

Transportation Application 2023

Application for Proposal

for the selection of Providers to provide

Transportation Services

for the period

July 1, 2023 through June 30, 2027

Area Agency on Aging Serving Eastern Idaho

a division of
Eastern Idaho Community Action Partnership
935 E Lincoln Drive
Idaho Falls, ID 83401
(208) 522-5391



Completed applications must be physically in the possession of the Area Agency on Aging by 4:30 p.m., April 28, 2023.

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.

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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. DUNS #: _____
3. 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. Did the Provider receive over \$750,000 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: _____
4. Business Types: (Check all that apply **and attach documentation**):
(To qualify you must have certified through the U.S. Small Business Administration,
<https://certify.sba.gov/>)
 - 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
(Label Attachment #5)

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19. The Provider will accommodate for cultural differences and take them into account when delivering services.
 Yes No
20. 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
21. The Provider will make accommodations to work with persons who speak a language other than English.
 Yes No
22. The Provider is an equal opportunity employer and has an affirmative action policy, if applicable.
 Yes No
23. 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

24. 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.

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

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

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

28. Describe in detail the Emergency Procedures in the event transportation services are not operational.

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

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

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

32. Describe in detail the Transportation 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 Transportation service for seniors the Provider is planning to undertake. Include funding sources in addition to the funding structure.

33. Describe in detail what strengths uniquely qualify the Provider to provide Transportation Services for seniors?

34. Describe in detail the minimum qualifications of your drivers, including volunteer drivers.

35. Describe in detail the Provider's system to **prioritize** transportation destinations? (Approved types of service include: social services, health care services, meal programs, senior centers, shopping)

36. Describe in detail the **process** for a participant to receive Transportation services? (e.g. 24 hour notice, reservations, day of service, etc)

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

Partnership, Collaboration and Fund leveraging.

38. 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.

39. 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
- _____

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- e. Senior Housing Complexes
- f. _____
Other Senior Service Providers
- g. _____
Businesses
- h. _____
Other

40. 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

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

42. 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)

43. 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 a meal) rate of service and reflect what funding will be used to cover any per unit costs exceeding the AAA's per-meal reimbursement rate.

The AAA's SFY 2023 per-unit standard reimbursement rate is \$3.00 per Transportation Boarding and its minimum match requirement is 15%. *The only exception is if variable rates allow more units to be served at a more efficient cost.**

Provider's Budget is as follows:

REVENUE	Amount	Comments
AAA Funds (not to exceed \$3.00 per Transportation boarding) ***See above exception		
County Funds		
City Funds		
Other Federal/State Funds		
Client donations		
Fundraisers		
Other: (Describe)		
Total Revenue		

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

Transportation Units (1 unit = 1 boarding onto the bus)

Maximum number of units to be served (at AAA's per unit price)	
Per unit price	\$3.00 ***See above exception
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 Eastern 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 Eastern 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

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Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion, Lower Tier Covered Transactions

1. By signing and submitting this certification, the recipient of federal assistance funds is providing the certification as set out below. The provider will certify non-debarment by signing the RFP application.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered. If it is later determined that the recipient of federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the appropriate federal agency may pursue available remedies, including suspension and/or debarment.
3. The recipient of federal assistance funds shall provide immediate, written notice to the person to which this Proposal is submitted if at any time the recipient of federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstance.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “Proposal,” and “voluntarily excluded,” as used in this clause, have the means set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The recipient of federal assistance funds agrees that, should the covered transaction be entered, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the appropriate federal agency.
6. The recipient of federal assistance funds further agrees that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion, Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Procurement or Non-Procurement Programs.
8. Nothing contained in 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 clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the appropriate federal agency may pursue available remedies including suspension and/or debarment.

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DATED this ____ day of _____, 2023.

Authorized Signature

STATE OF IDAHO)
) ss.
County of _____)

On the ____ day of _____, 2023, before me, the undersigned Notary Public, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have set my hand and seal the day and year as above written.

Notary Public for Idaho

Residing at _____
Commission Expires: _____

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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)