

Exhibit A

Bid Cover Sheet

BID COVER SHEET

St. Louis Area Agency on Aging

Request for Proposal – November 25, 2014

(THIS FORM MUST BE SUBMITTED WITH EACH BID)

TO: **ST. LOUIS AREA AGENCY ON AGING**
ATTN: FY 2016 Senior Program -All Services
1520 Market St., Rm 4085
St. Louis, MO 63103

1. The undersigned, in response to your request for proposal, having examined the bid instructions and specifications, hereby propose to perform the service(s) in accordance with the bid requirements, specifications, and standards at the price stated on the attached bid form.
2. The undersigned, upon notice of bid award, will begin service on or about Jul 1, 2015, and will continue service expeditiously thereafter to insure the full completion of the Agreement on Jun 30, 2016. This agreement may be extended for two (2) additional one (1) year periods (7/1/16-6/30/17 and 7/1/17-6/30/18), upon consent of the parties, under the herein-stated conditions.
3. The undersigned understands and agrees that the St. Louis Area Agency on Aging reserves the right to reject any and all bids.
4. The undersigned understands and agrees that the St. Louis Area Agency on Aging reserves the right to negotiate any and all bids and that all funding is subject to change, that there is no minimum or maximum guaranteed under this RFP.

TOTAL BID REQUEST FOR ALL SERVICES \$ _____

AGENCY(Legal Name) _____

ADDRESS _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

FEDERAL ID# _____

SIGNATURE OF AUTHORIZED AGENT _____

TITLE: _____ DATE: _____

Exhibit B

RFP Checklist

REQUEST FOR PROPOSAL CHECKLIST

BIDDER: _____

This checklist is to be completed and submitted with your bid sheet.
Mark "N.A." if item is not required for your complete bid.

Bidder Status			Attachment	Initials
	Bid Cover Sheet	Completed Signed	A	
	Agency's Federal I.D. Number	Verification		
	Request for Proposal Checklist	Initialed	B	
	Contractual Provisions	Completed Signed	C	
	Bid Submission Sheet for Each Service Desired	Completed Signed	D	
	Operational Plan	Completed	E	
	Expertise and Experience of BIDDER	Completed Signed	E2	
	Organization Chart	Completed	E3	
	City Business License	Verification	F	
	MO Certificate of Corporate Good Standing	Verification	F2	
	Liability Coverage	Verification	F3	
	Latest Audit & Current IRS 990	Completed Signed	G	
	Assurances Certification	Completed Signed	H	
	Statement of Liens & Debt	Completed Signed	I	
	Conflict of Interest Policy	Completed Signed	J	
	Living Wage Acknowledgement and Acceptance Declaration	Completed Signed	K	
	Memo of Understanding Regarding Emergencies & Disaster	Updated	L	
	Section 504 ADA Compliance	Completed Signed	M	
	Affirmative Action Policy	Completed Signed	N	
	Debarment Certification	Completed Signed	O	
	Lobbying Disclosure	Completed Signed	P	
	Affidavit of Work Authorization	Completed Signed	Q	
	Worker's Compensation	Verification	R	
	Harassment/Abuse Policy & Procedures		S	
	Grievance Procedure for Staff		T	
	Grievance Procedure for Service Recipients		T-1	
	Holiday Schedule	Completed/ Signed	U	

REQUEST FOR PROPOSAL CHECKLIST

BIDDER: _____

This checklist is to be completed and submitted with your bid sheet. Mark "N.A." if item is not required for your complete bid.				
Bidder Status			Attachment	Initials
	Policy for Denial of Service		V	
	Policy for Handling Disruptive Persons		W	
	Organizational Forms Board Staff Volunteers		X	
	Senior Center Documentation		Y-1	
	Federal, State, Local Health Certificate	Verification	Y-2	
	Food Permit - City		Y-3	
	ServSafe Certificate (minimum one (1) person)		Y-4	
	Vehicle Inventory (Transportation Only)		Z	
	Vehicle Insurance (Transportation Only)	Verification	Z-1	
	Vendor Transportation Application		HH	

Exhibit C

Contractual Provisions

Exhibit C

CONTRACTUAL PROVISIONS

All contractors will comply with all the following provisions, as applicable. The BIDDER, by virtue of the signature of below, acknowledges understanding and compliance with the provisions listed in this exhibit.

