CITY OF HOUSTON
REQUEST FOR QUALIFICATIONS (RFQ)
AGING AND CAREGIVER SUPPORTIVE SERVICES
SOLICITATION NO.: S72-Q26125

Date Issued: Friday, April 27, 2018

Pre-Submittal Conference: Tuesday, May 8, 2018, @ 9:00 AM
City Hall Annex, 3rd fl. Conference Room # 382
900 Bagby Street, Houston, TX 77002

Pre-Submittal Questions Deadline:
Friday, May 11, 2018, @ 2:00 PM

Solicitation Due Date: Thursday, May 24, 2018, @ 4:00 PM

Solicitation Contact Person: Yvette Smith
yvette.smith@houstontx.gov
832-393-8765

Project Summary: This is for a three (3) year contract with two (2) one-year options to renew.

Project Description: The City of Houston ("City") Health Department ("HHD") is soliciting responses from qualified Providers specializing in support services for older adults. It is the intent of the City to enter into a formal agreement contract with one or more qualified Provider(s) for the individual services.

NIGP Code: 952-53, 952-68, 952-76
475-37, 918-78, 948-48, 958-56, 952-30

MWBE Goal: 24%

Jerry Adams, Chief Procurement Officer
4/25/18
Date
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART I – GENERAL INFORMATION</strong> ................................................................. 4</td>
</tr>
<tr>
<td>1.0 General Overview .................................................................................. 4</td>
</tr>
<tr>
<td>2.0 Background ......................................................................................... 4</td>
</tr>
<tr>
<td>3.0 Solicitation Schedule ......................................................................... 4</td>
</tr>
<tr>
<td><strong>PART II – DEFINITION OF TERMS</strong> .............................................................. 5</td>
</tr>
<tr>
<td>1.0 Definitions/Acronyms ....................................................................... 5</td>
</tr>
<tr>
<td><strong>PART III – SCOPE OF WORK / TECHNICAL SPECIFICATIONS</strong> ...................... 7</td>
</tr>
<tr>
<td>1.0 Purpose ............................................................................................... 7</td>
</tr>
<tr>
<td>2.0 Minimum Qualifications ................................................................... 7</td>
</tr>
<tr>
<td>3.0 Scope of Services .............................................................................. 7</td>
</tr>
<tr>
<td><strong>PART IV – SELECTION PROCESS</strong> ............................................................... 24</td>
</tr>
<tr>
<td>1.0 Interviews/Oral Presentations ........................................................... 24</td>
</tr>
<tr>
<td>2.0 Selection Process ............................................................................... 24</td>
</tr>
<tr>
<td>3.0 Best and Final Offers ....................................................................... 24</td>
</tr>
<tr>
<td><strong>PART V – EVALUATION CRITERIA</strong> ............................................................. 24</td>
</tr>
<tr>
<td>1.0 Responsiveness of Submittal ............................................................... 24</td>
</tr>
<tr>
<td>2.0 Technical Competence Requirements ............................................... 24</td>
</tr>
<tr>
<td><strong>PART VI – SUBMISSION OF QUALIFICATIONS</strong> ................................................. 26</td>
</tr>
<tr>
<td>1.0 Submittal Packet Requirements ............................................................ 26</td>
</tr>
<tr>
<td><strong>PART VII – SUBMISSION INSTRUCTIONS TO RESPONDENTS</strong> .................. 30</td>
</tr>
<tr>
<td>1.0 Instructions for Submittal Packet Organization ..................................... 30</td>
</tr>
<tr>
<td><strong>PART VIII – SPECIAL CONDITIONS</strong> ......................................................... 31</td>
</tr>
<tr>
<td>1.0 No Contact Period ............................................................................. 31</td>
</tr>
<tr>
<td>2.0 Equal Opportunity Employment ......................................................... 31</td>
</tr>
<tr>
<td>3.0 Minority and Woman Business Enterprises (M/WBE) ......................... 32</td>
</tr>
<tr>
<td>4.0 Protests .............................................................................................. 32</td>
</tr>
<tr>
<td>5.0 Cancellation ....................................................................................... 32</td>
</tr>
<tr>
<td>6.0 Anti-Boycott of Israel ........................................................................ 32</td>
</tr>
</tbody>
</table>
PART IX – GENERAL INSTRUCTIONS TO RESPONDENTS

1.0 Pre-Submittal Conference................................................................................................................. 32
2.0 Additional Information and Specification Changes.................................................................................. 33
3.0 Letter(s) of Clarification ........................................................................................................................ 33
4.0 Examination of Documents and Requirements........................................................................................ 33
5.0 Exceptions to Terms and Conditions....................................................................................................... 33
6.0 Post-Submittal Discussions with Respondent(s)..................................................................................... 33

PART X – REQUIRED FORMS/DOCUMENTS TO BE SUBMITTED FROM AWARDED VENDOR ONLY


2.0 Drug Compliance Agreement Attachment “A”, Drug Policy Compliance Declaration Attachment “B” and Contractor’s Certification of No Safety Impact Positions Attachment “C” and “D”

3.0 City Contractors’ Pay or Play Acknowledgement Form and Pay or Play Certificate Agreement, Pay or Play Program Acknowledgment Form “1”

4.0 Texas Ethics Commission, Certificate of Interested Parties (Form 1295). Download a copy at https://www.ethics.state.tx.us/tec/1295-Info.htm.

5.0 Requested information outlined in the scope of work and other additional relevant/supporting information, or alternate Proposal.

PART XI – SAMPLE CONTRACT ................................................................................................................................. 34
PART I – GENERAL INFORMATION

1.0 GENERAL OVERVIEW

1.1 The City of Houston (“City”) is currently seeking qualified healthcare providers (“Respondents”) to perform professional wellness services for older adults to include family caregiver, health promotion, in-home service and direct purchase of services. This program aims to secure and provide older adults 60 years of age and above who are independent and capable of self-care with appropriate support services in-home and in a safe environment.

1.2 The Harris County Area Agency on Aging (“HCAA”) service delivery area includes Harris County, except as otherwise noted for a specific service and unincorporated areas. See Attachment B-2, Harris County Area Service Map, for coverage area. Funding is provided through Administration for Community Living. The purpose of Title III of the Older Americans Act (“OAA”) is to encourage and assist state and local agencies in the development of comprehensive and coordinated in-home and community based long-term services for older adults (age 60 and older). Title III authorizes funds for legal counseling services, family caregiver support, and disease prevention and health promotion activities.

Title III B- Legal Assistance
Title III E- Family Caregiver Support Program Services
Title III D- Disease Prevention and Health Promotion Services

2.0 BACKGROUND

The City is the fourth largest City in the United States and is composed of 23 departments with multiple locations throughout the City. The City has approximately 23,000 employees with approximately 500 employees involved in the procurement and/or contracting process. Contracts where the City must pay in excess of $50,000 are routed to City Council for approval. The annual volume of contracts and purchase orders issued in the City in the last five years has ranged from 19,000 to 23,000.

3.0 SOLICITATION SCHEDULE

Listed below are key dates for this Request for Qualifications (RFQ):

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of RFQ Issued</td>
<td>April 27, 2018</td>
</tr>
<tr>
<td>Pre-Submittal Conference</td>
<td>May 8, 2018 @ 9:00 AM CDT</td>
</tr>
<tr>
<td>Questions from Respondents Due to City</td>
<td>May 11, 2018 @ 2:00 PM CDT</td>
</tr>
<tr>
<td>Submittal Due from Respondents</td>
<td>May 24, 2018 @ 4:00 PM CDT</td>
</tr>
<tr>
<td>Notification of Intent to Award (Estimated)</td>
<td>July 2018</td>
</tr>
<tr>
<td>Council Agenda Date (Estimated)</td>
<td>August 2018</td>
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<tr>
<td>Contract Start Date (Estimated)</td>
<td>August 2018</td>
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</tbody>
</table>

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PART II – DEFINITION OF TERMS

“Allowable Cost” All costs must be necessary and reasonable for proper and efficient performance and administration of federal awards; must be authorized or not prohibited under state or local laws or regulations; be consistent with policies, regulations and procedures that apply uniformly to both federal awards and other activities of the government unit and be determined in accordance with generally accepted accounting principles.

“At-Risk” To assume responsibility and liability for all financial costs associated with in the performance of provision of services.

“Audited Financial Statements” Two documents representing the financial status of your organization. The documents must include a statement of income and expenses (Income Statement) and a statement of assets and liabilities (Balance Sheet). The statements must have been prepared by a licensed certified public accountant and prepared in accordance with general accepted accounting principles.

“Cash Match” Cash match can be funding from the proposer or funding received from non-federal funding sources, i.e., United Way, county and city governments, churches, foundations, etc.

“Client/Participant” These terms have been used interchangeably depending on the customary terminology of the individual service.

“Contractor” The performing organization/business that is in a legal binding and enforceable agreement with the HCAAA by which goods, services, or property are to be provided in return for compensation.

“Current Financial Statements” Two documents representing the financial status of your organization. The documents must include a statement of income and expenses (Income Statement) and a statement of assets and liabilities (Balance Sheet). The statements should reflect the financial status of the business within the last twelve months.

“In-Kind” In-kind resources are non-cash resources donated by the provider to the program, i.e., office space, vehicles, and volunteer hours. Providers must provide documentation demonstrating how the in-kind resources value was determined.

“Older Americans Act Title III” Grants for State and Community Programs on Aging under the Older Americans Act (OAA) of 1965 and subsequent amendments authorizing funding to state and local agencies on aging for the provision of services to older adults.

“Opportunity to Contribute” The OAA provides an opportunity for the client to make a contribution to the program. It is the responsibility of the Harris County Area Agency on Aging (HCAAA) staff or respondents to provide an opportunity for each client to contribute and report financial contributions monthly.

“Provider Discounts/In-Kind” A provider may provide discounts for services. The invoice must provide the retail cost, discount amount and reimbursement cost.

“Service Provider/Vendor” These terms have been used interchangeably depending on the customary terminology of the individual service.
“Subcontractor” A business or organization serving as a contractor to the Provider in the performance of the agreement with HCAAA.

“Unit” A measure of service prepared for one person that meets the USDA 1/3 RDA requirements or as specified by HCAAA.

“APAC” Acronym for the Area Planning Advisory Council

“ACL” Acronym for the Administration on Community Living

“CDS” Acronym for the Consumer Directed Services

“FEMA” Acronym for the Federal Emergency Management Agency

“FMSA” Acronym for the Financial Management Service Agencies

“HCAAA” Acronym for the Harris County Area Agency on Aging

“HHSC” Acronym for the Texas Health and Human Services Commission

“TAC” Acronym for the Texas Administrative Code

“TWC” Acronym for the Texas Workforce Commission
PART III – SCOPE OF WORK/TECHNICAL SPECIFICATIONS

1.0 PURPOSE

The City seeks qualified wellness provider(s) to perform services for Aging Programs under Title III, Grants to State and Community Programs on Aging, of the Older Americans Act (“OAA”) of 1965, as amended and in accordance with specified chapters in the Texas Administrative Code (“TAC”), Title 40, Social Services and Assistance. Reference available at the website: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=2&ti=40

2.0 MINIMUM QUALIFICATIONS

To be eligible to participate in this procurement, Respondent(s) shall meet the following minimum conditions.

2.1 Not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated below.

2.2 Have been in business for 60 consecutive months (5 years), in good standing with the State of Texas and shall be able to demonstrate the ability to maintain 90 days of operating capital.

2.3 Where applicable, provider's staff must meet and maintain current certification and or licensure requirements as mandated by state law or appropriate licensing authority.

2.4 Organizations providing services are required to complete a criminal background check for all staff and volunteers involved in providing services to older adults as required in this RFQ.

2.5 Not within a three-year period preceding this RFQ been convicted of or had a civil judgment rendered against Provider for: 1) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; 2) violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

3.0 SCOPE OF SERVICES

3.1 There are five (5) distinct program service requirement options within this RFQ. Provider(s) may submit a response for one or more program service options to be considered. Program services are as follows, but are not limited to:

3.1.1 Option 1: Support Services
- Emergency Response
- Evidence-Based Interventions
- Legal Assistance (Representation)
- Ombudsman Services
- Residential Repair Services

3.1.2 Option 2: Family Caregiver Support Services
- Caregiver Information Services
- Caregiver Respite Care-In Home
- Caregiver Respite Care-Institutional

3.1.3 Option 3: Health Promotion Services
- Dental Services
- Hearing Services
3.1.4 **Option 4: In-home Services**
Chore Maintenance  
Personal Assistance  
Visiting

3.1.5 **Option 5: Direct Purchase of Service Program**
Fiscal Agent

4.0 **PROGRAM DELIVERABLES**

4.1 **Option 1: Support Services**

4.1.1 **Emergency Response**
Services for homebound, frail older individuals provided to establish an automatic monitoring system which links to emergency medical services when the individual's life or safety is in jeopardy.

4.1.2 **Evidence-Based Intervention**
To provide an intervention to an older individual based upon the principles of Evidence-Based Intervention programming. Evidence-Based Programs (as of October 1, 2017), includes the following requirements, but are not limited to:

4.1.2.1 Provider’s staff must meet current certification and or licensure requirements as mandated by Health and Human Services Commission Office of the Area Agency on Aging.

