is unfamiliar with your agency and its operations. *Individuals reviewing these applications may NOT be familiar with your agency.
- Type in the grey boxes below each question. They will expand as you type.
- To checkmark boxes, double click on the box, under default value choose the box that says checked.
- Absolutely no handwritten explanations.

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Applicant Information

Legal Name of Provider: _____
Business Name: (if different from above): _____

Contact Person: _____ Title: _____

Physical Address: _____
Mailing Address (if different): _____
City: _____ County: _____
State: _____ Zip: _____

Telephone number: _____ Fax: _____ Email of business: _____

1. IRS Employer ID #: _____
2. Legal status of Provider: Private Non-Profit Public Non-Profit
 For-Profit Other, describe: _____
 - If you are a Non-Profit Provider –
 - A. Attach copies of the Provider's:
 - a. Article of Incorporation, **(Label Attachment #1)**
 - b. Bylaws, **(Label Attachment #2)**
 - c. 501(c)(3) status. **(Label Attachment #3)**
 - B. If Provider's receive over \$300,000 of Federal funding in past year?
 No
 Yes – please attach the most recent audit. **(Label Attachment #4)**
 - If you are a For-Profit Provider –
 - A. What type of For-Profit Provider is your organization?
 Incorporated Sole Proprietorship LLC Partnership
 Other: _____
3. Business Types: (Check all that apply **and attach documentation**): **(Label Attachment #5)**
 - Small business Owned
 - Woman-Owned, 51% or more owned by 1 or more women
 - Veteran-Owned, 51% or more owned by a Veteran
 - Disabled Veteran-Owned, 51% or more owned by a Disabled Veteran
 - Javits-Wagner-O'Day (JWOD)
 - Historically Black College & University Minority Institution
 - Hubzone Small Business Concern, Historically Underutilized Business Zones as Certified with SBA
 - Disadvantaged, 51% or more owned by one or more socially or economically disadvantaged Individuals, including Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans
4. Provide **ONE** of the following documents to this application which demonstrates the Provider's financial soundness: **(Label Attachment #6)**
 - Audit Report, within the past 12 months
 - Credit Report
 - Better Business Bureau report
 - Income Tax Statements

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8. Attach a current list of member's names, addresses, telephone numbers, office positions, year elected, and terms of office. **(Label Attachment #8)**
9. What is the mission of the Provider?

10. Summarize the history of your organization, describing the programs and clients you serve

11. Attach copies of the Provider's current insurance policies: **(Label Attachment #9)**
12. Does the Provider Own **or** Lease any facilities needed to deliver the proposed service?
(Label Attachment #10 – Leased Facilities only)

Assurances.

13. The Provider will ensure access to the Legal Services will be equally available and prioritized to all eligible seniors (individuals aged over 60 years or as approved by ICOA or AAA).
 Yes No
14. The Provider has read, understands in full, and will follow the AAA's Legal Scope of Work – as outlined in the Guide to Request for Proposals.
 Yes No
15. The Provider will ensure the geographically difficult areas of the locale are served.
 Yes No
16. The Provider will accommodate for cultural differences and take them into account when delivering services.
 Yes No
17. The Provider will make accommodations to work with persons who have various types of disabilities, including but not limited to, vision and hearing impairments.
 Yes No
18. The Provider will make accommodations to work with persons who speak a language other than English.
 Yes No
19. The Provider is an equal opportunity employer and has an affirmative action policy, if applicable.
 Yes No
20. The Provider will electronically report accurate fiscal and program data, on time, as required in the General Terms and Conditions of the AAA Contract, or as requested.
 Yes No

Required Activities and Application Narrative

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21. The Provider will provide Outreach to locate persons in the community who are not participating in available senior programs or receiving senior services for which they qualify. Provider will identify their service needs; provide information about aging program and services available; and assist them in accessing services they need or want to participate in. Describe in detail how you plan to provide outreach.

22. Describe in detail any plans for expansion of this service.

23. Describe in detail how maintaining confidentiality of client information will be handled.

24. Describe in detail the plan to maintain confidentiality of client donations.

25. Describe in detail the Emergency Procedures in the event Legal services are not operational.

26. Describe in detail how client satisfaction of services will be assessed and completed on an annual basis.

27. Describe in detail the procedures for handling injuries to clients, staff, and volunteers.

28. Describe in detail the procedures for handling, reporting, and documenting client complaints.

29. Describe in detail the Legal service(s) that the Provider has provided to individuals aged 60 years and older (seniors) and others within the last 12 months. If none, describe the Legal services for seniors the Provider is planning to undertake. Include funding sources in addition to the funding structure.

30. Describe in detail what strengths uniquely qualify the Provider to provide Legal Services for seniors or others as approved by AAA or ICOA?

31. Describe in detail the Provider's system to **prioritize** legal services?

32. Describe in detail the **process** for a participant to receive Legal services?

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33. Describe in detail how the Provider will track Legal services participants (ensuring that the AAA is billed only for seniors or others as approved) and the types of Legal services provided to participants for purposes of reporting to the AAA. **(Label Attachment #10 – if form is used)**

Partnership, Collaboration and Fund leveraging.