- (a) Drug-Free Workplace: The CONTRACTOR agrees to comply with the requirements of the Drug-Free Workplace Act of 1988 (P.L. 100-690, Section 5151 through 5160).
- (b) Violation or Breach of Contract: All contracts, other than those for small purchases, will include administrative, contractual or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as may be appropriate.
- (c) Termination for Cause and Convenience: All contracts, in excess of \$10,000 will include provision for termination for cause and convenience of the AAA, including the manner by which it will be effected and the basis for settlement.
- (d) Equal Employment Opportunity: All construction contracts of all CONTRACTORS in excess of \$10,000, will include provision for compliance with the Executive Order 11246 of September 24, 1965 entitled "Equal Employment Opportunity", as amended by Executive Order 11375 of October 13, 1967 and as supplemented by DOL Regulations (41 DFR Part 60).
- (e) Copeland "Anti-Kickback" Act: All CONTRACTORS with contracts for construction or repair will comply with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in DOL reg (29 CFR Part 3).
- (f) Davis-Bacon Act: All construction endeavors of CONTRACTORS in excess of \$2,000, will comply with the Davis-Bacon Act (40 U.S.C.276a to a7) as supplemented by DOL Regulations (29 CFR Part 5)
- (g) Contract Work Hours and Safety Standards Act: All construction endeavors by CONTRACTORS in excess of \$2,000, and excess of \$2,500 for other contracts involving employment of mechanics or labors, will comply with Sections 103 and 107 of the Contract Work Hours and Safety Standard Act (40 U.S.C. 327-330) as supplemented by DOL Regulations (29 CFR part 5).
- (h) Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Governments Grant, Contracts and Cooperative Agreements: All CONTRACTORS shall comply with 37 CFR part 401, and any implementing regulations, as applicable.
- (i) Clean Air Act/Clean Water Act/EPA Regulations: All CONTRACTORS will comply with all applicable stands, orders or requirements issued under section 306 of the Clean Air act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1368), and Executive order 11738, and Environmental Protection Agency regulation (40CFR Part 15)
- (j) The Pro-Children Act of 1994: All CONTRACTORS will comply with the Pro-Children Act of 1994 (20 U.S.C. 6081 which prohibits smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.
- (k) 31 USC 1352 : All CONTRACTORS will comply with limitations on the use of appropriated funds to influence certain federal contracting and financial transactions.
- (l) Immigration Reform and Control Act of 1986 (8 USC 1324a) and Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and section 274A of the Immigration and Nationality Act.
- (m) OMB Circular A-133 (section 210) If the CONTRACTOR receives \$750,000 or more reimbursement under this contract, then the Contractor must comply with all applicable implementing regulations, and all other laws, regulations and policies authorizing or governing the use of any federal funds paid to this Contractor through this contract. Eight OMB Circulars, including A-133, have been combined into one "super circular" that takes effect for organizations beginning December 31, 2015 year-ends. Now considered Subpart F of the Uniform Grant guidance, A-133 requirements underwent a number of changes to allow for more regulatory focus on larger, riskier programs and organizations. Changes to audit requirements accompanied these updates. A more detailed explanation of these changes will follow. Organizations subject to A-133 requirements should note the full list of updates to the OMB Circular and consider their impact on future audits.

Below is a list of state and federal compliance requirements related to programs funded with DHSS. All CONTRACTORS will comply with all the listed requirements.

- (a) Public Law 100-175 "Older Americans Act", as amended
- (b) OMB Circular A-102 "Grants and Agreements with State and Local Governments"

- (c) OMB Circular A-87 "Cost Principles Applicable to Grants and Contracts with State and Local Governments"
- (d) OMB Circular A-110 "Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"
- (e) OMB Circular A-122 "Cost Principles for Non-profit Organizations"
- (f) 7 CFR Chapter II Part 250.42 "USDA Food and Consumer Service, Nutrition Program for the Elderly"
- (g) 45 CFR Part 92 "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments"
- (h) 20 CFR Part 641 "Senior Community Service Employment Program"
- (i) 19 CSR 15-4 "Older Americans Act" and 19 CSR 15-7 "Service Standards"
- (j) OMB Circular A-21 – "Colleges and Universities"
- (k) 48 CFR 31.2 – "For-Profit Organizations"
- (l) 45 CFR 74 – Appendix E – "Hospitals"

In accordance with Section 34.040.6 RSMo, if the CONTRACTOR or its affiliate, if any, makes sales at retail of tangible personal property or for the purpose of storage, use or consumption in the State of Missouri, it shall collect and properly pay the tax as provided in Chapter 144, RSMo.

All CONTRACTORS shall comply with all Federal and State statutes, regulations and executive orders relating to nondiscrimination and equal employment opportunity. These include but are not limited to:

- (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin (this includes individuals with limited English proficiency) in programs and activities receiving federal financial assistance and Title VII of the Act which prohibits discrimination on the basis of race, color national origin, sex, or religion in all employment activities;
- (b) Equal Pay Act of 1963 (P.L. 88-38, as amended, 29 U.S.C. Section 206 (d));
- (c) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683 and 1685-1686) which prohibits discrimination on the basis of sex;
- (d) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794 and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) which prohibit discrimination on the basis of disabilities;
- (e) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107) which prohibits discrimination on the basis of age;
- (f) Equal Employment Opportunity –E.O. 11246, "Equal Employment Opportunity", as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity"
- (g) Missouri State Regulation, 19 CSR 10-2.010, Civil Rights Requirements;
- (h) Missouri Governor's E.O. #94-03 and # 05-03;
and the requirements of any other nondiscrimination federal and state statutes, regulations and executive orders which may apply to this contract or agreement.

State and federal Law requires Missouri employers to post the following notices at most work sites. Investigations may be conducted by State inspectors. An employer found to be in violation of State or Federal Laws by willfully failing to post up-to-date OSHA posters may be subject to criminal penalties as well as civil liability actions including assessments of up to \$7,000.