4.1.2.2 Reference Attachment B-1, Evidence-Based Intervention Master List (“EBI”), the Texas Health and Human Service Commission (“HHSC) approved evidence-based intervention program reference listings provided in this RFQ.

4.1.3 **Legal Assistance**
Advice or representation by an attorney, including assistance by a paralegal or law student under the supervision of an attorney. Legal assistance activities shall include, but are not limited to, the following:

4.1.3.1 Counseling - a recommendation made to an older individual regarding a course of conduct, or how to proceed in a matter, given either on one-time or ongoing basis. May be given by telephone or in person.

4.1.3.2 Document Preparation - personal assistance given to an older individual regarding the preparation of necessary documents relating to public entitlements, health care/long term care, individual rights, planning/protection options, and housing and consumer needs.

4.1.3.3 Representation - advocacy on behalf of an older individual in protesting or complaining about a procedure, or seeking special considerations by
appealing an administrative decision, or representation by an attorney of an older individual or class of older individuals in either the state or federal court systems.

4.1.3.4 Provider(s) shall render timely, effective legal assistance in the following priority areas: income maintenance and public benefits, health care and long-term care, planning and protection of autonomy/independence and/or individual rights, housing and utilities and consumer issues.

4.1.4 Ombudsman Services

Ombudsman Service Provider(s) shall, at minimum, offer the following:

4.1.4.1 Ombudsman activities include advocacy services for residents and their family members of long-term care, assisted living facilities, licensed personal care homes and unlicensed personal care homes facilities and their families based on laws, regulations, and procedures to assure quality of care and access to rights. [Advocacy services are designed to benefit persons sixty (60) years and older. However, advocacy services will not be denied to any resident based on age group.]

4.1.4.2 Shall be an organization with a responsive and visible presence in its region.

4.1.4.3 Shall have adequate credentialed staff and/or volunteers to manage all aspects of the program and shall designate a professional staff person as the managing local ombudsman.

4.1.4.4 Shall have a system that is compatible to the state’s information management system designated to maintain the ombudsman program information.

4.1.4.5 Shall adhere to the conflict of interest policy in the TAC and support the formation of the family and resident councils.

4.1.4.6 Shall participate in survey activities with the HHSC.

4.1.4.7 Shall develop and implement individual nursing facility and regional advocacy plans, to include the state and regional HHSC staff.

4.1.4.8 Provide services that identify, investigate, and resolve complaints made by, or on behalf of, residents of nursing facilities and assisted living facilities, and which relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents, providers, or representatives of providers, of long-term care services, public agencies, or health and social service agencies.

4.1.5 Residential Repair

Providers shall provide repair services including, but not limited to, the following areas:

4.1.5.1 Accessibility Modifications - Structural adaptations to meet the needs of older persons who have disabling conditions.
4.1.5.2 Weatherization - Repairs and/or modifications or purchase of supplies that protect the home or resident(s) from the effects of the weather, conserve energy and/or provide alternative energy sources.

4.1.5.3 Safety and Security Modifications - Measures that prevent occurrences such as fires, intrusion into a dwelling and the repair, modification, treatment, and removal of safety hazards.

4.1.5.4 Essential Appliances - Appliances necessary to sustain a healthy environment and independent living.

4.2 Option 2: Family Caregiver Support Services

4.2.1 Caregiver Information Services

Information Services activities shall be provided by an agency that obtains related material and utilize persons who are qualified in the areas of proposed activities, including, but not limited to the following:

4.2.1.1 Provider shall possess the following materials: presentations, seminars, a list of relevant resource information for the resource library and shall provide/demonstrate samples upon the request from HCAA.

4.2.1.2 The dissemination of accurate, timely and relevant information for: 1) informal caregivers, grandparents or relatives caring for children 18 years of age and under; and 2) the public through publications, large group presentations, seminars, health fairs and mass media.

4.2.1.3 Develop a resource library and other informational resources for use in the dissemination of caregiver information as a component of this service.

4.2.2 Caregiver Respite Care - In-Home

4.2.2.1 Respite Care- In-Home- temporary relief for caregivers including an array of services provided to dependent older individuals or people with disabilities who need supervision.

4.2.2.2 Services are provided in the care recipient or caregiver’s home environment or other location on a short-term, temporary basis while the primary caregiver is unavailable or needs relief.

4.2.2.3 Supervised services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.

4.2.3 Caregiver Respite Institutional (Adult Day Services)

4.2.3.1 Respite Institutional- temporary relief for caregivers including an array of services provided in a congregate or residential setting (e.g., hospital, nursing home, and adult day center) to dependent older individuals who need supervision.

4.2.3.2 Services are offered on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Where appropriate, services may
include meals, social and recreational activities, personal care, monitoring of health status, medical procedures and/or transportation.

4.2.3.3 Provider’s services shall be accessible to clients in terms of location, hours of operation and number of days per week. The vendor shall indicate service capacity and if applicable, policies and procedures which govern the organization’s ability to provide the service.

4.2.3.4 Client services are provided in a variety of settings outside of the client’s home. Any agency which provides Caregiver Respite Care- Institutional with HHSC funds must meet the Day Activity and Health Services Requirements. For general requirements, licensure and program requirements, reference available at the following website:
https://hhs.texas.gov/laws-regulations/handbooks/day-activity-health-services-requirements/dahsr-subchapter-a-introduction

4.3 Option 3: Health Promotion

NOTE: The location of service provision for dental, hearing and vision services will not be restricted to the respondent’s place of business. Qualified and certified medical mobile unit providers will be accepted from those respondents who are eligible to provide health maintenance services in the home of the clients and/or various locations within Harris County. The target population for these services will be for homebound clients who are unable to leave their home and clients who have limited transportation needs.

4.3.1 Dental

Delivery of oral health care through education and treatment. Dental provider shall submit to the HCAAA for approval, a dental assessment, with the cost of services needed for clients 60 years of age and older.

4.3.1.1 Dental services are limited to the following:

Limited Services
- Diagnostic
- Oral examination
- Radiographs
- Pulp vitality tests

4.3.1.2 Dental procedures includes the following:

Preventative
- Prophylaxis – adults
- Topical application of fluoride
- Oral hygiene instruction
- Nutritional counseling

Restorative
- Amalgam restorations
- Resin restorations
- Prefabricated resin and stainless-steel crowns
- Sedative filling
Endodontics
- Pulp cap – direct
- Pulp cap – indirect
- Therapeutic pulpotomy
- Anterior endodontic therapy

Periodontics
- Periodontal scaling and root planning, per quadrant

Prosthodontics, Removable
- Complete Denture Adjustments
- Adjust complete denture, per unit
- Complete Denture Repairs
- Repair broken complete denture base
- Replace broken or missing tooth on complete denture, per tooth

Partial Denture Adjustments
- Adjust partial denture, per unit

Complete Denture Repairs
- Repair resin saddle or base of partial denture
- Repair cast framework
- Repair or replace broken clasps
- Replace broken tooth, per tooth
- Add tooth to an existing partial denture, per tooth
- Add clasp to an existing partial denture

Denture Rebase Procedures
- Rebase complete denture, per unit
- Rebase partial denture, per unit

Denture Reline Procedures
- Reline complete denture, per unit
- Reline partial denture, per unit

Surgical Procedures
- Single tooth extraction
- Root removal
- Incision and drainage of abscess – Intraoral soft tissue

Adjunctive General Services
- Palliative (emergency) treatment of dental pain
- Other drugs and/or medicaments, by report
- Occlusal adjustment

4.3.2 Hearing Services

To screen, diagnose, educate, evaluate, counsel and provide assistive equipment and hearing devices to support and improve the quality of life of older adults.
4.3.3 **Vision Services**

Vision services includes vision screening, testing and fitting of vision appliances for the correction or improvement of sight for older adults. Providers shall perform and/or provide the following services or materials, including, but not limited to:

4.3.3.1 Screening, testing and fitting of vision appliances performed or supervised by a person licensed by the State of Texas.

4.3.3.2 Provider shall indicate service capacity and if applicable, policies and procedures which govern their organization’s ability to provide the services and services are to be quoted on a unit basis.

4.3.3.3 Vision, Screening Testing – based upon the activities that provide vision appliances to improve sight.

4.3.3.4 Vision, Screening – the activities that assess the eyes and vision, including conditions and diseases.

4.3.3.5 When performing fitting and appliances, Provider shall fit for material for glasses, mono vision, bi-focal, and/or tri-focal.

4.3.4 **Prescription Assistance**

Prescription Assistance and the provision of prescription education to older adults shall include but, is not limited to,

4.3.4.1 Services shall include the filling and dispensing of prescriptions with in-home services. The dispensing of medications will be done under the direction and supervision of a registered pharmacist by the State of Texas.

4.3.4.2 Provider shall have emergency preparedness procedures [relative to client continued access to service] addressing situations such as fire, floods, and hurricanes.

4.3.4.3 Provider services shall be accessible to clients in terms of location, hours of operation and number of days per week. Provider is to indicate service capacity and if applicable, policies and procedures which govern the organization’s ability to provide the service.

4.3.4.4 Preference will be given to prescription drug providers who can deliver (courier, mail, etc.) medications to consumers within 72 hours of request and have the ability to complete third-party billing.

4.3.5 **Medical Supply Provider**

4.3.5.1 Provider shall provide services that include one or more of the following activities to support and improve the quality of life of older adults: incontinence and nutritional supplies. Provider must have the ability to deliver requested items to consumers within a timely manner.
4.3.5.2 Preference will be given to medical supply providers who can deliver (courier, mail, etc.) requested items within acceptable timing, due to nature of call for services.

4.3.6 Mental Health

4.3.6.1 Mental health services shall be provided to individuals who have mental illness, emotional or social disabilities, or who may require support and treatment. Such support includes education, prevention, screening, referral and/or intervention.

4.3.6.2 Analysis by a mental health professional to determine a need for mental health service(s) (diagnosis/screening) or the provision of services to support and improve the emotional well-being of an individual.

4.4 Option 4: In-Home Services

4.4.1 Chore Maintenance

Performing household chores an older individual is not able to handle on their own, such as heavy cleaning (e.g., scrubbing floors, washing walls and windows [inside and outside]), moving heavy furniture, and maintenance such as yard/sidewalk maintenance.

4.4.2 Personal Assistance Services

4.4.2.1 Provider shall assist an older individual that has difficulty in performing a minimum of two activities of daily living identified in the assessment process. Provider shall assist an older individual with tasks that individual would typically perform if they were able, including assistance in all activities of daily living.

4.4.2.2 Services shall be provided in the client’s place of residence. Assistance will not be provided in a nursing home, personal care home or other setting where the provision of this service is included in the cost of their care.

4.4.2.3 Provider shall indicate service capacity and if applicable, policies and procedures which govern their organization’s ability to provide the service and be accessible to clients in terms of location, hours of operation and number of days per week.

4.4.2.4 Service Provider Eligibility – The HCAA shall contract with home and community support service agencies licensed and approved by HHSC. Reference available at website: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-support-services-agencies-hcssa/how-become-a-licensed-hcssa-provider

4.4.3 Visiting Services

4.4.3.1 Provider shall meet with an older individual to provide regular contact and companionship; and, should the older individual not respond Provider shall initiate appropriate action.
4.4.3.2 Provider must have demonstrated service provision in this category, and must have policies and procedures in place that provide safeguards for older adults including background checks.

4.5 **OPTION 5: Direct Purchase of Service Program**

4.5.1 **Financial Management Service Agencies (“FMSA”)**

FMSAs are the vendor fiscal/employer agents for people who hire their own employees for certain services, also called Consumer Directed Services (“CDS”) employers.

4.5.1.1 Financial Management Services Agencies, (“FMSA”), provides highly complex and technical services and it requires thorough understanding of and rigid compliance with federal laws and rules of the Internal Revenue Service relating to be a fiscal employer agent on behalf of individuals.

4.5.1.2 FMSAs must have a working knowledge of all home- and community-based services provided by HHSC, as well as knowledge of principles of self-determination and person first language and practices.

4.5.1.3 FMSAs provide payroll services as well as deposit and report withholding taxes on behalf CDS employers. FMSAs also assume tax liability for proper withholding of federal income taxes and federal unemployment tax in accordance with Section 3504 of the Internal Revenue Code and must comply with state laws and regulations of the Texas Workforce Commission (“TWC”) regarding payment of state unemployment insurance.

5.0 **GENERAL OPERATIONS REQUIREMENTS**

The requirements contained in this section are to be used by providers in conjunction with the service delivery rules adopted for each individual service provided. These rules are provided by governing agencies through grants and/or contracts and have been included in this section to eliminate duplication. These requirements apply to all services provided under the contract or grant funded in whole or in part with the funds provided by the HCAA, under the OAA, State General Revenue and other funding sources granted or contracted to the HCAA for providing services.

5.1 **Policy Manuals**

5.1.1 **Policies and Procedures** - Providers shall maintain a Policies and Procedures Manual on site, to include the following:

5.1.1.1 Organizational policies regarding purpose of agency, general operations;

5.1.1.2 Programs, equal employment opportunity, sexual harassment, disabilities;

5.1.1.3 Receiving gifts and gratuities, conflict of interest, chain of command;

5.1.1.4 Organizational chart, job descriptions, employment practices, orientation;

5.1.1.5 Training, employee compensation, work schedule and time reporting;

5.1.1.6 Benefits, leave time, holidays, drug free work place, discipline, dismissal;
5.1.1.7 Employee grievances, job descriptions, performance evaluations;
5.1.1.8 Delivery of services, health and safety of staff, and client’s grievances;
5.1.1.9 Client eligibility, client contributions, client and record confidentiality;
5.1.1.10 Client satisfaction surveys, and program self-monitoring instrument.