34. Describe in detail how the Provider has sufficient financial and in-kind resources to fulfill the AAA's 15% minimum match requirement and to preclude total dependency on AAA funds.

35. Describe the Provider's networking and coordinating strategies for the following:

- a. Home Health Agencies
 - b. _____
Hospital and Physicians
 - c. _____
Local Government
 - d. _____
Long Term Care Facilities
 - e. _____
Senior Housing Complexes
 - f. _____
Other Senior Service Providers
 - g. _____
Businesses
 - h. _____
Other
- _____

36. Describe any partnerships the Provider has or anticipates ensuring that services are delivered. Include partnering organizations' names, funding sources, partners' cash contributions, in-kind, etc.

Cost Effectiveness

37. Describe in detail the various activities and methods the Provider employs that are designed to increase community involvement, participation, and donations for Legal services.

38. Describe in detail the Provider's utilization of volunteers. (Explain how are they recruited, trained, evaluated, supervised; are they reimbursed for any of their volunteer expenses)

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39. How will the Provider assure services are provided throughout the contract within the confines of funding? (i.e. Provider budgeted for 10,000 units January through December, served 15,000 units by October, how will this affect the program).

Budget

Provide a prospective budget to establish Provider's cost per unit (unit being an hour rate of service and reflect what funding will be used to cover any per unit costs exceeding the AAA's per-hour reimbursement rate.

The AAA's SFY 2021 per-unit reimbursement rate is \$70.00 per hour and its minimum match requirement is 15%.

The AAA will be changing the per-unit reimbursement rate to \$70.00 in SFY 2019 to match state-wide rates.

Provider's Budget is as follows:

REVENUE	Amount	Comments
AAA Funds (not to exceed \$70.00 per hour)		
County Funds		
City Funds		
Other Federal/State Funds		
Fundraisers		
Other: (Describe)		
Total Revenue		

EXPENSES	Amount	Comments
Admin Staff Wages w/ fringe		
Program Staff Wages w/ fringe		
Travel Costs		
Training Costs		
Space		
Utilities		
Supplies / Printing / Postage		
Marketing		
Insurance		
Other: (Describe)		
Total Expenses		

Legal Units (1 unit = 1 hour)

Maximum number of units to be served (at AAA's per unit price)	
Per unit price	\$70.00
Total AAA Funding Application	\$

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Application Submission Letter

In submitting this application, Provider certifies and acknowledges that:

1. The RFP and all attached documents have been read and understood and that all information provided is true, complete, and accurate to the best of Provider's knowledge. Should an investigation at any time disclose any misrepresentation or falsification information provided by Provider to the Area Agency on Aging Serving North Central Idaho (AAA) hereunder, this application may be rejected, and contracts entered may be terminated.
2. Enclosed, at a minimum, is **all** information requested in this RFP.
3. **One original and attachments** are being submitted in a sealed envelope as instructed within this RFP.
4. Any RFP amendments received regarding the Provider's original RFP are signed and submitted with this application.
5. Provider agrees to provide services to eligible individuals regardless of the source of funding.
6. Provider certifies that the assurances contained in this application have been met by the Provider.
7. Provider certifies that the submission of this application did not involve collusion or other anti-competitive practices.
8. Provider certifies as to Non-Debarment.
9. Provider agrees to comply with all applicable Idaho Commission on Aging and Area Agency on Aging Serving North Central Idaho service specifications, contract terms, manuals, policies and directives, and all applicable federal, state, and local laws.
10. Provider agrees to provide services to eligible individuals regardless of the source of funding.
11. Provider certifies, upon award of contract, to maintain liability insurance as specified in the General Terms and Conditions of the AAA's Contract.
12. The person signing on behalf of the Provider is legally authorized to submit this application and to make this certification.

Signature of Provider Official

Date

Title of Provider Official

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Debarment Certification

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98-5.10, Participant's Responsibilities. The regulations were published as Part VII of the May 28, 1988 Federal Register (pages 19160-19211).

Before Completing Certification, Read Instructions for Certification:

1. The recipient of federal assistance funds certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the recipient of federal assistance funds is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this proposal.
3. By signing below, I acknowledge that I have read and comply with the Instructions of Debarment.

Agency Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____

Print Name: _____

Title of Authorized Representative: _____

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Application Submittal Checklist

Before printing and submitting this application, please review all answers for accuracy and completeness.

Make sure all attachments are labeled correctly, an example: Attachment #1

- Print completed application – Include labeled attachments in correct order as follows:
 - Attachment 1 – Articles of Incorporation - (not applicable if provider is a for profit agency)
 - Attachment 2 – Bylaws – (not applicable if provider is a for profit agency)
 - Attachment 3 – 501(c)(3) status – (not applicable if provider is a for profit agency)
 - Attachment 4 – Audit – (if applicable)
 - Attachment 5 – Proof of Business Type – (if applicable)
 - Attachment 6 – Financial Soundness
 - Attachment 7 – All job descriptions
 - Attachment 8 – Governing Body – Membership Information List
 - Attachment 9 – All Insurance Coverages
 - Attachment 10 – Lease Documentation – (if applicable)