State Posting Requirements

- (a) Discrimination in Employment Law (Admin. Code CSR 60-3.010)(1)
"Equal employment notices shall be posted by every employer, labor organization, or employment agency. These notices shall be posted in obvious places where all employees may access them."
- (b) Workers' Compensation Law (287.127(1))
"Workers Compensation law notices which will identify the procedures employees should take if injured, shall be posted in conspicuous locations."
- (c) Discrimination in Public Accommodation Law (Missouri Commission on Human Rights)
"Race, Color, religion, national origin, ancestry, sex, or handicap discrimination in public accommodation is prohibited in Missouri."
- (d) Unemployment Benefits Law (Labor and Industrial Relations Code 288.130(2))

"Posters identifying unemployment insurance benefits shall be posted by employers in conspicuous places in each place of business."

Federal Posting Requirement

- (a) Child Labor Law (Child Labor 294.005)
"The purpose of this chapter is to ensure that no child under sixteen years of age is employed in an occupation, or in a manner, that is hazardous or detrimental to the child's safety, health, morals, educational processes or general well-being."
- (b) Uniform Services Employment and Reemployment Rights Act
"Federal Law requires all employers to notify employees of their rights under **USERRA** and employers must meet this requirement by displaying this notice where they customarily place notices for employees."
- (c) Employee Polygraph Protection Act (29 USC 2003, 2005)
"Each employer shall post and maintain...notice (of the pertinent provisions of this chapter) in conspicuous places on its premises where notices to employeesare customarily posted." "Any employer who violates provisions of this chapter may be assessed a penalty of not more than **\$10,000**."
- (d) Equal employment Opportunity (29 UFR 1601.30(a), (b))
"Every employer... shall post and keep posted in conspicuous places upon its premises notice in an accessible format... describing the applicable provisions of the title VII and the ADA...Title VII makes failure to comply with this section punishable by a fine of not more than **\$110** for each separate offense."
- (e) Family and Medical Leave Act (298 USC 2619(a), (b))
"Each employer shall post and keep posted in conspicuous places on the premises of the employer where notices to employees and applicants for employment are customarily posted, a notice...setting forth...pertinent provisions of this subchapter and information pertaining to the filing of a charge...Any employer that willfully violates this section may be assessed a civil money penalty not to exceed **\$100** for each separate offense."
- (f) Minimum Wage Act (29 FR 516.4)
"Every employer...shall post and keep posted a notice explaining the Act...in conspicuous places in every establishment where such employees are employed so as to permit them to observe readily a copy."
- (g) Occupational Safety and Health act (29 CFR 1903.2(a)(1))
"Each employer shall post and keep posted a notice or notices...informing employees of the protections and obligations provided for in the Act...in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to ensure that such notices are not altered, defaced or covered by other material."

Agency

State

Authorized Signature

Date

Title

Exhibit D

Bid Submission Sheets

CATEGORY:

AFFORDABLE CARE ACT - NAVIGATOR

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES___ NO___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	Presentation	Counseling	Enrollment	Total
# Units				
Unit Price				\$
Total Cost # Units x Unit Price				\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

CAREGIVER - CASE MANAGEMENT

BIDDER: _____

SERVICE DESCRIPTION:

Is this a Grandparent as Parent Program Service?

YES____ NO____

LIST GEOGRAPHICAL AREA TO BE SERVED:

CITYWIDE: YES____ NO____

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

CAREGIVER- LEGAL SERVICES

BIDDER: _____

SERVICE DESCRIPTION:

Is this a Grandparent as Parent Program Service?

YES ___ NO ___

LIST GEOGRAPHICAL AREA TO BE SERVED:

CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

CAREGIVER - TRAINING/EDUCATION

BIDDER: _____

SERVICE DESCRIPTION:

Is this a Grandparent as Parent Program Service?

YES___ NO___

LIST GEOGRAPHICAL AREA TO BE SERVED:

CITYWIDE: YES___ NO___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

CAREGIVER- RESPITE CARE SERVICES

BIDDER: _____

SERVICE DESCRIPTION:

Is this a Grandparent as Parent Program Service?

YES____ NO____

LIST GEOGRAPHICAL AREA TO BE SERVED:

CITYWIDE: YES____ NO____

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY: CAREGIVER - SUPPLEMENTAL SERVICES

BIDDER: _____

SERVICE DESCRIPTION:

Is this a Grandparent as Parent Program Service? YES___ NO___

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES___ NO___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

CASE MANAGEMENT

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____ Email Address _____

Title: _____ Telephone # _____

Date: _____ Fax # _____

CATEGORY: CASE MANAGEMENT - CARE COORDINATION

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES___ NO___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

CASE MANAGEMENT – Healthy IDEAS

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: _____

CITYWIDE: YES___ NO___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY: CASE MANAGEMENT - IN-HOME ASSESSMENT

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES___ NO___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY: **Case Management - Medicaid Assessment/Reassessment**

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: **CITYWIDE: YES**____ **NO**____