5.1.2 Facilities - The provider shall ensure that they comply with all applicable local building codes, ordinances, and health department requirements, as well as all federal and state laws and regulations, to provide a safe environment in which to participate. (See Title 40, TAC). Reference available at website: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=2&ti=40

5.1.3 No Smoking Policy - The smoking and use of tobacco products within facilities or vehicles funded in whole or in part by the OAA or the HCAA, or other funds pooled with such funds to meet the cost of services under the OAA, shall not be permitted. (See Title 40, TAC). The City of Houston, Texas Ordinance No. 2006-1054 should also be referenced as a guide. Reference available at website: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=2&ti=40

5.1.4 Site Operations – Providers shall display at site where services are provided and provide the HCAA a copy upon request of the following information including, but not limited to:

5.1.4.1 Offers service(s) to be provided Monday through Friday from 8:00 a.m. to 5:00 p.m.; however, service hours can be extended if approved by the HCAA. Caregivers and elders can access staff 24 hours a day, where applicable.

5.1.4.2 Shall provide a designated telephone number to handle inquiries and complaints. In addition, the Contractor must provide participants written and verbal information on how to address complaints with the contractor and any subcontractors. A copy of the participant's rights and responsibilities must be provided to the HCAA.

5.1.4.3 Provide service(s) in accordance with care plans or service authorization forms completed by staff of the HCAA.

5.1.4.4 Provide service(s) in accordance with guidelines established in the Texas Administrative Code. Trained and supervised personnel involving assistance with personal care activities, housekeeping, home management, meal preparation, and/or escort tasks shall provide in-home assistance with homemaker and personal assistance tasks.

5.1.4.5 Notify the HCAA of any closures that affect service delivery. The notification must be in writing, indicating the length and reason for any closures other than approved City of Houston holidays. In the event of an emergency closure, the HCAA must be notified as soon as reasonably possible. If a contribution is submitted to and received by the contractor / vendor, the contribution shall be forwarded to program staff of the HCAA within ten (10) working days.
5.1.4.6 Program income may include, but is not limited to, contributions, including participant contributions, donations, or service fees. Donations and/or contributions shall be immediately returned to the HCAAA. HCAAA or other appropriate officials shall be permitted to monitor contract compliance. Provider shall comply with "Sanction and Penalty Rules" as established by the HCAAA and the HHSC.

5.1.4.7 A new submittal of a Contractor Information Form (CIF) as determined by the HCAAA must be submitted to indicate changes in personnel, telephone numbers, e-mail addresses, etc. as they occur during each fiscal year.

5.1.4.8 All publicity and promotions for services, projects or programs funded by the Area Agency on Aging. The HHSC may also be acknowledged when practical and feasible. The credit line shall read: "This program is supported, in part, by the City of Houston acting as the Harris County Area Agency on Aging and Texas Health and Human Services Commission." All publicity and promotional material and media, whether audio or visual, must be submitted 30 days prior to event/activities for review and authorization.

5.1.5 Computer Equipment - Each provider is required to have a system that is capable of transferring electronic files, tracking and producing client service data, performance and financial reports and a monthly invoice. It is suggested that equipment also has the capability of reading Microsoft Excel files, Internet Explorer, and an internet connection speed at a minimum of digital subscriber line (DSL).

5.2 State Guidelines

5.2.1 Evacuation - Provider shall also have emergency preparedness/evacuation procedures addressing situation such as fire, floods, and hurricanes, [relative to client continued access to service]. Compliance with procedures established by HHSC in Title 40, TAC is mandatory. Reference available at the following website: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=2&ti=40

5.2.2 Americans with Disabilities Act (ADA) - Certified providers and their subcontractors shall adopt procedures to insure compliance with Titles I - V of the ADA in regard to issues of employment, discrimination in providing public services, public accommodations, telecommunications, and compliance with the Rehabilitation Act of 1973. Reference available at the following website: https://www.ada.gov/2010_regs.htm

5.2.3 Compliance with Section 504 of the Rehabilitation Act of 1973 - HHSC requires that all potential proposers and their subcontractors certify compliance with Section 504 of the Rehabilitation Act of 1973 in regard to discrimination of people with disabilities. (Reference Title 40, TAC, Chapter 279). Reference available at the following website: https://www.hhs.gov/civil-rights/for-individuals/disability/index.html

5.2.4 Certification Regarding Lobbying - HHSC requires that all potential proposers and their subcontractors certify that no federal funds have or will be used to support lobbying activities and submit a Form-LLL, "Disclosure Form to Report Lobbying" if non-federal funds are being used to support lobbying efforts. Any person who fails to file the required certification shall be subject to civil penalty of not less than $10,000 and not more than $100,000 for each such violation.

5.2.5 Reporting Abuse - Respondents shall report suspected cases of abuse, neglect, and exploitation to the Department of Family and Protective Services, 1-800-252-5400,
Office of Consumer Affairs 1-800-720-777 or visit http://www.dfps.state.tx.us/ within 24 hours of awareness. Respondents shall also report appropriate types of suspected abuse cases to local police officials.

5.2.6 **Equal Employment Opportunity (EEO)** - The respondent shall incorporate in its written personnel policies and procedures a plan for equal employment opportunity including provisions for veterans and disabled individuals.

5.2.6.1 The respondent shall ensure that each program activity, when viewed in its entirety, is readily accessible to and usable by handicapped persons as provided for in Section 504 of the Rehabilitation Act of 1973, as amended. When structural changes are required, these changes shall be in keeping with the 45 C.F.R. Part 74.

5.2.6.2 The respondent shall ensure that benefits and services available under the contract are provided in a nondiscriminatory manner as required by Title IV of the Civil Rights Act of 1964, as amended.

5.2.7 **Certification Regarding Debarment** - Federal Executive Order 12549 requires funding agencies to screen each covered potential proposer/subcontractor to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility and voluntary exclusion.

5.2.7.1 Each covered provider/subcontractor must also screen each of its covered subcontractors/proposers. Failure to comply with this request will result in the rejection of an applicant’s response. An eligible organization must meet at least one of the following criteria:

5.2.7.1.1 Any organization proposing to contract or subcontract to render goods or services receiving in excess of $25,000 in federal funds.

5.2.7.1.2 Any organization proposing to contract or subcontract, regardless of the amount, that will have a critical influence on or substantive control over that covered transaction such as principal investigators, proposers of audit services, and researchers.

5.3 **Contributions and Match Requirements**

5.3.1 **Opportunity to Contribute** – The OAA provides an opportunity for the client to make a contribution to the program. It is the responsibility of the HCAA staff or proposers to provide an opportunity for each client to contribute and report financial contributions monthly.

5.3.2 **Match Requirements** – A provider is to use its allocation of Title III funds to pay 90 percent of the costs of providing services. At least 10 percent of the costs must be provided by the proposer for each service. Providers may propose more than a 10 percent match (over match) if they desire. The HHSC requires providers to report all matching funds for all program areas. The program match must be a non-federal cash match. If sufficient cash is not available to meet the minimum 10 percent match requirement, a combination of cash and in-kind resources may be used to meet the match requirement.

5.3.2.1 A 25 percent match is required for proposers serving Title III-E Family Caregiver Support Program services. The match may include resources of
cash, in-kind and/or third-party contributions, discounted service fees or other value enhanced services. “Third party contributions” may not include “program income/client contributions” which are not eligible to be utilized as match.

5.3.2.2 The provider’s level of match proposed will be required for the duration of the contract depending on the type of service. Match may be in one or more of the following types:

5.3.2.2.1 Cash Match – Cash match is funding the respondent, typically receives from local funding sources, i.e., United Way, county and city governments, churches, foundations, etc.

5.3.2.2.2 In-Kind – In-kind resources are typically non-cash resources donated by the proposer to the program, i.e., office space, vehicles, volunteer hours. Providers must provide documentation demonstrating how the in-kind resources value was determined. See In-Kind Match form in the Budget Forms Section.

5.3.2.2.3 Provider Discounts – A provider/vendor may provide discounts for services. The invoice must provide the retail cost, discount amount and reimbursement cost.

5.4 Safety Awareness Requirements

5.4.1 Emergency Management - All service providers must assist the HCAAA, HHSC, the FEMA, and other governmental entities which have an interest or role in meeting the needs of the elderly in planning for, during, and after natural, civil defense, and/or manmade disasters.

5.5 Auditing Requirements

5.5.1 Audit Findings - The provider shall furnish such reports to HCAAA as may be specified to maintain its reports and files in compliance with 45 C.F.R Part 74, and to make its reports and files available to auditing entities as specified by 45 C. F. R. Part 74. Reference available at the following website: https://www.ecfr.gov/cgi-bin/text-idx?tpl=%2Findex.tpl

5.6 Record Keeping Requirements

5.6.1 Data and Reports- Reporting measures established by HCAAA, COH, Health and Human Services Commission, Texas Legislative Budget Board, Administration for Community Living or any other funding authority shall maintain the following, but not limited to:

5.6.1.1 Provider shall maintain such accounts and documents as will serve to permit expeditious determination to be made at any time of fund status within the award, including the disposition of all monies received from HCAAA, and the nature and amount of all charges claimed to be against such funds.

5.6.1.2 Maintain all records of the current contract year for a minimum of five (5) years after termination of the contract or longer, if pending litigation, claims, or audit involving records are unresolved.
5.6.1.3 All records must be maintained in a central location for monitoring purposes, except where the provision of services requires that the records be maintained at the local service site for the convenience of the client and/or the proposer.

5.6.1.4 Providers shall allow the HHSC, the City, the HCAAA, and/or their authorized representative to have access to all records for the purpose of audit, monitoring, or to make examinations, excerpts, and transcripts for hearings or other administrative proceedings.

5.6.1.5 Service provider shall keep all records and reports in such form and containing information as may be required by administrative rule or executive policy.

5.6.1.6 Complete all approved services by the end of each fiscal year, which is September 30th.

5.7 Monitoring Requirements

5.7.1 The HCAAA, or its representatives, shall periodically evaluate and monitor all providers and their programs. HCAAA shall have access to all financial records and documentation, which supports the expenditure of awarded HCAAA funds, to include the following:

5.7.1.1 Provide evaluations and assessments in accordance with the TAC and electronic reports and summaries established by HCAA.

5.7.1.2 Develop and maintain a file on each participant, including rights and responsibilities, service authorizations and service delivery records.

5.7.1.3 Complete HCAAA annual consumer satisfaction surveys. A summary report, including the number of participants surveyed, shall be submitted to the HCAAA no later than April 30th of each contract year.

5.7.1.4 Complete an annual Risk Assessment form. Program staff of the HCAAA will determine the format and provide instructions to the contractor regarding the completion and submittal deadline.

5.7.1.5 Submit a written report to HCAAA of denial of services to participants for any reason, within five (5) business days of service being denied.

5.7.1.6 A roster of participants served, and the number of units provided during the established reporting period.

5.7.1.7 Respond to HCAAA inquiries within established timeframes listed on each request, including denial of service.

5.8 Compliance Requirements

5.8.1 Responsibilities for Compliance - All successful proposers with the City, HCAAA are subject to the applicable state and local rules regarding Compliance with Provider Responsibilities, Rewards and Penalties, (Title 40, TAC,) and Compliance with HCAAA Sub-Recipient Responsibilities, Rewards and Penalties.
5.8.2 Conflict of Interest - Any organization proposing to provide services as specified by this RFQ must disclose any financial (direct or indirect) interest in the organization held by employees of the HCAA, Advisory Council members or HDHHS employees. For purposes of this disclosure HCAA employees shall also include persons related within the second degree of consanguinity or affinity.

5.8.3 Services to Private Membership Prohibited - Providers must ensure that facilities and services shall not limit participation to membership of a specific private organization, group, association, or fraternal organization, nor show discriminating preference for such membership. All providers must operate in compliance with the Older Americans Act.

5.8.4 Insurance - Providers must maintain insurance that protects the health and safety of clients and employees.

5.8.5 Coordination with Other Agencies - Providers shall coordinate their activities with other human service agencies to ensure access and participation of eligible elderly persons.

5.8.6 Maintain compliance with procedures established by HHSC in the Title 40, TAC and Older Americans Act.

5.9 Training Requirements

5.9.1 Training - Providers and their assigned key staff must attend HCAA technical assistance and/or informational meetings/workshops necessary to ensure coordination of services and contract compliance.

5.9.2 Outreach - Providers shall provide activities to ensure participation of eligible elderly persons and shall provide training for staff and volunteers to insure effective service delivery to the elderly. Successful respondents will participate fully in HCAA outreach and training activities.

5.9.3 Respondent Performance Standards - Successful respondents are responsible for upholding required standards of service and are subject to annual performance reviews.

5.10 Billing/Invoice Requirements

5.10.1 Where applicable, copies of timesheets verifying required participant signatures to document service delivery shall be submitted to HHD. Participants are prohibited from signing service delivery records (time sheets) until after services are delivered.

