



FISCAL YEAR 2020
SPECIAL REQUEST FOR PROPOSAL
FOR
AGING SERVICES

SUBMIT TO:

LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL
Operations Office
301 W. Railroad Street
Weslaco, Texas 78596
(956) 682-3481

The Area Agency on Aging is a program of the ***Lower Rio Grande Valley Development Council***
and funded by the Texas Health and Human Services.
Serving the Counties of Cameron, Hidalgo, and Willacy Counties.

**REQUEST FOR PROPOSAL UNDER TITLE III OF THE
OLDER AMERICANS ACT OF 1965 AS AMENDED
PART I**

GENERAL INFORMATION

I. LOCAL AUTHORITY

The Lower Rio Grande Valley (LRGV) Area Agency on Aging, a department of the Lower Rio Grande Valley Development Council, is one of twenty-eight designated Area Agencies on Aging in the State. The Lower Rio Grande Valley Area Agency on Aging is also the designated Focal Point for the Region. Its statutory authority is the Older Americans Act of 1965, as amended. The service area encompasses the counties of Cameron, Hidalgo, and Willacy. The target population as designated by the Older Americans Act of 1965, as amended, is to serve those persons 60 years of age and older who are in greatest economic and social need, with particular emphasis on the low income minority elderly.

The purpose of this Special Request For Proposal (SRFP) is to solicit one-time projects for services to persons age 60 and over and family caregivers under Title III-B Support Services and Title III-E Caregiver Services of the Older Americans Act as Amended. Organizations eligible to apply for funding under this Request are private non-profit and local city/county governmental entities that have the capacity to meet the requirements of service delivery as specified according to HHS Service Standards and Older American Act requirements.

- A. Debarred or suspended parties are ineligible to apply for funding under federal regulations.
- B. Conflict-of-Interest: Area Agencies on Aging (AAA) and their governing Boards shall seek to avoid conflict of interests, in fact and perception, and provide proper notification when potential conflict-of-interest does occur.
- C. Secure and maintain maximum independence and dignity for older persons to remain **in their own homes with appropriate support services.**
- D. Organization must adhere to the LRGVDC-AAA service agreement and all client intake and reporting requirements as stipulated by HHS. Must maintain supporting documentation for information reported to Area Agency on Aging.

II. AREA AGENCY ON AGING CONTACT PERSON:

JOSE L. GONZALEZ, DIRECTOR
LRGVDC AREA AGENCY ON AGING
301 West Railroad Street
Weslaco, Texas 78596
956-682-3481

III. PERIOD OF PERFORMANCE:

Title III services contracts will be for a (5) five-month period. The contracts issued by the Lower Rio Grande Valley Development Council shall not exceed September 30, 2020.

IV. FUNDING:

The Lower Rio Grande Valley Development Council was created on March 1967 under authority provided by Article 1011m, V.A.C.S., provided by the 59th Legislature that authorizes counties, cities, and other political subdivisions of the State of Texas to establish regional planning commissions.

The Area Agency on Aging of the Lower Rio Grande Valley (AAA) is designated by the Texas Health and Human Services (HHS) to be the focal point for services to persons 60 or older with the AAA's region. The AAA administers services funded by the Older Americans Act (OAA) with emphasis placed on frail, rural, low income and minority individuals.

A Bidders' Conference for interested applicants will be held from 2:00 P.M. to 4:00 P.M. on Tuesday, March 24, 2020, at the LRGVDC Ken Jones Board Room, 301 W. Railroad building B, Weslaco, Texas. Technical assistance will not be provided to applicant agencies in the development of a proposal in response to this request after the Bidders' Conference.

V. APPLICATION AND AWARD PROCESS:

Funding proposals must be **typed** and submitted in a form provided by the Lower Rio Grande Valley Area Agency on Aging which may be obtained by accessing the forms on the Lower Rio Grande Valley Development Council website at www.lrgvdc.org under the Procurement section.

THE PROPOSALS, EITHER MAILED OR HAND-DELIVERED, MUST BE RECEIVED BY THE LRGVDC MAIN OFFICE NO LATER THAN 12:00 noon on Friday, April 3, 2020.

FAX or Email COPIES WILL NOT BE ACCEPTED.