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	Medicaid Assessment	Medicaid Reassessment	Total
# Units			
Unit Price			\$
Total Cost # Units x Unit Price			\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY: CASE MANAGEMENT – Money Follows the Person

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES___ NO___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	Case Management	Supplemental Services	Total
# Units			
Unit Price			\$
Total Cost # Units x Unit Price			\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

***Note: clients can be approved to spend up to \$2,400 on supplemental services needed to transition to the community. The Vendor must be able to pay those costs, submit receipts for items and services purchased. SLAAA will then reimburse the Vendor for approved costs.**

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

HEALTH PROMOTION - HomeMeds

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED:

CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	Med Review & Follow-Up	Home Visits	Total
# Units			
Unit Price			\$
Total Cost # Units x Unit Price			\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY: IN-HOME SERVICES: HOMEMAKER/PERSONAL CARE

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR (Homemaker) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR (Personal Care) _____

Service Name	Homemaker	Personal Care	Total
# Units			
Unit Price			\$
Total Cost # Units x Unit Price			\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

INTERPRETATION AND TRANSLATION

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	Interpretation	Translation	Total
# Units			
Unit Price			\$
Total Cost			\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

LEGAL SERVICES

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

MINOR HOME REPAIR

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: _____

CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

NURSING HOME OMBUDSMAN SERVICES

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED:

CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY: NUTRITION - SENIOR CENTER - CONGREGATE MEALS

This sheet must be attached to the Senior Center Options BID SUBMISSION Sheet.

SERVICE DESCRIPTION:

_____ **Option One - ON-SITE PREPARATION and DELIVERY**

Bulk preparation and includes consumables. Delivery is Lunch - Daily (M-F).
Center must be able to justify raw food costs and ensure usage of US produced foods.

_____ **Option Two - CATERED MEALS (SLAAA CONTRACTS W/ CATERER):**

SLAAA contracts directly with selected caterer. All meals are delivered as bulk and include consumables.
All meals delivered to Center for Lunch - Daily (M-F).

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES _____ NO _____

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units (Use current center data only)	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY: NUTRITION - SENIOR CENTER - HOME DELIVERED MEALS

This sheet must be attached to the Senior Center Options BID SUBMISSION Sheet.

SERVICE DESCRIPTION:

_____ **Option One - ON-SITE PREPARATION and DELIVERY**

Bulk preparation and includes consumables. Pre-Plated, Delivery at Lunch - Daily (M-F).
 Center must be able to justify raw food costs and ensure usage of US produced foods.

_____ **Option Two - CATERED MEALS (SLAAA CONTRACTS W/ CATERER):**

SLAAA contracts directly with selected caterer. All meals are delivered pre-plated and include consumables.
 All meals delivered to Center for Lunch - Daily (M-F).

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES _____ NO _____

(If NO - List Areas to be Served) _____ (Exhibit W)

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units (Use current center data only)	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

RESPITE CARE SERVICES

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED:

CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY: SENIOR CENTER INNOVATIVE PROGRAMS

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

SENIOR CENTER OPTIONS

BIDDER: _____

All BIDDERS wanting to provide Nutrition Services are required to submit this Bid Submission Sheet. Funding levels and unit price for services will be based on the chosen selection. ALL Senior Center Contractors will be required to meet MOWAA Accreditation Standards no later than the start of the contract period. Those centers determined to be deficient at that date will have 30 days to be in compliance or the contract may be terminated. Those BIDDERS choosing to participate only as a Nutrition Site will not be eligible for Citywide/Metro Transportation funding or other funding/opportunities that may be available throughout the year.

LIST GEOGRAPHICAL AREA TO BE SERVED: _____ **CITYWIDE: YES** ___ **NO** ___

(If NO - List Areas to be Served) _____ (Exhibit W)

Select one option:

_____ **"SLAAA NUTRITION SITE" (Congregate Meals and/or Home Delivered Meals)**
Must meet minimum standards per CSR

_____ **"SLAAA MULTI-PURPOSE SENIOR CENTER"**

By selecting this option I understand that I am agreeing to serve Congregate Meals, Home Delivered Meals, provide Transportation, and agree that my center will participate in the following activities:

- | | |
|--------------------------------------|--|
| Thanksgiving Meal Delivery | - Mandatory |
| Christmas Day Meal Delivery | - Mandatory |
| Serve as a Warming and Cooling Site | - Mandatory |
| Participate in the Mature Mile | - Mandatory Host 1 team of at least 5 seniors |
| Serve as a Benefits Site | - Mandatory |
| Host 1 Falls Prevention Activity | - Mandatory (Exercise Class, Presentation, etc.) |
| Host 3 Health Promotion Activities | - Mandatory (CDSM Class, Medication Mgmt, Walking Group, IIID Approved Exercise Class) |
| Attend Disability Awareness Training | -Mandatory (Paraquad or Office on the Disabled) |
| Participate in 2 Senior Events | -Mandatory (Spring Jubilee, VILLAGE of Many Colors, or other SLAAA Sponsored events) |
| Schedule 2 SLAAA Presentations | -Mandatory |
| Attend quarterly Provider Meetings | -Mandatory |