5.10.2 Reporting periods for billing will be established by the HCAA. The provider and each professional performing a service shall properly sign all documents. The accuracy and completeness of each document is vital to justify reimbursement for any service(s) rendered. All required documents for reimbursements must be submitted to the HHD according to the schedule established by the HCAA.
5.10.3 Timesheets are required for staff whose time is associated with the contract (in kind, HCAAA supported) and should reflect days and hours spent on contract.

5.10.4 Invoices for payment must be submitted to Accounts.PayableHHD@houstontx.gov and to invoicedesk@houstontx.gov, with appropriate documentation and authorized signature, as required by HCAAA, by the close of business on the 8th day of each month.

5.11 Reimbursement Requirements

Provider(s) must sign a COH contract to be compensated for services, they shall comply to the following, but not limited to:

5.11.1 Monthly, providers are required to submit invoices reflecting the previous month’s expenditures. The HCAAA shall use the contracting methodology below for the procurement of goods and services for the provision of services to older adults.

5.11.2 Combination of cost reimbursement contracts and fixed or variable unit rate performance-based contracts, and other agreements, as deemed necessary.

5.11.3 The vendor must sign all documents. Accuracy and completeness of the documents are paramount to justify reimbursement for services rendered during the reporting period.

5.11.4 All invoices must be accompanied by applicable supporting documentation for each item in which reimbursement is being requested. Examples are as follows:

5.11.4.1 Mileage Reimbursement – Employee/Volunteer name, address of place of origin and destination, total miles per trip and date of each trip, reason/purpose for travel.

5.11.4.2 Seminars, Conference and Trainings – Participant sign-in sheets, media used to promote seminar(training, agendas, programs and curriculum.

5.11.4.3 Timesheets – Employee name, date and time documenting each day of work and percentage of time spent on HCAAA funded program/services.

5.11.4.4 Service units rendered because of these expenditures.

5.11.5 Each request may require additional information. All reimbursements will be reviewed and approved based on support documentation and the line items charged in the approved budget.

5.11.6 The service and total units of service to be reimbursed by HCAAA will be indicated in the award letter. Award letters for cost reimbursement services will contain the service and amount of the award. Respondent shall invoice only for services actually provided accompanied by support documentations (receipts, timesheets, travel logs, sign-in sheets etc.).
5.12 **Compensation Requirements**

The following requirements must be adhered to for compensation (as applicable):

5.12.1 A unit rate service is considered to be “at risk”. "At risk" means the respondent is responsible for delivering service units at the unit rate negotiated with HCAA. If the cost per unit rate increases during the terms of this agreement, respondent will be responsible for identifying resources other than those funded by HCAA to cover the difference.

5.12.2 The respondent is required to use the HCAA’s budget and budget amendment template.

5.12.3 Computations shall be entered on HCAA approved invoice methodology and the forms submitted along with the appropriate supporting documents.

5.12.4 In order to ensure the timely processing of financial reports, reports must be submitted in accordance with the schedule approved by HCAA.

5.12.5 Respondent recognizes that the HCAA has budgeted federal and/or state funds, as per the budget for this contract, and that payment cannot exceed such sum unless the contract is amended in accordance with the provisions herein.

5.12.6 Adjustments to unit rate reimbursement will be considered only in instances where the proposer suffers operating losses due to events over which they have no control, or reasonably could not anticipate, and where there has been an adjustment in the state rate.

5.12.7 Unit rates will not be adjusted to offset poor management planning, including hiring additional employees, increases in salaries, supplies and other costs. Unit rates will not be adjusted because service unit counts have dropped.

6.0 **KEY PERSONNEL**

The respondent shall identify the key personnel that will be committed to the project. The City reserves the right to reject any key personnel proposed if it is determined in the City’s best interest. All key personnel must be committed to the project at all applicable times. Qualifications and experience of key proposed personnel shall be factored into the evaluation process; therefore, key personnel shall not be replaced without the approval of the City. Any approved substitutions for personnel shall be of equal or better qualifications.

7.0 **ATTACHMENTS**

The following documents are provided as an aid in responding to this solicitation:

- Attachment B-1 – Evidence-Based Intervention Master List
- Attachment B-2 – Harris County Service Area Map
- Attachment B-3 – Submittal Packet Requirements Checklist
PART IV – SELECTION PROCESS

An evaluation committee shall evaluate Respondents’ submittal packet in accordance with the evaluation criteria listed in Part V. Upon completion of the evaluation, the evaluation committee may develop a short list of Respondent(s) meeting the technical competence requirements. The shortlisted Respondent(s) may be scheduled for a structured oral presentation, demonstration, interview and negotiations. Following any requested oral presentations, demonstrations, interviews or negotiations, the evaluation committee will summarize their findings and recalculate their scores, if needed. However, the evaluation committee reserves the right to issue letter(s) of clarification when deemed necessary to any or all Respondent(s). The oral presentations, demonstrations and/or interviews may be recorded and/or videotaped.

1.0 Interviews/Oral Presentations/Demonstrations

The City reserves the right to request and require that each Respondent meet with the evaluation committee to further discuss their submittal packet at a later scheduled date and time. No Respondent is entitled to this opportunity, and no Respondent shall be entitled to attend presentations of any other Respondent. If necessary, Respondents may be required to meet with the evaluation committee more than once.

2.0 Selection Process

Upon review of all information provided by shortlisted Respondents, the evaluation committee shall make a recommendation for selection to City officials. The City reserves the right to check references on any projects performed by the respondent whether provided by the Respondent or known by the City. Selected response will be submitted for approval by the appropriate City officials. The City of Houston intends to select a submittal packet that best meets the City’s needs and provides the overall best value. Upon approval of the selected Respondent, a contract will be executed by the appropriate City officials.

3.0 Best And Final Offer

City reserves the right to request a Best and Final Offer (BAFO) after finalist Respondent(s) clarify all issues, if necessary. Upon receipt of all BAFO's, the evaluation committee shall re-evaluate final responses.

PART V – EVALUATION CRITERIA

1.0 Responsiveness of Submittal Pass/Fail

Submittal packet shall be responsive to all material requirements that shall enable the evaluation committee to evaluate responses in accordance with the evaluation criteria to make a recommendation to City Officials.

2.0 Technical Competence Requirements 100 Points Total

Extent to which proposed solution meet the needs of the City, including but not limited to the program deliverables, training program, and successful outcomes as expressed in this RFQ.

2.1 Qualifications (25 points)

(As referenced in PART VI, Section 4.0 QUALIFICATIONS)

This criterion considers the organization’s track record, qualification and knowledge of the staff; to include key personnel assigned to successfully perform the scope of
services, with regards to providing caregiver supportive services to an older community, as required in this RFQ. In addition, the consideration of the organization’s training program, geographic availability and resources to provide the required services.

2.1.1 Track Record
2.1.2 Capacity
2.1.3 Training Program
2.1.4 Service Area

2.2 Experience/Collaborative Initiatives (25 points)
(As referenced in PART VI, Section 5.0 EXPERIENCE/COLLAB. INITIATIVES)

This criterion considers the specialized experience and prior work collaborations of the provider(s) to implement the aging and caregiver supportive services program for other public agencies, evidenced by the successful delivery of requirements as in this RFQ, on previous projects similar in population and magnitude as the City.

2.2.1 Prior Work
2.2.2 References
2.2.3 Partnerships

2.3 Proposed Program and Operational Design (25 points)
(As referenced in PART VI, Section 6.0 PROPOSED PROGRAM & OPER. DESIGN)

This criterion considers the quality and comprehensiveness of the provider(s) proposed program activities, including the methodology, procedures, proposed staff, program operations and demonstrated availability of the services in the proposed program design and delivery approach.

2.3.1 Proposed Program
2.3.2 Staffing Patterns
2.3.3 Program Availability
2.3.4 HCAAA Compliant
2.3.5 *Information Resource Library
   (*A sample Information Resource Library is required with the submittal only if the Respondent elects to propose Option 2-Family Caregiver Support Services)

2.4 Evaluation/Quality Management (25 points)
(As referenced in PART VI, Section 7.0 EVALUATION/QUALITY MANAGEMENT)

This criterion considers the expertise level of staff and available resources to apply and implement HCAAA data management practices, evidenced by way of demonstrated capability to transfer electronic files, track and produce client service data, performance and financial reports, program evaluation summary reports and monthly invoices.

2.4.1 Data Monitoring
2.4.2 Client Files
2.4.3 Monthly Reports

3.0 M/WBE Participation

Quality of proposed M/WBE participation aligned with the project scope, or a demonstrative Good Faith Efforts presented by Respondent.
4.0 **Financial Stability of Respondent**  

Financial stability of the Respondent to successfully undertake the project and the ability to ensure performance over the duration of the contract, as evidenced by copies of the Respondent's audited financial statements or Federal Tax Forms filed with Internal Revenue Service (IRS) for the past two (2) fiscal years.

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<td>Proposed Program and Operational Design</td>
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**PART VI – SUBMISSION OF QUALIFICATIONS**

**Submittal Packet Requirements:** This section details the requirements for submitting all required information, to ensure some degree of uniformity in the submittal packet, please tab sections accordingly and follow the outline listed below.

In addition, please complete and submit Attachment B-3, Submittal Packet Requirements Checklist; indicating that you have completed and included each of these required forms/materials in Part VI (six), Submittal Packet Requirements, Sections 1.0 through 19.0, with your submittal packet. Attach the completed checklist to your transmittal letter at the front of your packet.

Respondent(s) bidding for more than one service option must submit a submittal packet, per service option, to include the following section, Part VI (six), Submittal Packet Requirements, Sections 1.0 through 19.0. Respondent must complete and submit all applicable sections as noted above and as outlined in the specified sections of Part VI, Submittal Packet Requirements. If a section is not applicable, please do not include it in the submittal and mark N/A on the checklist.

At a minimum, the submittal packet shall include the following applicable items in your submittal, but not limited to:

1.0 **Letter of Transmittal:** The letter of transmittal should be limited to a maximum of two (2) pages and should include the following:

   1.1 A brief statement of the Respondent’s understanding of the work to be performed and that the Respondent will comply with the requirements set forth in this RFQ.
1.2 A "Certificate of Authority" statement signed by the binding partner of the company. The statement should list the specific persons who are authorized to execute agreements on behalf of the Respondent’s company.

1.3 The letter of transmittal shall be signed by a person(s) authorized to legally bind the Respondent and shall contain a statement that the Submittal contained therein shall remain firm for a period of 120 days from and after the date of Response submittal.

2.0 **Statement of Interest:** Respondent(s) shall submit a statement of interest that indicates the Respondent(s) interest in providing the requested services to the City. The City intent of this solicitation is to enter into a new agreement with one or more qualified service health care Provider(s) for the provision of all services relating to providing aging and caregiver support services.

2.1 Respondent(s) must specify in the **Statement of Interest**, one of the below program service options that Respondent(s) wants to be considered. There are five (5) distinct service options to be considered, please see the following:

- Service Option 1- Support Services
- Service Option 2- Family Caregiver Support Services
- Service Option 3- Health Promotion Services
- Service Option 4- In-home Services
- Service Option 5- Direct Purchase of Service Program

2.2 Respondent(s) bidding for more than one service option must submit a separate Statement of Interest **per service option** to be considered for.

3.0 **Offer and Submittal:** The Offer and Submittal form must be signed and notarized in **BLUE ink** by an authorized representative(s) of the Respondent, which must be the actual legal entity that will perform the contract if awarded and therein shall remain firm for a period of 180 days. Complete and submit **Exhibit I-A**, provided in the solicitation.

4.0 **Qualifications:** Respondent(s) shall demonstrate professional qualifications and knowledge in the organization. At minimum the submittal packet shall address the following:

4.1 **Track Record:** Provide a brief overview of your organization’s background history to include, number of years in providing similar services, federal tax ID number, total number of employees, organizational chart and resumes of the key personnel proposed to deliver the services in this RFQ for the City.

4.2 **Capacity:** Describe your organization’s capacity to deliver proposed services consistent with the OAA priorities.

4.3 **Training:** Provide details of the organization’s training program and how staff training is maintained. Where applicable, Respondent shall identify their certified staff, they must provide copies of the relevant certifications that are required for the specialized wellness and health service.

4.4 **Service Area:** Describe the geographical availability of the proposed service, respondent shall reference Attachment B-2, *Harris County Area Service Map*, provided in the solicitation. If the proposed service to be provided is considered mobile, provider shall
reference the various coverage areas of Harris County that can be serviced via the providers mobility services.

For Qualifications section, please provide a detailed response on “Form A-1”

5.0 Experience/Collaborative Initiatives: Respondent shall demonstrate experience relevant to the prior work performed and work partnerships. At minimum the submittal packet shall address the following:

5.1 Prior Work: Describe briefly a minimum of three (3) past and/or current projects where collaborative initiatives have enhanced and/or expanded service capabilities and filled service gaps, if any to include prior history or work with the City or other public agencies. Provide descriptions of the projects that demonstrates your company’s relevant experience providing support services to an older community.

5.2 References: Provide reference information for the people directly involved in the previous projects listed above and who have first-hand knowledge of the performance of the Respondent and its proposed staff/team. The City will contact the references to verify the information Respondent provides and/or to solicit comments. Complete and submit Exhibit I-B, References, to list contact information for project verification.