Proposals must be properly sealed and should have a notation on the face of the envelope: ATTENTION: AAA-RFP DO NOT OPEN UNTIL Tuesday, April 7, 2020 at 10:00 AM. The sealed proposals must then be submitted to the following address:

Lower Rio Grande Valley Development Council
Operations Office
301 West Railroad Street
Weslaco, Texas 78596
Attention: Rick Carrera, Director of Operations

The opening of the proposals will be made at the Lower Rio Grande Valley

Development Council office, same address. Funding determinations will not be made at this time and applicant agencies do not have to be present.

Proposals received unsealed or submitted after the time and date specified will be returned to applicant agency and will not be considered for funding. Proposals must also be typewritten, complete and technically accurate at the time of submission. Each proposal will be reviewed as submitted. No modifications or technical corrections to proposals will be allowed after they are submitted. A proposal may be withdrawn from consideration for funding if applicant agency transmits such a request in writing to the Contact Person.

Applicant must submit 1 (one) original and three (3) copies of the proposal. Although all may be photocopies of an original, one (1) copy must have original signatures, and this copy must bear the notation "Original" written in the upper, right-hand corner of the cover sheet. Any difference between the "Original" and the copies are at the liability of the Applicant Agency. Applicant Agency may submit only one (1) copy of all assurances. **Failure to submit the necessary copies will be considered as non-responsive to the Request for Proposal and may affect the score rating.**

Proposals submitted on time become the property of the Area Agency on Aging. None will be returned to the Applicant Agency.

V. REPORTING REQUIREMENTS:

- A. Providers must have established reporting procedures that comply with Area Agency on Aging reporting requirements.
- B. Contractors shall maintain fiscal records and support documents for all program income and expenditures of funds in conformity with federal and state regulations and generally accepted accounting procedures.
- C. Contractors shall submit monthly financial and program performance reports to the Lower Rio Grande Valley Development Council Area Agency on Aging within a specified time and in a format specified by the agency. Failure to submit timely reports may result in appropriate administrative action.
- D. Reporting of Abuse: Contractors shall report suspected cases of abuse, neglect, and exploitation to the Department of Family Protective and Services Division (1-800-252-5400) within 24 hours of awareness. The APS HOTLINE telephone will be prominently displayed for the information of participants.

VI. AUDITS

The Contractor shall submit to the Agency an annual audit of the Contractor performed by an independent certified public accounting firm within 30 days after receipt of the auditor's report (s) or nine months after the end of the Contractor's fiscal year. The audit must cover the Contractor's entire organization and be conducted in accordance

with generally acceptable auditing standards. Audits performed under this Section are subject to review and resolution by the Agency or its authorized representative.

The audit must be conducted and submitted in accordance with the standards for financial and compliance audits contained in the Standards for Audits of Governmental Organizations, Programs, Activities and Functions, issued by the U.S. General Accounting Office; the Single Audit Act of 1984; OMB Circular A-133 Audits of States, Local Governments, and Nonprofit Organizations; and, the Uniform Grant Management Standards (UGMS).

The Contractor understands and agrees that the Contractor shall be liable to the Agency for any costs disallowed as a result of unresolved questioned costs revealed during audit. All questioned costs relating to Agency program must be resolved within one hundred eighty (180) days following receipt of the Contractor's audit by the Agency, otherwise disallowance of questioned costs shall be implemented, and the Contractor shall be liable to the Agency for such disallowed costs.

The Contractor shall have the right to appeal any such disallowed costs.

VII. ATTACHMENTS TO BE INCLUDED IN PROPOSAL

The following items will be attached to the original proposal submitted to the Lower Rio Grande Valley Area Agency on Aging.

- A. List of current board members of corporate officers.
- E. Signed Non-Conflict of Interest Certification
- F. Signed Non-debarment Certification
- G. Audit Information Sheet
- H. Signed Assurances

VIII. Modification of Project Content

Changes in state and/or federal legislation may result in a requirement to re-negotiate contracts at any time prior to or during the contract period. Substantive changes to project content, procedures or budgets during the life of the contract may be accomplished by negotiating these modifications with the Lower Rio Grande Valley Area Agency on Aging. The Area Agency on Aging will pursue any necessary and appropriate contract modifications should legal or other changes occur in the project that significantly alter the original terms of the contract. No further solicitations of proposals will be required in such cases.