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

SUPPLEMENTAL SERVICES

BIDDER: _____

SERVICE DESCRIPTION:

LIST GEOGRAPHICAL AREA TO BE SERVED: CITYWIDE: YES ___ NO ___

(If NO - List Areas to be Served) _____

ANTICIPATED # OF UNDUPLICATED PERSONS SERVED FOR YEAR _____

Service Name	
# Units	
Unit Price	\$
Total Cost # Units x Unit Price	\$

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

CATEGORY:

TRANSPORTATION - SENIOR CENTER

BIDDER: _____

All BIDDERS requesting to provide **Transportation - Senior Center** are required to submit this Bid Submission Sheet. Funding levels and unit price for services will be based on the chosen selection. ALL Transportation - Senior Center Vendors will be required to meet MO Motor Carrier Safety and Compliance Standards not later than the start of the contract period. Those centers determined to be deficient at that date will have 30 days to be in compliance or the contract for transportation may be terminated. Those BIDDERS desiring to participate as a SLAAA Nutrition Site only will not be eligible for Citywide/Metro Transportation funding or other funding/opportunities that may be available throughout the year.

Select the options desired:

_____ **LOCAL CENTER FUNDING** List Geographical Area to Be Served _____

_____ **CITYWIDE/METRO FUNDING** (Select one ___ **CITY** only ___ **City/County**)

_____ **SLAAA EVENT FUNDING -** BIDDER agrees to respond to SLAAA requests for Support. SLAAA will publish list of events at start of award period and will update as information becomes available.

_____ **GROUP FUNDING**

Hours of Operation _____ AM to _____ PM

Number of Vehicles to Be Used Daily _____

Number of Drivers to Support Program _____

Anticipated # of Unduplicated Persons Served for Year _____

SERVICE NAME	Local Center Funding	Citywide/Metro Funding	SLAAA Event Funding	Group Funding
	Grant	Grant	Per Unit Delivered	Per Unit Delivered
# Units Projected				
Unit Price	\$	\$	\$	\$
Total Cost # Units x Unit Price				

(MAXIMUM UNIT COST TO BE NEGOTIATED)

Comment:

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

SLAAA All Services FY 16

Exhibit D
11/25/14

"SLAAA reserves the right to contract with one or more providers when awarding contracts for services."
 "SLAAA reserves the right to reject any and all bids"

**All unit costs must include service delivery costs and may include administrative or other costs

CATEGORY:

TRANSPORTATION SERVICE - VENDOR

BIDDER: _____

All BIDDERS wanting to provide **Transportation - Vendor** services are required to submit this Bid Submission Sheet.
ALL Transportation - Vendors are required to meet MO Motor Carrier Safety and Compliance Standards prior to the start of the award period. NO service will be utilized until the Vendor is in compliance.
All Drivers will comply with Driver Guidelines found in Exhibit BB.
Transportation - Vendors shall expressly understand and agree that no quantity of clients is guaranteed under the Contract and that all rides are 'directed' by SLAAA.

SERVICE DESCRIPTION: (Check the services the Vendor would like to provide. Mark whether the vehicle is only for persons that are ambulatory or also for persons needing a wheelchair lift).

- ____ **A** Non-emergency medical transportation within City: Ambulatory _____ Lift _____
- ____ **B** Non-emergency medical transportation to County: Ambulatory _____ Lift _____
- ____ **C** Shopping/Official business transportation within City: Ambulatory _____ Lift _____
- ____ **D** Special transportation directed by SLAAA within City: Ambulatory _____ Lift _____
- ____ **E** Special transportation directed by SLAAA to County: Ambulatory _____ Lift _____

ENTER COST PER UNIT: (MAXIMUM UNIT COST TO BE NEGOTIATED)

- ____ **A** Non-emergency medical transportation within City: Ambulatory _____ Lift _____
- ____ **B** Non-emergency medical transportation to County: Ambulatory _____ Lift _____
- ____ **C** Shopping/Official business transportation within City: Ambulatory _____ Lift _____
- ____ **D** Special transportation directed by SLAAA within City: Ambulatory _____ Lift _____
- ____ **E** Special transportation directed by SLAAA to County: Ambulatory _____ Lift _____

Comment: _____

Signature: _____

Email Address _____

Title: _____

Telephone # _____

Date: _____

Fax # _____

SLAAA All Services FY 16

Exhibit D
11/25/14

"SLAAA reserves the right to contract with one or more providers when awarding contracts for services."
"SLAAA reserves the right to reject any and all bids"

**All unit costs must include service delivery costs and may include administrative or other costs

Exhibit E

Operational Plan Bidder's Experience & Expertise

EXHIBIT E

OPERATIONAL PLAN SCOPE OF WORK (All proposals should include the following)

1. BACKGROUND INFORMATION

- a. Legal name of organization.
- b. Describe briefly the history of the BIDDER.
- c. Name, address and phone number of the BIDDER'S main office and satellite office(s), if applicable.
- d. Describe briefly the size, structure and location of the BIDDER'S corporate organization. Specify the individual authorized to enter into contract. Provide an Organizational Chart of the key person involved in the project.<Attachment E>.
- e. BIDDER'S legal status, e.g., city or county governmental unit established by law, private not-for-profit corporation, proprietary agency, etc. Include "Current Missouri Certificate of Corporate Good Standing" <Attachment G>.