5.3 Partnerships: Describe relationships with potential partners for the services identified in this request for qualifications, and the roles and responsibilities. In addition, the Respondent shall provide a list of subcontractors that their company proposes to engage on the designated work related to the HHD proposed contract. Complete and submit Exhibit I-C, List of Subcontractors, to list additional potential partnerships and/or proposed subcontractors.

For Experience/Collab. section, please provide a detailed response on “Form A-2”

6.0 Proposed Program and Operational Design: Respondent shall submit their approach and methodologies for fulfilling services and deliverables requirements. At minimum the submittal packet shall address the following:

6.1 Proposed Program: Describe in a brief narrative a proposed program activity and clearly define the method of approach that will be utilized in the successful achievement of the intended project scope of work. Describe the specific outcomes, please note the significant activities described in your narrative should reflect only similar activities as requested in this RFQ to be considered.

6.2 Staffing Pattern: Describe the staffing patterns of the proposed program. Indicate how many full time equivalent (FTE) employees will implement each intervention and the staff/volunteer qualifications for these positions. Describe employee recruitment and retention strategy that will be implemented to operate the proposed program.

6.3 HCAA Compliant: Describe the organizations capacity to deliver the proposed services consistent with the HCAA priorities.

6.4 Program Available: Explain how the organization will ensure that the proposed services are available to those persons who most need the services. Describe how your organization will promote the availability of services to targeted population.
6.5 **Information Resource Library:** Applicable only if provider propose to be considered for Option 2, Family Caregiver Support Services. Describe the vendors information services, it shall include samples of the following materials: presentations, seminars, and a list of relevant resource information proposed for the resource library.

*For Program. /Oper. Design section, please provide a detailed response on “Form A-3”*

7.0 **Evaluation/Quality Management:** Respondent shall demonstrate their expertise level and resources to implement HCAA data management practices and evaluation methods. At minimum the submittal packet shall address the following:

7.1 **Data Monitoring:** Write a brief narrative on the evaluation of a similar or identical service previously implemented. Include both quantitative and qualitative data to support success and challenges of process and outcomes monitoring.

7.2 **Client Files:** Briefly describe how your organization will use evaluation information and client feedback, to modify and/or improve your services.

7.3 **Monthly Reports:** Briefly describe how your organization will ensure that the data submitted to HCAA is accurate, complete and submitted in a timely manner, to include; monthly reports and invoices.

*For Eval./Quality Manage section, please provide a detailed response on “Form A-4”*

8.0 **M/WBE Participation:** Respondent(s) shall identify the M/WBE participation level to equal at least 24% and the role that each M/WBE firm shall have in the project implementation. Since M/WBEs proposed are considered part of the team, the Respondent shall include all relevant information necessary to effectively perform the evaluation of the submittal packet as it relates to the submittal requirements listed in this section. Complete and submit M/WBE Exhibit II forms, to include the following: Attachment “A” Schedule of M/WBE Participation, Attachment “B,” Notice of Intent, Attachment “C,” Certified M/WBE Subcontract Terms, Attachment “D” Office of Business Opportunity and Contract Compliance M/WBE Utilization Report.

9.0 **Financial Stability:** Provide the audited financial statements or federal tax forms filed to the Internal Revenue Service (IRS) for the past two (2) fiscal years. At a minimum, include the letter of opinion, balance sheet, schedules, and related auditor’s notes. Please provide financial statements in a separate sealed envelope, marked “Financials”.

10.0 **Fair Campaign Ordinance:** Please complete and submit Form “A” Exhibit III, provided in this solicitation.

11.0 **Affidavit of Ownership or Control:** Please complete and submit Exhibit IV, provided in this solicitation

12.0 **Anti-Collusion Statement:** Please complete and submit Exhibit V, provided in this solicitation

13.0 **Conflict of Interest Questionnaire:** Please complete and submit Exhibit VI, provided in this solicitation.

14.0 **Debarment Certification:** Please complete and submit Exhibit VII, provided in this solicitation.

15.0 **Exceptions to Standard Contract:** Submit any exceptions to the standard contract and include the rationale for taking those exceptions. Provide rationale for objecting to each Exception, and
propose alternate language for City Legal consideration. When applicable, attach license and maintenance Agreement(s).

16.0 **Legal Actions:** Provide a list of all pending litigation, and include a brief description of the reason for legal action. (If applicable)

17.0 **Conflict of Interest:** Provide information regarding any real or potential conflict of interest. Failure to address any potential conflict of interest upfront may be cause for rejection of the submittal. (If applicable)

18.0 **Other:** Submit any information deemed pertinent to demonstrating Respondent’s qualifications to perform the services being requested such as memberships in any professional associations, documents, examples, etc. (If applicable)

19.0 **Certifications and License:** Attached if applicable or certifications, where appropriate.

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**PART VII – SUBMISSION INSTRUCTIONS TO RESPONDENTS**

1.0 **General Instructions**

1.1 **Number of Copies.** Submit five (5) hard copies of your submittal, including one (1) printed original submittal with a signed in **BLUE** ink and notarized Offer and Submittal Exhibit 1-A form. In addition, submit five (5) NON-PASSWORD PROTECTED electronic thumb drives submitted in a separate sealed envelope clearly labeled the title of the RFQ, located on the first page of this solicitation document.

   **Send labeled response documents to the following address:**
   City Secretary’s Office
   City Hall Annex, Public Level
   900 Bagby Street Houston, Texas 77002

   The City of Houston shall bear no responsibility for submitting responses on behalf of any Respondent. Respondent(s) may submit their submittal to the City Secretary’s Office any time prior to the stated deadline.

1.2 **Time for Submittal.** Submittals shall be submitted no later than the date and time indicated for submittal within this RFQ. Late Submittals shall not be considered and shall be returned, unopened.

1.3 **Format.** Submittal shall be left-bound with information presented on double-sided pages. Material shall be organized to mirror the sequential order of the submittal requirements and separated by labeled tabs, as indicated in **Part VI – Submittal Packet Requirements.** Expensive paper is discouraged since submitted materials shall not be returned.

1.4 **Complete Submittal.** Respondents shall carefully review all requirements and submit all documents and information as instructed within this RFQ. Incomplete submittals may result in proposal being deemed non-responsive, and may not be considered for further evaluation.

1.5 **Packaging and Labeling.** The outside wrapping/envelope shall clearly indicate the RFQ title, date, and time for submittal. It shall also indicate the name of the respondent. Thumb drives shall be submitted in yet another sealed envelope and marked accordingly. All other submittal requirements shall be included with the Respondent’s Technical Response.
1.6 **Timely Delivery of Submittals.** The Submittal, including the Technical Response and signed Offer and Submittal form must be delivered by hand or mailed by one’s preferred courier to the address shown on the cover sheet of this RFQ. Include the RFQ number on any package delivered or sent to the City Secretary’s Office and on any correspondence related to the submittal. If using an express delivery service, the package must be addressed and delivered specifically to the City Secretary’s Office. Packages delivered by express mail services to other locations may not be re-delivered to its destination by the deadline hour.

1.7 **Late Submittals.** The Respondent is responsible for ensuring that its submittal is received at the time, date, place, and office specified. The City assumes no responsibility for any submittal not received, regardless of whether the delay is caused by the U.S. Postal Service, a courier delivery service, or some other act or circumstance.

**PART VIII – SPECIAL CONDITIONS**

1.0 **NO-CONTACT PERIOD**

Neither Respondent(s) nor any person acting on Respondent(s)’s behalf shall attempt to influence the outcome of the award by the offer, presentation or promise of gratuities, favors, or anything of value to any appointed or elected official or employee of the City of Houston, their families or staff members. All inquiries regarding the solicitation are to be directed to the designated City Representative identified on the first page of the solicitation. Upon issuance of the solicitation through the pre-award phase and up to the date the City Secretary publicly posts notice of any City Council agenda containing the applicable award, aside from bidder’s formal response to the solicitation, through the pre-award phase, written requests for clarification during the period officially designated for such purpose by the City Representative, neither Respondent(s) nor persons acting on their behalf shall communicate with any appointed or elected official or employee of the City of Houston, their families or staff through written or oral means in an attempt to persuade or influence the outcome of the award or to obtain or deliver information intended to or which could reasonably result in an advantage to any bidder. However, nothing in this paragraph shall prevent a bidder from making public statements to the City Council convened for a regularly scheduled session after the official selection has been made and placed on the City Council agenda for action, or to a City Council committee convened to discuss a recommendation regarding the solicitation.

2.0 **EQUAL OPPORTUNITY EMPLOYMENT**

The City of Houston Ordinance Section 15-17 establishes Equal Employment Opportunity Contract Compliance requirements for all City of Houston contracts involving the expenditure of Fifty Thousand Dollars ($50,000) or more. Any contract for professional services that results from this RFQ will provide that the failure to carry out the requirements set forth in the City of Houston Equal Employment Opportunity Program shall constitute a breach of contract and may result in termination of the agreement or contract. In addition, the City may take any such additional remedy as deemed appropriate.

3.0 **MINORITY AND WOMAN BUSINESS ENTERPRISES (M/WBE)**

Contractor shall comply with the City’s Minority and Women Business Enterprise (“M/WBE”) programs as set out in Chapter 15, Article V of the City of Houston Code of Ordinances. Contractor shall make good faith efforts to award subcontracts or supply agreements in at least the value stated in this Agreement to MWBE’s. Contractor acknowledges that it has reviewed the requirements for good faith efforts on file with the City’s Office of Business Opportunity (OBO) and shall comply with them.
4.0 PROTESTS

“Protests should be filed in accordance with the City of Houston Administrative Policy (A.P. No. 5-12)” [http://www.houstontx.gov/policies/administrative_policies.html]

5.0 CANCELLATION

The City of Houston has sole discretion and reserves the right to cancel this RFQ, or to reject any or all Proposals received prior to contract award.

6.0 ANTI-BOYCOTT OF ISRAEL

Respondent certifies that Respondents is not currently engaged in and agrees until the funds are exhausted under this purchase order, not to engage in the boycott of Israel as defined by Section 808.001 of the Texas Government Code.

7.0 EXECUTIVE ORDER 1-56 ZERO TOLERANCE FOR HUMAN TRAFFICKING IN CITY SERVICE CONTRACTS AND PURCHASING

The City of Houston has a zero tolerance for human trafficking and, per Executive Order 1-56, City funds shall not be used to promote human trafficking. City vendors are expected to comply with this Executive Order and notify the City’s Chief Procurement Officer of any information regarding possible violation by the vendor or its subcontractors providing services or goods to the City. The Executive Order is available on the City’s website: [http://www.houstontx.gov/execorders/1-56.pdf]

8.0 TIME EXTENSIONS

If the City requests an extension of time to complete its performance, then the Director of HHD, in consultation with the CPO, may, in his or her sole discretion, extend the time so long as the extension does not exceed ninety (90) days. The extension must be in writing but does not require amendment of the Agreement.

PART IX – INSTRUCTIONS TO RESPONDENTS

1.0 PRE-SUBMITTAL CONFERENCE

Pre-Submittal Conference shall be held at the date, time, and location as indicated on the first page of the RFQ document. Interested Respondent(s) should plan to attend. It will be assumed that potential Respondent(s) attending this meeting have reviewed the RFQ in detail, and are prepared to bring up any substantive questions not already addressed by the City.

2.0 ADDITIONAL INFORMATION AND SPECIFICATION CHANGES

Requests for additional information and questions shall be addressed to the Finance Department, Strategic Procurement Division, Senior Procurement Specialist, Yvette Smith, telephone: (832) 393-8765 or email (preferred method to): yvette.smith@houstontx.gov, no later than 2:00 PM (CDT) on May 11, 2018. The City shall provide written responses to all questions received in writing before the submittal deadline. Questions received from all Respondent(s) shall be answered and sent to all Respondent(s) who are listed as having obtained the RFQ. Respondent(s) shall be notified in writing of any changes in the specifications contained in this RFQ.
3.0 LETTER(S) OF CLARIFICATION

3.1 All Letters of Clarification and interpretations to this Solicitation shall be in writing. Any Letter of Clarification(s) or interpretation that is not in writing shall not legally bind the City. Only information supplied by the City of Houston in writing or in this RFQ should be used in preparing Submittal responses.

3.2 The City does not assume responsibility for the receipt of any Letters of Clarification sent to Respondent(s).

4.0 EXAMINATION OF DOCUMENTS AND REQUIREMENTS

4.1 Each Respondent shall carefully examine all RFQ documents and thoroughly familiarize themselves with all requirements prior to submitting a Submittal to ensure that the Submittal meets the intent of this RFQ.

4.2 Before submitting a Submittal, each Respondent shall be responsible for making all investigations and examinations that are necessary to ascertain conditions and affecting the requirements of this RFQ. Failure to make such investigations and examinations shall not relieve the Respondent from obligation to comply, in every detail, with all provisions and requirements of the RFQ.

5.0 EXCEPTIONS TO TERMS AND CONDITIONS

5.1 All Exceptions included with the Submittal shall be submitted in a clearly identified separate Section of the Submittal in which the Respondent clearly cites the specific paragraphs within the RFQ where the Exceptions occur. Any Exceptions not included in such a section shall be without force and effect in any resulting contract unless such Exception is specifically referenced by the CPO or designee, City Attorney, Director of HHD or designee in a written statement. The Respondent’s preprinted or standard terms will not be considered by the City as a part of any resulting contract.