**Area Agency on Aging of Lower Rio grande Valley
ONE-TIME FUNDING REQUEST**

Please type or clearly print application information.

_____ APPLICATION (please indicate)
Applicant Name/Legal Entity

_____ DBA (if applicable)

Physical Address:	
Mailing Address:	
Tax Identification Number (Federal ID):	Fax Number (including area code):
Type of Provider: <input type="checkbox"/> G Governmental Agency <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For Profit <input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Other: _____	
Authorizing Official:	Title:
Email Address:	Telephone:
Project Contact Person and address:	Title:
Email Address:	Telephone:
Number of Years Organization has been in business: _____ Years	Is Organization Bonded (<u>Attach</u> certificate of bonding ins.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone involved in the direct provision of client services been convicted of a felony <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Indicate Amount of Title III Funds Requested: \$	Indicate Amount of Match and Type of Match: \$
Conflicts of Interest: Attach information of applicable names and relationship of any employee(s) or officers of your organization that may have a conflict of interest with the LRGVDC-Area Agency on Aging staff person or Advisory Council or Board member.	

Indicate Type of Assistance Sought:

Indicate Coverage Area:

Indicate the number of seniors to be served:

CERTIFICATION OF SIGNATORY AUTHORITY

I, _____, certify that I am the legal officer or
(Title)_____ of (organization)_____;
that the authority of the agency named herein to submit this document is derived from the
following provision (check one):

1. By Laws
2. Articles of Incorporation
3. Other (explain):

That this document was duly authorized under said provisions; and that
_____ who signed this document on behalf of said agency had authority to
sign and submit it to the Area Agency on Aging on behalf of the organization.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

ASSURANCE OF COMPLIANCE
WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

(Name of Applicant Agency) _____ (hereinafter called the "Subcontractor" HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the grounds of physical condition, age, race, color, creed, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Subcontractor receives Federal financial assistance from the Lower Rio Grande Valley Development Council, recipient of Federal financial assistance from the Texas Department of Aging and Disability Services (hereinafter called "Grantor"); and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Subcontractor by the Grantor, this assurance shall obligate the Subcontractor or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for purpose for which the Federal assistance is extended or for another purpose involving the provision of similar services and benefits. If any personal property so provided, this assurance shall obligate the Subcontractor for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Subcontractor for the period during which the Federal financial assistance is extended to it by the Grantor.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Subcontractor by the Grantor, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Subcontractor recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of the assurance. This assurance is binding on the Subcontractor, its successors, transferee and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Subcontractor.

Signature: _____
Typed Name: _____
Title: _____

Date: _____

ASSURANCE OF COMPLIANCE
WITH SECTION 504 OF THE REHABILITATION ACT OF 1973

(Name of Applicant Agency) _____ (hereinafter called the "Subcontractor") HEREBY AGREES THAT as a condition for receiving Federal assistance under the Older Americans Act of 1965, as amended, it will comply with Section 504 of the Rehabilitation Act of 1973. The Subcontractor assures that otherwise qualified handicapped person shall, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from Federal financial assistance administered by the Texas Department of Aging and Disability Services and the Lower Rio Grande Valley Development Council and further assures that it will conduct any program or operate any facility so assisted in compliance with all of the requirements imposed by the Regulation, or any directive issued pursuant to that Regulation.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

ASSURANCE OF COMPLIANCE
SENIOR CENTER OPERATION

SERVICE REQUIREMENTS

(Name of Applicant Agency) _____ (hereinafter called the "Subcontractor" HEREBY AGREES THAT as a condition for receiving Federal assistance under the Older Americans Act of 1965, as amended, it will comply with the requirements set forth by the Lower Rio Grande Valley Development Council Area Agency on Aging for organizations seeking assistance for Senior Center Operations. Senior Centers must comply with the following:

1. Services must be offered to the elderly in the general population.
2. Senior Centers must provide or coordinate for participants to have access to the following services at a minimum:
 - a. health screening coordinated by health professionals at least twice during the project year
 - b. develop, maintain, and implement a fund development plan
 - c. exercise, physical fitness and recreational activities
 - d. information and referral
 - e. volunteer activities (other than the usual meal serving)
 - f. telephone reassurance
 - g. attend all AAA sponsored functions
 - h. develop programs that will promote healthy aging