2. ADMINISTRATIVE INFORMATION

- a. Specify the name, the title, the phone number, and the email address of the individual directly responsible for running the program.
- b. Employees with direct client contact must have a St. Louis Cty and St. Louis County Police Background Check and the MO Family Care Registry Check.
- c. Specify briefly how the BIDDER meets the fiscal, bonding and liability insurance requirements. Include the cover letter for each policy related to this application; Indicate the persons covered and the amount of coverage <Attachments Q,R,S>.

3. SUPERVISION

Describe briefly the supervisory responsibilities and duties: This should include the number of employees per supervisor and their physical location in relation to the supervisor.

4. SERVICE DELIVERY SYSTEM

- a. Describe the geographic area to be served by the BIDDER.
- b. Define regular business hours.
- c. Specify the days of the week and hours of service delivery.
- d. Briefly describe the Daily Operations expected with this program.
- e. Disclose proposed subcontractors/suppliers with food service companies, meal delivery services, food production and packaging services.

**EXHIBIT E
 BIDDER'S EXPERIENCE / EXPERTISE**

CONTRACT TITLE (Most Recent Experience)	CONTRACTING OFFICE	CONTRACT PERIOD FROM/TO	GEOGRAPHIC AREA SERVED	NUMBER OF PARTICIPANTS SERVED
CONTACT PERSON/TITLE	ADDRESS/CITY/STATE		TELEPHONE NUMBER	
SCOPE OF WORK				
CONTRACT TITLE (Next Most Recent Experience)	CONTRACTING OFFICE	CONTRACT PERIOD FROM/TO	GEOGRAPHIC AREA SERVED	NUMBER OF PARTICIPANTS SERVED
CONTACT PERSON/TITLE	ADDRESS/CITY/STATE		TELEPHONE NUMBER	
SCOPE OF WORK				
CONTRACT TITLE (Next Most Recent Experience)	CONTRACTING OFFICE	CONTRACT PERIOD FROM/TO	GEOGRAPHIC AREA SERVED	NUMBER OF PARTICIPANTS SERVED
CONTACT PERSON/TITLE	ADDRESS/CITY/STATE		TELEPHONE NUMBER	
SCOPE OF WORK				
CONTRACT TITLE (Next Most Recent Experience)	CONTRACTING OFFICE	CONTRACT PERIOD FROM/TO	GEOGRAPHIC AREA SERVED	NUMBER OF PARTICIPANTS SERVED
CONTACT PERSON/TITLE	ADDRESS/CITY/STATE		TELEPHONE NUMBER	
SCOPE OF WORK				

(PLEASE ATTACH ADDITIONAL PAGES, AS NECESSARY)

EXHIBIT E
 11/25/14

Exhibit F

Licensing & Insurance Requirements

MO Certificate of Corporate Good Standing

City of St. Louis Business License

Liability Insurance

Other Insurance

EXHIBIT F

LICENSING REQUIREMENT

(All proposals should include the following)

1. MO CERTIFICATE of CORPORATE GOOD STANDING (Attachment F)
2. CITY OF ST. LOUIS BUSINESS LICENSE (Attachment F-1)
3. LIABILITY INSURANCE

Exhibit G

RFP Evaluation Process & Form RFP Evaluation Committee

EXHIBIT G

THE EVALUATION PROCESS

The information presented in this Exhibit is available in order that the public may gain insight into the contract evaluation process for SLAAA general services. SLAAA does reserve the right to waive or modify the evaluation process described herein if deemed in the best interest of SLAAA.

SLAAA is responsible for:

- a) the establishment of the RFP Evaluation Committee IAW City Ordinance (Exhibit T),
- b) the evaluation of all submitted proposals,
- c) the selection of the successful provider(s) and
- d) the award of contracts.

For all practical purposes, the evaluation process involves three basic steps.

The first step, performed by SLAAA staff, is to determine the responsiveness of each provider's qualifications. To be responsive, the provider must comply with submission requirements and agree to perform the required services in accordance with the terms and conditions stated in the RFP. Those submissions determined to be non-responsive are set aside and not evaluated. In making such a decision, SLAAA reserves the right to waive minor technicalities at its sole discretion. However, providers are cautioned not to assume that a minor technicality will be waived.

The second step, performed by SLAAA staff and the RFP Evaluation Committee, consists of gaining a clear and comprehensive understanding of each qualification and related fact prior to entering into any discussion related to the subjective evaluation of proposals.

The proposals will be read and studied intently. However, other optional tools are available to the evaluators. Some of these are:

- a) telephone interview with provider's references and other known sources for background information,
- b) telephone discussions with a provider to clarify or confirm the written word,
- c) inspection visits to the provider's facility or operational site,
- d) formal question/answer sessions with a provider,
- e) formal presentation of a technical approach by a provider, and/or
- f) any other fact-finding method deemed prudent and necessary by SLAAA.