5.2 All Exceptions that are contained in the Submittal may negatively affect the City’s Submittal evaluation based on the evaluation criteria as stated in the RFQ, or result in possible rejection of Submittal.

6.0 POST-SUBMITTAL DISCUSSIONS WITH RESPONDENT(S)

It is the City’s intent to commence final negotiation with the Respondent(s) deemed most advantageous to the City. The City reserves the right to conduct post-Submittal discussions with any Respondent(s).

PART X– REQUIRED FORMS TO BE SUBMITTED BY RECOMMENDED VENDOR ONLY

Required forms shall be supplied to the vendor after award.


2.0 Drug Compliance Agreement Attachment “A”, Drug Policy Compliance Declaration Attachment “B” and Contractor’s Certification of No Safety Impact Positions Attachment “C” and “D”
3.0 City Contractors’ Pay or Play Acknowledgement Form and Pay or Play Certificate Agreement, Play or Pay Program Acknowledgment Form "1"

4.0 Texas Ethics Commission, Certificate of Interested Parties (Form 1295). Download a copy at https://www.ethics.state.tx.us/tec/1295-Info.htm.

5.0 Requested information outlined in the scope of work and other additional relevant/supporting information, or alternate Proposal.

PART XI –SAMPLE CONTRACT
HHD Sample Contract

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1. **A Matter of Balance**

**PROGRAM GOALS:** Reduce fall risk and fear of falling, improve falls self-management, improve falls self-efficacy, and promote physical activity.

**TARGET AUDIENCE:** Adults 60+ who are ambulatory, able to problem solve, concerned about falling, interested in improving flexibility, balance and strength and have restricted their activities because of concerns about falling.

**WEBSITE/CONTACT:** www.mainehealth.org/mob

2. **Active Choices**

**PROGRAM GOALS:** Physical activity program that helps individuals incorporate preferred physical activities in their daily lives.

**TARGET AUDIENCE:** Adults 60 and older.

**WEBSITE/CONTACT:** http://hip.stanford.edu/organizational-consulting/ or cync@stanford.edu

3. **Active Living Every Day (ALED)**

**PROGRAM GOALS:** Behavior change program that helps participants overcome their barriers to physical activity and make positive changes that improve their health and well-being. Participants learn to set goals, overcome barriers and find activities they enjoy.

**TARGET AUDIENCE:** Adults interested in integrating physical activity into their daily lives.

**WEBSITE/CONTACT:** www.ActiveLiving.info/

4. **AEA Arthritis Foundation Aquatic Program (AFAP)**

**PROGRAM GOALS:** Overall sense of well-being, better quality of life, reduce pain/inflammation, increase social interaction, fun, safe and effective way to promote better health, improved joint function, and increased muscular strength.

**TARGET AUDIENCE:** Adults with arthritis, related rheumatic diseases or musculoskeletal conditions, ranging from people who are older, sedentary and very limited by impaired joint mobility to those who are relatively active with only mild joint involvement.

**WEBSITE/CONTACT:** www.aeawave.com

5. **AEA Arthritis Foundation Exercise Program (AFEP)**

**PROGRAM GOALS:** Overall sense of well-being, better quality of life, reduce pain/inflammation, increase social interaction, fun, safe and effective way to promote better health, improved joint function, increased muscular strength.

**TARGET AUDIENCE:** Adults with arthritis, related rheumatic diseases or musculoskeletal conditions, ranging from people who are older, sedentary and very limited by impaired joint mobility to those who are relatively active with only mild joint involvement.

**WEBSITE/CONTACT:** www.aeawave.com
6. **Arthritis Self-Management Program (ASMP)**

Better Choices, Better Health- Arthritis (online ASMP)
Programa de Manejo Personal de la Arthritis (Spanish Arthritis Self-Management Program)

**PROGRAM GOALS:** Enable participants to build self-confidence to take part in maintaining their health and managing their rheumatic diseases. People with different types of rheumatic diseases, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, lupus, and others, attend together.

**TARGET AUDIENCE:** Adults with rheumatic diseases.

**WEBSITE/CONTACT:** http://patienteducation.stanford.edu/programs/asmp.html

7. **Bridge Model of Transitional Care**

**PROGRAM GOALS:** The Bridge Model is a person-centered, social work-led, interdisciplinary model of transitional care. Bridge emphasizes collaboration among hospitals, community-based providers, and the Aging Network in order to ensure a seamless continuum of health and community care across settings. It does not add another layer or silo of care, but rather connects existing silos to assist older adults and their caregivers who are transitioning across the continuum of care. Bridge is the only widely-replicated model of transitional care that is explicitly social worker led.

**TARGET AUDIENCE:** Adults 60+, their caregivers, and other vulnerable populations.

**WEBSITE/CONTACT:** http://www.transitionalcare.org/the-bridge-model/

8. **Brief Intervention & Treatment for Elders (BRITE)**

**PROGRAM GOALS:** Substance abuse screening and intervention program for community-dwelling older adults who are at-risk for or experiencing substance abuse problems.

**TARGET AUDIENCE:** Adults 60+

**WEBSITE/CONTACT:** http://brite.fmhi.usf.edu/BRITE.htm

9. **Care Transitions Intervention (CTI)**

**PROGRAM GOALS:**

**TARGET AUDIENCE:** Adults 65+ who are transitioning from hospital to home who meet the following criteria: non-psychiatric-related hospital admission, community-dwelling (i.e., not a long-term care facility) residence within a predefined radius of the hospital (thereby making a home visit feasible), have a working telephone, have at least one of 11 diagnoses documented in their record (congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, diabetes, stroke, medical and surgical back conditions (predominantly spinal stenosis), hip fracture, peripheral vascular disease, cardiac arrhythmias, deep venous thrombosis, and pulmonary embolism)

**WEBSITE/CONTACT:** www.caretransitions.org

10. **Chronic Disease Self-Management Program (CDSMP)**

Better Choices, Better Health- Chronic Disease (online CDSMP)
Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program)

**PROGRAM GOALS:** Enable participants to build self-confidence to take part in maintaining their health and managing their chronic health conditions, such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes.

**TARGET AUDIENCE:** Adults with chronic health conditions.

**WEBSITE/CONTACT:** http://patienteducation.stanford.edu/programs/cdsmp.html
11. **Chronic Pain Self-Management Program (CPSMP)**

**PROGRAM GOALS:** Provides information and teaches practical skills for managing the challenges of living with chronic pain.
**TARGET AUDIENCE:** Adults with chronic pain.
**WEBSITE/CONTACT:** http://.patienteducation.stanford.edu/programs/cpsmp.html
Email Contact: info@cpsmp.com

12. **Diabetes Self-Management Program (DSMP)**

**Better Choices, Better Health - Diabetes (online DSMP)**
**Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program)**

**PROGRAM GOALS:** Teaches the skills needed in the self-management of diabetes and to maintain and/or increase life’s activities.
**TARGET AUDIENCE:** Adults with type-2 diabetes.
**WEBSITE/CONTACT:** http://patienteducation.stanford.edu/programs/diabeteseng.html

13. **Enhance Fitness**

**PROGRAM GOALS:** Improve the overall functional fitness and well-being of older adults.
**TARGET AUDIENCE:** Sedentary older adults wishing to maintain and/or improve their physical functioning and stay socially connected.
**WEBSITE/CONTACT:** www.projectenhance.org/EnhanceFitness.aspx

14. **Enhance Wellness**

**PROGRAM GOALS:** Maintain or increase the health and functional status of community-based older adults with chronic conditions.
**TARGET AUDIENCE:** Older adults with one or more chronic conditions, excluding dementia.
**WEBSITE/CONTACT:** www.projectenhance.org/EnhanceWellness.aspx

15. **Falls Talk**

**PROGRAM GOALS:** Increase falls prevention behaviors and falls self-management skills; improve recognition of fall threats (personal traits and circumstances that could cause a fall) & self-efficacy; prevent participant falls and reduce fall risk.
**TARGET AUDIENCE:** Adults 60+ who have fallen OR are experiencing regular loss of balance, AND are at risk for falls OR are concerned about falling.
**WEBSITE/CONTACT:** www.fallscape.org

16. **Fall Scape**

**PROGRAM GOALS:** Increase falls prevention behaviors and falls self-management skills; improve recognition of fall threats (personal traits and circumstances that could cause a fall) & self- efficacy; enhance fall threat recognition and prevention behaviors with multimedia; prevent participant falls and reduce fall risk.
**TARGET AUDIENCE:** Adults 60+ who have fallen OR are experiencing regular loss of balance, AND are at risk for falls OR are concerned about falling.
**WEBSITE/CONTACT:** www.fallscape.org
17. **Fit and Strong!**

**PROGRAM GOALS:** Manage lower-extremity osteoarthritis through engagement in safe, balanced program of physical activity that builds lower extremity strength.

**TARGET AUDIENCE:** Sedentary older adults who are experiencing lower-extremity joint pain and stiffness and have received physician clearance to participate in exercise.

**WEBSITE/CONTACT:** www.fitandstrong.org

18. **Geri-Fit® Strength Training Workout**

**PROGRAM GOALS:** Increases strength, flexibility, range of motion, mobility, gait and balance.

**TARGET AUDIENCE:** Older adults age 65+.

**WEBSITE/CONTACT:** www.gerifit.com; 1-888-GERI-FIT (437-4348); Francesca Fisher, CSSTS

19. **Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)**

**PROGRAM GOALS:** Reduce the severity of depressive symptoms in frail, high risk, and diverse older clients of community agencies.

**TARGET AUDIENCE:** Ethnically and socioeconomically diverse populations of older adults and family caregivers who are living in the community and are at high risk for depressive symptoms.

**WEBSITE/CONTACT:** www.careforelders.org/healthyideas

20. **Healthy Moves for Aging Well**

**PROGRAM GOALS:** In-home physical activity intervention (chair bound and advanced exercises) that is focused on maintaining health status and quality of life of frail elders.

**TARGET AUDIENCE:** Adults 65+ who are currently enrolled in a care management program that includes an ongoing, problem-solving relationship with a care manager. Participant criteria includes assistance with 2-4 ADLs, motivation to participate and ability to stand unassisted or with caregiver assistance.

**WEBSITE/CONTACT:** www.picf.org/landing_pages/22,3.html

21. **Healthy Steps for Older Adults (HSOA)**

**PROGRAM GOALS:** Prevent falls and injuries resulting from falls and introduce methods to reduce falls.

**TARGET AUDIENCE:** Older adults 60+

**WEBSITE/CONTACT:** http://www.aging.pa.gov/agingservices/health-wellness/Pages/Healthy-Steps-for-Older-Adults.aspx; PDA Health and Wellness Staff at wellness@pa.gov

22. **Home Meds**

**PROGRAM GOALS:** Enable community agencies to address medication-related problems and errors that endanger the lives and well-being of community-dwelling elders.

**TARGET AUDIENCE:** Area Agencies on Aging (AAA), care management programs, and home care agencies with community-dwelling elder clients. Amenable also to typical Title III-D screening events, senior housing, care transitions coaching, and caregiver support and education sessions.

**WEBSITE/CONTACT:** www.HomeMeds.org

23. **IMPACT (Improving Mood-Promoting Access to Collaborative Treatment)**

**PROGRAM GOALS:**

**TARGET AUDIENCE:**
24. **MedOptz**

**PROGRAM GOALS:** Identify older adults at highest risk for medication problems for referral to a pharmacist for medication management services. Assist in problem identification and clinical decision-making when evaluating complex medication regimens to identify, resolve and prevent medication-related problems. Facilitate identification, prevention and resolution of actual and potential medication-related problems in community-dwelling older adults. Aid in evaluation of medications as a cause or aggravating factor contributing to an older adult’s physical, cognitive or functional decline. Facilitate incorporation of medication monitoring information into the older adult’s plan of care. Improve health, maintain or improve physical functioning and reduce health care costs.

**TARGET AUDIENCE:** Community-based organization serving older adults (60+) with one or more chronic diseases and/or conditions treated with medications.

**WEBSITE/CONTACT:** https://www.MedOptz.com

25. **National Diabetes Prevention Program (NDPP)**

**PROGRAM GOALS:** Prevent or delay the onset of Type 2 diabetes; increase physical activity to 150 minutes of moderate physical activity; lose a minimum of 5% bodyweight.

**TARGET AUDIENCE:** Adults who are at high risk for developing Type 2 diabetes based on fasting glucose or A1C or via a short risk survey. Adults 60+ automatically qualify.

**WEBSITE/CONTACT:** www.cdc.gov/diabetes/prevention

26. **NYU Caregiver Intervention (NYUCI)**

**PROGRAM GOALS:** Provide psychosocial counseling and support to improve the well-being of spousal caregivers of people with Alzheimer’s disease. Delay institutional placement of the care recipient into a nursing home.

**TARGET AUDIENCE:** Family caregivers of people with dementia.

**WEBSITE/CONTACT:** http://nrepp.samhsa.gov/ViewIntervention.aspx?id=74

27. **The Otago Exercise Program**

**PROGRAM GOALS:** Increase strength, balance, and endurance. Lifestyle change to incorporate strength and balance training a minimum of 2 hours per week. RCT demonstrated a 35% reduction in falls in high risk older adults.