These services will be in addition to existing services such as meals and transportation.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

NON-CONFLICT OF INTEREST CERTIFICATION

Does the Applicant have as an officer, director, employee, consultant, or owner (in whole or in part):

- 1. A person who is currently an employee of the LRGVDC Area Agency on Aging, board member, or Area Agency on Aging council member? () Yes () No
- 2. A person who is currently an employee of the LRGVDC Area Agency on Aging, board member, or Area Agency on Aging advisory council member whose last day of duty with the LRGVDC was within the past two years? () Yes () No
- 3. A person who is related (see relationship key below) to a current employee of the LRGVDC Area Agency on Aging board member, or Area Agency on Aging advisory council member? () Yes () No
- 4. A person who is related to a current employee of the LRGVDC Area Agency on Aging, board member, or Area Agency on Aging advisory council member whose last day of duty with the LRGVDC was within the past two years? () Yes () No

Relationship Key	Wife Husband Father Mother	Brother Sister Son	Stepdaughter Stepson Mother-in-law Daughter	Spouse's sister Spouse's brother Father-in-law
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I certify that the information above is complete, true and correct to the best of my knowledge. I understand that lack of full, true and complete disclosure may be grounds for withholding payment for delivery of services and may cause contract termination.

Signature

Title

Date

LRGVDC AUDIT INFORMATION SHEET

Contractor's Name _____

Fiscal Year Ending Date _____

Federal Funding Received:

_____	_____
Agency Name	\$ Dollar Amount of Award
_____	_____
Agency Name	\$ Dollar Amount of Award
_____	_____
Agency Name	\$ Dollar Amount of Award
_____	_____
Agency Name	\$ Dollar Amount of Award

A-133 Audit Required from Funding Agencies:

Yes _____ No _____

If yes, Audit Firm Name, Address, and Contact Person.

Date last bid let out for audit firm _____

Expected date field work is to begin _____

Expected date audit to be turned into the LRGVDC _____

I certify that the above information is correct.

Signature Title Date

CERTIFICATION
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS

Federal Executive Order 12549 requires the Texas Department of Aging and Disability Services (TDADS) to screen each covered potential contractor/grantee to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor/grantee must also screen each of its covered subcontractors/providers.

In this certification “contractor/grantee” refers to both contractor/grantee and subcontractor/sub-grantee: “contract/grant” refers to both contract/grant and subcontract/sub-grant.

By signing and submitting this certification the potential contractor/grantee accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. If it is later determined that the potential contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the Texas Department of Aging and Disability Services may pursue available remedies, including suspension and/or debarment.
2. The potential contractor/grantee shall provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words “covered contract,” “debarred,” “suspended,” “ineligible,” “participant,” “person,” “principal”, “proposal,” and “voluntarily excluded,” as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the Texas Department of Aging and Disability Services as applicable.

Do you have or do you anticipate having subcontractors/sub-grantees under this proposed contract? _____ YES _____ NO

5. The potential contractor/grantee further agrees by submitting this certification that it will include this certification titled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts and Grants” without modification, in all covered subcontracts and in solicitations for all covered subcontracts.

6. A contractor/grantee may rely upon a certification of a potential subcontractor/sub-grantee that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/sub-grantees upon each subcontract's/sub-grant's initiation and upon each renewal.

7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

8. Except for contracts/grants authorized under paragraph 4 of these terms, if a contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/sub-grant with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the Texas Department of Aging and Disability Services may pursue available remedies, including suspension and or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS.

Indicate which statement applies to the covered potential contractor/grantee:

_____ The potential contractor/grantee certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/grant by any federal department or agency or by the State of Texas.

_____ The potential contractor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor/grantee must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

NAME OF POTENTIAL CONTRACTOR/GRANTEE _____

VENDOR ID NO./FEDERAL EMPLOYER'S ID NO. _____

Signature of Authorized Representative

Printed/Typed Name of Authorized Representative

Date

Title of Authorized Representative

THIS CERTIFICATION IS FOR FY 2015.
PERIOD BEGINNING _____ AND ENDING _____.