The purpose of a formal question/answer conference is to clarify or to confirm the intent and representations made in the proposal. Providers are not permitted to ask questions, but must answer all questions asked by the Committee. Answers to the questions are restricted to statements of fact. Negotiations are not permitted. Providers are not permitted to change the content of their proposals.

When a formal presentation of a technical approach is scheduled, the provider is requested to present facts and technical information related to his qualifications. A formal presentation is normally limited to a specific amount of time and may be followed by a formal question/answer conference.

The selection of particular providers or the number of providers chosen for either a question/answer conference or a formal presentation is at the sole discretion and dependent upon the need for factual information and clarification of qualifications for the benefit of the evaluators. If invited, the provider will be given advanced notice of the conference. The provider must travel at his own expense.

The third step, performed by the committee, consists of subjectively evaluating each responsive qualification. Each evaluator will make an individual recommendation by scoring points in accordance with the published evaluation plan. The points that are assigned represent, in a symbolic manner, the evaluator's opinion leading to the recommendation. An example of this evaluation form is attached.

SLAAA staff will organize the evaluation reports and will present proposal recommendations to the SLAAA Manager for review/input. The final recommendations will be presented to the Director of the Department of Human Services and the RFP Evaluation Committee in the form of a final recommendation report, for acceptance or rejection as appears prudent. This report is available for review after the award of the contract. However, providers should be aware that such evaluation reports do not necessarily capture all of the thought processes and opinions of the evaluator, but simply highlight some of the basis considerations.

CRITERIA FOR AWARD

The comparative assessment of the relative benefits and deficiencies of qualifications in relationship to the published evaluation criteria shall be made by using subjective judgement after determining that qualifications satisfies the requirements stated in the Request for Proposal.

In the evaluation of qualifications, the SLAAA reserves the right to accept or reject any or all proposals in whole or in part. SLAAA also reserves the right to make multiple awards with the goal of obtaining the best and lowest priced service.

At a minimum, bidders who may receive funding under this RFP must achieve at least an average of 70 to 100 points possible from the participating evaluation team.

In addition, state regulations require that SLAAA receive prior approval from the MO Department of Health and Human Services for all proposed contracts with for profit corporations under this Request for Proposal.

EXHIBIT G a EVALUATION FORM

BIDDER: _____

CATEGORY OF SERVICE: _____

Operational Plan/Approach to the Scope of Work (30 Points)	Point Value	Point Value
Is the Operational Plan concerning Service delivery information clearly presented? Are there specific objectives?	8	
Is the background information for the organization complete and clearly presented?	2	
Does the proposed service meet the needs of the agency throughout the contract period. Are the City's expectations being met?	5	
Does the BIDDER provide optimal support (i.e., least restrictive and disruptive) for the Client?	3	
Are the procedures for scheduling services appropriate to the needs of the client and the City?	3	
Does the BIDDER display an in-depth awareness of the problems encountered in providing the proposed service for the City? Is their approach an efficient and effective means for providing this service ?	3	
Are the responsibilities of the supervisors of the proposed program clearly defined?	2	
Are the methods of supervision and staff evaluation appropriate to the delivery of the proposed services?	2	
Does the BIDDER suggest specific actions to coordinate the proposed services with other AAA sponsored services?	1	
Is there sufficient documentation to show that staff training, experience, qualifications and background checks is taken seriously by the BIDDER?	1	
Subtotal for " Service Delivery System/Method "=	30	
Experience / Management Expertise (30 POINTS)	Point Value	Point Value
Expertise of BIDDER Personnel (10 Points)		
Does the BIDDER demonstrate the ability to meet Missouri Department of Health & Senior Services and SLAAA standards as well as all policies of the City of St. Louis pertaining to minority/women participation?	5	
Do the BIDDER's personnel have the education and training necessary to ensure satisfactory service as proposed?	3	
Do the BIDDER's personnel have previous experience in the delivery of the service as proposed?	2	
Points awarded for " BIDDER's Expertise "=	10	
Service Experience (10 Points)		
Does the BIDDER have a history of providing the proposed services under government contract? Has it been successful?	5	
Does the BIDDER have experience in providing the services for the elderly under a previous contract?	5	
Points awarded for " Service Experience "=	10	

Exhibit G a
11/25/14

**EXHIBIT G a
EVALUATION FORM**

BIDDER: _____

CATEGORY OF SERVICE: _____

Proposal Organization (10 Points)	Point Value	Point Value
Proposal follows requested format. Narratives are clearly and concisely written.	4	
Proposal contains few, if any, misspellings or typographical or mathematical errors.	2	
All attachments and exhibits are complete and included in the order requested.	4	
Points awarded for " Proposal Organization "=	10	
FINANCIAL INFORMATION (40 POINTS)	Point Value	Point Value
Proposed Unit Cost. Is it reasonable for the service rendered? How does it compare to other like entities?	30	
Fiscal Efficiency and Accountability. Is the BIDDER financially stable? Has the appropriate bookkeeping and accounting services available to meet federal standards.	10	
Points awarded for " COST "=	40	
SUMMARY		
Total Points=	100	
Name of Provider:		
Name of Evaluator:		
COMMENTS:		