**TARGET AUDIENCE:** Community-dwelling frail older adults. Most effective for those who are age 80 and over or 65 and older and frail. Can be implemented in the home, outpatient, assisted living facilities as well as in the community.

**WEBSITE/CONTACT:** http://www.med.unc.edu/aging/cgec/exercise-program

28. **Program for All-Inclusive Care for Elderly (PACE)**

**PROGRAM GOALS:** Comprehensive and seamless service delivery system and integrated Medicare and Medicaid financing.

**TARGET AUDIENCE:** Eligible individuals are age 60+ and meet the clinical criteria to be admitted to a nursing home but choose to remain in the community. An array of coordinated services is provided to support PACE participants to prevent the need for nursing home admission.

**WEBSITE/CONTACT:** www.npaonline.org
29. **PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)**

**PROGRAM GOALS:** Reduce symptoms of depression and improve health-related quality of life.

**TARGET AUDIENCE:** Adults 60+ who have minor depression or dysthymia and are receiving home-based social services from community services agencies.

**WEBSITE/CONTACT:** www.pearlsprogram.org Lesley Steinman, M.S.W., M.P.H. University of Washington Health Promotion Research Center, (206) 543-9837, lesles@uw.edu

30. **Positive Self-Management for HIV (PSMP)**

**PROGRAM GOALS:** Help individuals actively participate in their HIV disease and symptom management.

**TARGET AUDIENCE:** Adults living with HIV.

**WEBSITE/CONTACT:** http://patienteducation.stanford.edu/programs/psmp.html

31. **Powerful Tools for Caregivers**

**PROGRAM GOALS:** A self-care education program for family caregivers to improve: self-care behaviors, management of emotions, self-efficacy, and use of community resources.

**TARGET AUDIENCE:** Family caregivers of adults with chronic conditions.

**WEBSITE/CONTACT:** http://www.powerfultoolsforcaregivers.org

32. **Prevention and Management of Alcohol Problems in Older Adults**

**PROGRAM GOALS:** Reduce alcohol-related problems among older at-risk or problem drinkers.

**TARGET AUDIENCE:** Older adults who engage in at-risk or problem drinking behaviors.

**WEBSITE/CONTACT:** http://www.pathwayscourses.samhsa.gov/aaap/aaap_2_pg1.htm

33. **Resources for Enhancing Alzheimer's Caregiver Health II (Reach II)**

**PROGRAM GOALS:** Multi-component psychosocial behavioral intervention to reduce caregiver burden and depression, improve caregivers’ ability to provide self-care, provide caregivers with social support, and help caregivers learn how to manage difficult behaviors in care recipients with Alzheimer’s disease or related disorders.

**TARGET AUDIENCE:** Caregivers of people with Alzheimer’s disease and related dementias. Culturally appropriate for ethnically diverse populations.

**WEBSITE/CONTACT:**
http://www.rosalynncarter.org/caregiver_intervention_database/dimentia/reach_ii_intervention/

34. **Stay Active and Independent for Life (SAIL)**

**PROGRAM GOALS:** Physical activity program that reduces fall risk factors by increasing strength and improving balance.

**TARGET AUDIENCE:** Adults 65+

**WEBSITE/CONTACT:** http://livingwell.doh.wa.gov Or http://www.synapticseminars.com
35. **Stepping On**

**PROGRAM GOALS:** Offer strategies and exercises to reduce falls and increase self-confidence in making decisions and behavioral change in situations where older adults are at risk of falling.

**TARGET AUDIENCE:** Community-residing, cognitively intact, older adults who are at risk of falling, have a fear of falling or who have fallen one or more times in a year.

**WEBSITE/CONTACT:** http://www.ncoa.org/improve-health/center-for-healthy-aging/stepping-on.html OR http://wihealthyaging.org/stepping-on

36. **Stress-Busting for Family Caregivers- Dementia (D-SBP)**

**PROGRAM GOALS:** Improve the quality of life of family caregivers who provide care for people with Alzheimer's disease or other dementias. Help caregivers manage their stress and cope better with their lives.

**TARGET AUDIENCE:** Family caregivers of people with Alzheimer's disease and related dementias.

**WEBSITE/CONTACT:** www.caregiverstressbusters.org

37. **Stress-Busting for Family Caregivers- General (G-SBP)**

**PROGRAM GOALS:** Improve the quality of life of family caregivers who provide care for people with chronic illnesses. Help caregivers manage their stress and cope better with their lives.

**TARGET AUDIENCE:** Family caregivers of people with chronic illnesses.

**WEBSITE/CONTACT:** www.caregiverstressbusters.org

38. **Tai Chi for Arthritis**

**PROGRAM GOALS:** Improve movement, balance, strength, flexibility, relaxation and decrease pain and falls.

**TARGET AUDIENCE:** Adults with or without arthritis, rheumatic diseases or related musculoskeletal conditions. The program is appropriate for people with mild, moderate and severe joint involvement and back pain.

**WEBSITE/CONTACT:** http://taichiforhealthinstitute.org

39. **Tai Chi Quan: Moving for Better Balance**

**PROGRAM GOALS:** Improve balance, strength and physical performance for older adults to reduce fall frequency.

**TARGET AUDIENCE:** Adults 65+

**WEBSITE/CONTACT:** www.tjqmbb.org OR http://www.ncoa.org/improve-health/center-for-healthy-aging/tai-chi-moving-for-better.html

40. **TCARE® Support System (Tailored Caregiver Assessment & Referral®)**

**PROGRAM GOALS:** Reduce caregiver depression; reduce caregiver stress and burnout; increase positive outcomes associated with caregiving; reduce placement of care receiver in an alternate care setting; reduces hospital readmissions; improves quality of life; improves legal, financial and medical planning; and, improves employee retention and productivity.

**TARGET AUDIENCE:** Professionals working with family caregivers; Health and Human Services, Veterans Admin., Active Military Personnel, Health Insurance Companies, Disability Insurance Companies, Long Term Care Insurers, Accountable Care Organizations, Self-Insured Employers, Medical Care Providers, Professional Service Organizations.
41. **Walk with Ease**

**PROGRAM GOALS:** Reduce pain and discomfort of arthritis, increase balance and strength, build confidence in the ability to be physically active and improve overall health among older adults. Designed to decrease disability and improve arthritis symptoms, self-efficacy, and perceived control, balance, strength, and walking pace.

**TARGET AUDIENCE:** Adults with chronic health conditions.

**WEBSITE/CONTACT:** [www.arthritis.org/wwe](http://www.arthritis.org/wwe)

42. **Wellness Initiative for Senior Education (WISE)**

**PROGRAM GOALS:** Build skills to make healthy lifestyle choices and avoid substance abuse. Topics include medication misuse and management, stress management, depression, and substance abuse.

**TARGET AUDIENCE:** Older adults 60+

**WEBSITE/CONTACT:** [http://www.njpn.org/initiatives/wise](http://www.njpn.org/initiatives/wise)
ATTACHMENT B-3

SUBMITTAL PACKET REQUIREMENTS CHECKLIST (RFQ-S72-Q26125)

RESPONDENT'S NAME: _______________________
SERVICE OPTION: ___________________

Please check a box on each line, indicating that you have completed and included each of these required forms/materials with your submittal packet. Per each individual service option to be considered, there should be a completed submittal packet requirements checklist included. Attach this checklist to your transmittal letter at the front of your submittal packet.

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<th>ITEM</th>
<th>Yes</th>
<th>No</th>
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<td>1</td>
<td>Submit five (5) hard copies of your submittal, including one (1) printed original submittal with a signed in <strong>BLUE</strong> ink and notarized Offer and Submittal Exhibit 1-A form. In addition, submit five (5) NON-PASSWORD PROTECTED.</td>
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<td>Part VI, Section 1.0: One (1) Letter of Transmittal, and attached with one (1) Submittal Requirements Checklist, Attachment B-3.</td>
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<td>Part VI, Section 2.0: Statement of Interest</td>
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<td>Part VI, Section 4.0: Qualifications Form A-1 (Organization Charts &amp; Resumes)</td>
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<td>Part VI, Section 5.0: Experience/Collaborative Initiatives Form A-2</td>
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<td>Part VI, Section 6.0: Proposed Program and Operational Design Form A-3</td>
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<td>Part VI, Section 7.0: Evaluation/Quality Management Form A-4</td>
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<td>8</td>
<td>Provide the audited financial statements or Federal Tax Forms filed to the Internal Revenue Service (IRS) for the past two (2) fiscal years. At a minimum, include the letter of opinion, balance sheet, schedules, and related auditor's notes.</td>
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<td>Exhibit I-B References Proposed Subcontractors</td>
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<td>10</td>
<td>Exhibit I-C Proposed Subcontractors</td>
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<td>11</td>
<td>Exhibit II – (a) Schedule of MWBE Participation; (b) MWBE Letters of Intent; (c) MWBE Subcontract Terms</td>
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<td>Exhibit III – Fair Campaign Ordinance</td>
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<td>Exhibit IV – Affidavit of Ownership or Control</td>
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<td>Exhibit V – Anti-Collusion Statement</td>
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<td>Exhibit VI – Conflict of Interest Questionnaire</td>
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<td>Exhibit VII – Debarment Certification</td>
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<td>Exceptions to Standard Contract (If applicable)</td>
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<td>Legal Actions (If applicable)</td>
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<td>Conflict of Interest (If applicable)</td>
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<td>Other Information (If applicable)</td>
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<td>Certifications (If applicable)</td>
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<td>22</td>
<td>License to Operate in Texas (where and if applicable)</td>
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</table>
ORGANIZATION: __________________

SELECT THE SERVICE OPTION:        OPTION 1-SUPPORT SERVICES ____
                                          OPTION 2- FAMILY CAREGIVER SUPPORT SERVICES ____
                                          OPTION 3- HEALTH PROMOTION SERVICES ____
                                          OPTION 4- IN-HOME SERVICES ____
                                          OPTION 5- DIRECT PURCHASE OF SERVICE PROGRAM ____

1. TRACK RECORD: PROVIDE A BRIEF OVERVIEW OF YOUR ORGANIZATION'S BACKGROUND HISTORY TO INCLUDE, NUMBER OF YEARS IN PROVIDING SIMILAR SERVICES, CURRENT SERVICES PROVIDED FEDERAL TAX ID #, TOTAL NUMBER OF EMPLOYEES, ORGANIZATIONAL CHART AND RESUMES OF THE KEY PERSONNEL PROPOSED TO DELIVER THE SERVICES IN THIS RFQ FOR THE CITY.

2. CAPACITY: DESCRIBE YOUR ORGANIZATION'S CAPACITY TO DELIVER PROPOSED SERVICES CONSISTENT WITH THE OLDER AMERICANS ACT PRIORITIES.

   TRAINING: PROVIDE DETAILS OF THE ORGANIZATION'S TRAINING PROGRAM AND HOW STAFF TRAINING IS MAINTAINED. WHERE APPLICABLE, RESPONDENT SHALL IDENTIFY THEIR CERTIFIED STAFF, THEY MUST PROVIDE COPIES OF THE RELEVANT CERTIFICATIONS THAT ARE REQUIRED FOR THE SPECIALIZED WELLNESS AND HEALTH SERVICE.

4. SERVICE AREA: DESCRIBE THE GEOGRAPHICAL AVAILABILITY OF THE PROPOSED SERVICE, RESPONDENT SHALL REFERENCE ATTACHMENT 2.0, HARRIS COUNTY AREA SERVICE MAP, PROVIDED IN THE SOLICITATION. IF THE PROPOSED SERVICE TO BE PROVIDED IS CONSIDERED MOBILE, PROVIDER SHALL REFERENCE THE VARIOUS COVERAGE AREAS OF HARRIS COUNTY THAT CAN BE SERVICED VIA THE PROVIDERS MOBILITY SERVICES.
ORGANIZATION: __________________

SELECT THE SERVICE OPTION: OPTION 1- SUPPORT SERVICES ____________
OPTION 2- FAMILY CAREGIVER SUPPORT SERVICES __________
OPTION 3- HEALTH PROMOTION SERVICES ____________
OPTION 4- IN-HOME SERVICES ____________
OPTION 5- DIRECT PURCHASE OF SERVICE PROGRAM ____________

1. PRIOR WORK: DESCRIBE BRIEFLY A MINIMUM OF THREE (3) PAST AND/OR CURRENT PROJECTS WHERE COLLABORATIVE INITIATIVES HAVE ENHANCED AND/OR EXPANDED SERVICE CAPABILITIES AND FILLED SERVICE GAPS, IF ANY TO INCLUDE PRIOR HISTORY OR WORK WITH THE COH OR OTHER PUBLIC AGENCIES. PROVIDE DESCRIPTIONS OF THE PROJECTS THAT DEMONSTRATES YOUR COMPANY’S RELEVANT EXPERIENCE PROVIDING SUPPORT SERVICES TO AN OLDER COMMUNITY.