EXHIBIT G b

RFP EVALUATION COMMITTEE

St. Louis Area Agency on Aging

IAW City Ordinance 64102 and 64103 the following individuals have been designated to serve on the SLAAA FY 2016 Senior Program - All Services RFP Evaluation Committee

<u>NAME</u>	<u>ORGANIZATION</u>
Elaine Spearman	Comptroller's Office
Sable Campbell-Jones	Mayor's Office
Maurice Falls	Board of Alderman
Patricia O'Toole	Department of Human Service - SLAAA
David Sykora	Department of Human Service - SLAAA

(Point of Contact: 314-657-1685)

Exhibit H

Assurances

EXHIBIT H
ASSURANCES

The undersigned BIDDER, in submitting the foregoing proposal, including all attachments and required amendments, hereby makes the following expressed warranties and representations to the St. Louis Area Agency on Aging (SLAAA):

1. The BIDDER believes that the BIDDER is legally qualified to be awarded the Contract to which the Request for Proposal relates under all applicable State and Federal statutes and regulations.
2. The BIDDER (through the BIDDER'S officers or agents) has received all information necessary in order to respond to the RFP to which this application relates.
3. To the best of the BIDDER'S knowledge and belief, and based on all information in the possession of the BIDDER at the time of this proposal, nothing contained in either the RFP (or any exhibit thereto) or in the proposal, which is hereby made by the BIDDER (including all exhibits thereto), violates any State or Federal statute or regulation.
4. The BIDDER has not requested any additional information or assistance from SLAAA which has been denied or which has not been furnished in sufficient time for the BIDDER to submit this proposal in the manner designed by the undersigned BIDDER. Furthermore, the BIDDER believes that it possesses all information required to complete this application in the desired manner.
5. The undersigned BIDDER understands the manner by which the BIDDER'S proposal will be judged and evaluated and does not object to said method of evaluation or the method whereby any contract awarded in connection with the subject RFP will be so awarded so long as such award conforms to the manner disclosed in the RFP.
6. The undersigned BIDDER agrees that in the event this application is accepted by SLAAA, it will be bound by all pertinent State and Federal statutes and regulations and that this Contract shall be deemed to include, wherever applicable, any pertinent State and Federal statute or regulation. In the event any contractual provision conflicts with any State and Federal statute or regulation, the pertinent provisions of said statutes or regulations shall govern.
7. The BIDDER has read and agrees to deliver services in compliance with the Scope of Work specified in the Request for Proposal if a contract is awarded.
8. The BIDDER has read the Contractual Requirements and agrees to perform the provisions contained therein if a contract is awarded.

9. The BIDDER has authorized _____, _____
to sign these assurances on its behalf. (specify name) (specify title)
10. The BIDDER understands that the aforementioned assurances may be subject to some modification and does not necessarily represent all assurances that may be required at the time of possible contract award.

The BIDDER attests that it has read and will abide by all aforementioned assurances.

BIDDER'S Authorized Signature

Signature of Witness

Title

Title

Date

Date

Exhibit I

Statement of Debts and Liens

EXHIBIT I
Statement of Debts and Liens

I affirm that _____ has paid All payroll taxes due as
(Legal Name of BIDDER)

of the date of this bid submission:

	YES	NO*	N/A
City of St. Louis Earnings Tax (Form W-10)	_____	_____	_____
MO State Payroll Tax	_____	_____	_____
Federal Payroll Tax	_____	_____	_____

* If NO please provide comment

I further affirm that _____ does not have outstanding
(Legal Name of BIDDER)

debts to any person, government, or organization, that would negatively impact on the financial viability of this organization.

Signature

Date

Title

Exhibit J

Conflict of Interest Form

EXHIBIT J

CONFLICT OF INTEREST

In accordance with 24 CFR Part 85:

“No employee, officer or agent of the grantee, subgrantee or subrecipient shall participate in selection, or in the award or administration of a contract support by federal funds if a conflict of interest, real or apparent, would be involved.” Such conflict would arise when:

- a. the employee, officer or agent;
- b. any member of his immediate family;
- c. his or her partner; or
- d. any organization which employs, or is about to employ any of the above, has a financial or other interest in the firm selected for award.

“The grantee’s subgrantee’s or subrecipient’s officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from contractors, potential contractors or parties to subagreements.”

“In cases not governed by 24 CFR Part 85.36. The following SLAAA policy shall apply:

“The conflict of interest provisions. . . apply to any person who is an employee, agent, consultant, officer or elected official or appointed official of the recipient (City of St. Louis) or of any designated public agencies, or subrecipients which are receiving funds.

“No persons described above ‘who exercise or have exercised any functions or responsibilities with respect to SLAAA activities assisted under this part, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain financial interest or benefit from a SLAAA assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

I hereby certify that no conflict of interest exists pursuant to the above referenced regulations except for _____.

I understand that undisclosed Conflict of Interest situations resulting in questioned costs will necessitate repayment of all questioned costs to the SLAAA program and may subject me to further penalty under the law.

CONTRACTOR: _____

Signed: _____
President, Board of Directors

Date: _____