2. REFERENCES: PROVIDE REFERENCE INFORMATION FOR THE PEOPLE DIRECTLY INVOLVED IN THE PREVIOUS PROJECTS LISTED ABOVE AND WHO HAVE FIRST-HAND KNOWLEDGE OF THE PERFORMANCE OF THE RESPONDENT AND ITS PROPOSED STAFF/TEAM. THE CITY WILL CONTACT THE REFERENCES TO VERIFY THE INFORMATION RESPONDENT PROVIDES AND/OR TO SOLICIT COMMENTS. COMPLETE AND SUBMIT EXHIBIT I-B, REFERENCES, TO LIST CONTACT INFORMATION FOR PROJECT VERIFICATION.

3. PARTNERSHIPS: DESCRIBE RELATIONSHIPS WITH POTENTIAL PARTNERS FOR THE SERVICES IDENTIFIED IN THIS REQUEST FOR QUALIFICATIONS, AND THE ROLES AND RESPONSIBILITIES. IN ADDITION, THE RESPONDENT SHALL PROVIDE A LIST OF SUBCONTRACTORS THAT THEIR COMPANY PROPOSES TO ENGAGE ON THE DESIGNATED WORK RELATED TO THE HOUSTON HEALTH DEPARTMENT PROPOSED CONTRACT. COMPLETE AND SUBMIT EXHIBIT I-C, LIST OF SUBCONTRACTORS, TO LIST ADDITIONAL POTENTIAL PARTNERSHIPS AND/OR PROPOSED SUBCONTRACTORS.
ORGANIZATION: __________________

SELECT THE SERVICE OPTION:  
OPTION 1- SUPPORT SERVICES ____
OPTION 2- FAMILY CAREGIVER SUPPORT SERVICES ____
OPTION 3- HEALTH PROMOTION SERVICES ____
OPTION 4- IN-HOME SERVICES ____
OPTION 5- DIRECT PURCHASE OF SERVICE PROGRAM ____

1. PROPOSED PROGRAM: DESCRIBE IN A BRIEF NARRATIVE A PROPOSED PROGRAM ACTIVITY AND CLEARLY DEFINE THE METHOD OF APPROACH THAT WILL BE UTILIZED IN THE SUCCESSFUL ACHIEVEMENT OF THE INTENDED PROJECT SCOPE OF WORK. DESCRIBE THE SPECIFIC OUTCOMES, PLEASE NOTE THE SIGNIFICANT ACTIVITIES DESCRIBED IN YOUR NARRATIVE SHOULD REFLECT ONLY SIMILAR ACTIVITIES AS REQUESTED IN THIS RFQ TO BE CONSIDERED.

2. STAFFING PATTERN: DESCRIBE THE STAFFING PATTERNS OF THE PROPOSED PROGRAM. INDICATE HOW MANY FULL TIME EQUIVALENT (FTE) EMPLOYEES WILL IMPLEMENT EACH INTERVENTION AND THE STAFF/VOLUNTEER QUALIFICATIONS FOR THESE POSITIONS. DESCRIBE EMPLOYEE RECRUITMENT AND RETENTION STRATEGY THAT WILL BE IMPLEMENTED TO OPERATE THE PROPOSED PROGRAM.

3. HCAAA COMPLIANT: DESCRIBE THE ORGANIZATION’S CAPACITY TO DELIVER THE PROPOSED SERVICES CONSISTENT WITH THE HARRIS COUNTY AREA AGENCY ON AGING (HCAAA) PRIORITIES.

4. PROGRAM AVAILABILITY: EXPLAIN HOW THE ORGANIZATION WILL ENSURE THAT THE PROPOSED SERVICES ARE AVAILABLE TO THOSE PERSONS WHO MOST NEED THE SERVICES. DESCRIBE HOW YOUR ORGANIZATION WILL PROMOTE THE AVAILABILITY OF SERVICES TO TARGET POPULATION.

5. INFORMATION RESOURCE LIBRARY: APPLICABLE ONLY IF PROVIDER PROPOSE TO BE CONSIDERED FOR OPTION 2, FAMILY CAREGIVER SUPPORT SERVICES. DESCRIBE THE VENDORS INFORMATION SERVICES, IT SHALL INCLUDE SAMPLES OF THE FOLLOWING MATERIALS: PRESENTATIONS, SEMINARS, AND A LIST OF RELEVANT RESOURCE INFORMATION PROPOSED FOR THE RESOURCE LIBRARY.
AGING AND CAREGIVER SUPPORTIVE SERVICES NO. S72-Q26125

SECTION 7.0: EVALUATION/QUALITY MANAGEMENT
FORM A – 4 (LIMITED TO 6 PAGES)

ORGANIZATION: __________________

SELECT THE SERVICE OPTION:        OPTION 1-SUPPORT SERVICES ____
                          OPTION 2- FAMILY CAREGIVER SUPPORT SERVICES ____
                          OPTION 3- HEALTH PROMOTION SERVICES ____
                          OPTION 4- IN-HOME SERVICES ____
                          OPTION 5- DIRECT PURCHASE OF SERVICE PROGRAM ____

1. DATA MONITORING: WRITE A BRIEF NARRATIVE ON THE EVALUATION OF A SIMILAR OR IDENTICAL SERVICE PREVIOUSLY IMPLEMENTED. INCLUDE BOTH QUANTITATIVE AND QUALITATIVE DATA TO SUPPORT SUCCESS AND CHALLENGES OF PROCESS AND OUTCOMES MONITORING.

2. CLIENT FILES: BRIEFLY DESCRIBE HOW YOUR ORGANIZATION WILL USE EVALUATION INFORMATION AND CLIENT FEEDBACK, TO MODIFY AND/OR IMPROVE YOUR SERVICES.

3. MONTHLY REPORTS: BRIEFLY DESCRIBE HOW YOUR ORGANIZATION WILL ENSURE THAT THE DATA SUBMITTED TO HCAA IS ACCURATE, COMPLETE AND SUBMITTED IN A TIMELY MANNER, TO INCLUDE; MONTHLY REPORTS AND INVOICES.
EXHIBIT I-A
OFFER AND SUBMITTAL

NOTE: SUBMITTAL MUST BE SIGNED AND NOTARIZED BY AN AUTHORIZED REPRESENTATIVE(S) OF THE RESPONDENT, WHICH MUST BE THE ACTUAL LEGAL ENTITY THAT WILL PERFORM THE CONTRACT IF AWARDED AND THE TOTAL FIXED PRICE CONTAINED THEREIN SHALL REMAIN FIRM FOR A PERIOD OF ONE-HUNDRED EIGHTY (180) DAYS.

"THE RESPONDENT WARRANTS THAT NO PERSON OR SELLING AGENCY HAS BEEN EMPLOYED OR RETAINED TO SOLICIT OR SECURE THIS CONTRACT UPON AN AGREEMENT OR UNDERSTANDING FOR A COMMISSION, PERCENTAGE, BROKERAGE, OR CONTINGENT FEE, EXCEPTING BONA FIDE EMPLOYEES. FOR BREACH OR VIOLATION OF THIS WARRANTY, THE CITY SHALL HAVE THE RIGHT TO ANNUL THIS AGREEMENT WITHOUT LIABILITY OR, AT ITS DISCRETION, TO DEDUCT FROM THE CONTRACT PRICES OR CONSIDERATION, OR OTHERWISE RECOVER THE FULL AMOUNT OF SUCH COMMISSION, PERCENTAGE, BROKERAGE OR CONTINGENT FEE."

Respectfully Submitted:

___________________________________________________________
(Print or Type Name of Contractor – Full Company Name)

City of Houston Vendor No. (If already doing business with City):

__________________________________________

Federal Identification Number:

___________________________________________________________

By: 

(Signature of Authorized Officer or Agent)

Printed Name: ________________________________

Title: ________________________________

Date: ________________________________

Address of Contractor: ________________________________

Street Address or P.O. Box ________________________________

City – State – Zip Code ________________________________

Telephone No. of Contractor: (____) ________________________________

Signature, Name and title of Affiant: ________________________________

(Notary Public in and for)

___________________________________________________________ County, Texas

My Commission Expires: ____________ day of ________________________________ 20_________
## EXHIBIT I-B
### LIST OF CLIENT REFERENCES

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The following is a list of Subcontractors we propose to engage on the following items of Work. Any item of Work which does not designate a Subcontractor will be done by the firm submitting the Submittal.

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<th>SEGREGATED PART OF WORK</th>
<th>SUBCONTRACTOR/SUPPLIER</th>
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52
## SCHEDULE OF M/WBE PARTICIPATION

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<tr>
<th>Name of Certified M/WBE Subcontractor</th>
<th>Street Address, City, State, Zip Code, Tel # &amp; Email</th>
<th>Certification Type {✓}</th>
<th>NAICS Code (6 Digits)</th>
<th>Description of Work (Scope of Work)</th>
<th>% of Participation</th>
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<th>TOTAL BID AMOUNT</th>
<th>$ (N/A)</th>
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If you have exhausted your best efforts to comply with the City’s M/WBE Policy by seeking subcontracts and supply agreements with certified minority and women business enterprises, yet failed to meet the M/WBE contract goal of this bid document, list below your good faith efforts to demonstrate compliance. For more information, please review the Good Faith Efforts Policy, which can be found on the OBO website at www.houstontx.gov/obo.

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
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**All firms listed above must be certified by the Office of Business Opportunity at the time of bid submittal. This schedule of M/WBE participation must be returned with the bid form.**

The undersigned will enter into a formal subcontracting agreement with the M/WBEs and suppliers listed on this participation plan upon award of a contract from the City.

Bidder Company Name

_________________________________________________
Signature of Authorized Officer/Agent/Bidder & Title

_________________________________________________
Print or Typed Name of Authorized Officer/Agent/Bidder & Title

_________________________________________________
Date
NOTICE OF INTENT

THIS AGREEMENT IS SUBJECT TO MEDIATION AND CAN BE INITIATED BY THE COMPANIES SIGNED BELOW OR THE OFFICE OF BUSINESS OPPORTUNITY.

To: City of Houston Administering Department

Date:

Project Name and Number

Bid Amount: M/WSBE Goal:

, agrees to enter into a contractual agreement with 

Prime Contractor

, who will provide the following goods/services in connection with the above-referenced contract:

for an estimated amount of $ or % of the total contract value.

is currently certified with the City of Houston’s Office of Business Opportunity to function in the aforementioned capacity.

Intend to work on the above-named contract in accordance with the M/WSBE Participation Section of the City of Houston Bid Provisions, contingent upon award of the contract to the aforementioned Prime Contractor.

Signed (Prime Contractor) 

Signed (M/WSBE Subcontractor)

Printed Signature

Printed Signature

Title Date

Title Date
EXHIBIT II
ATTACHMENT “C”
CERTIFIED M/WBE SUBCONTRACT TERMS

CITY OF HOUSTON CERTIFIED M/WBE SUBCONTRACT TERMS

Contractor shall ensure that all subcontracts with M/WBE subcontractors and suppliers are clearly labeled “THIS CONTRACT IS SUBJECT TO MEDIATION” and contain the following terms:

1. _______________________ (M/WBE subcontractor) shall not delegate or subcontract more than 50% of the work under this subcontract to any other subcontractor or supplier without the express written consent of the City of Houston’s Office of Business Opportunity Director (“the Director”).

2. _______________________ (M/WBE subcontractor) shall permit representatives of the City of Houston, at all reasonable times, to perform 1) audits of the books and records of the subcontractor, and 2) inspections of all places where work is to be undertaken in connection with this subcontract. Subcontractor shall keep such books and records available for such purpose for at least four (4) years after the end of its performance under this subcontract. Nothing in this provision shall affect the time for bringing a cause of action or the applicable statute of limitations.

3. Within five (5) business days of execution of this subcontract, Contractor (prime contractor) and Subcontractor shall designate in writing to the Director an agent for receiving any notice required or permitted to be given pursuant to Chapter 15 of the Houston City Code of Ordinances, along with the street and mailing address and phone number of such agent.

These provisions apply to goal-oriented contracts. A goal-oriented contract means any contract for the supply of goods or non-professional services in excess of $100,000.00 for which competitive submittals are required by law; not within the scope of the MBE/WBE/SBE program of the United States Environmental Protection Agency or the United States Department of Transportation; and which the City Chief Procurement Officer or designee has determined to have significant M/WBE subcontracting potential in fields which there are an adequate number of known MBEs, WBE’s, and or SBE’s (if applicable) to compete for City contracts.

The M/WBE policy of the City of Houston will be discussed during the pre-submittal conference. For information, assistance, and/or to receive a copy of the City’s Affirmative Action Policy and/or Ordinance, contact the Office of Business Opportunity Division at 832.393.0600, 611 Walker Street, 7th Floor, Houston, Texas 77002.
EXHIBIT II  
ATTACHMENT “D”  
OFFICE OF BUSINESS OPPORTUNITY AND  
CONTRACT COMPLIANCE M/WBE UTILIZATION REPORT  

Report Period: _____________________  

PROJECT NAME & NUMBER: _____________________  
AWARD DATE: _____________________  

PRIME CONTRACTOR: _____________________  
CONTRACT NO.: _____________________  

ADDRESS: _____________________  
CONTRACT AMOUNT: _____________________  

LIAISON/PHONE NO.: _____________________  
M/WBE GOAL: _____________________  

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<th>M/WBE SUB/VENDOR NAME</th>
<th>DATE OF OBO CERTIFICATION</th>
<th>DATE OF SUBCONTRACT</th>
<th>SUBCONTRACT AMOUNT</th>
<th>% OF TOTAL CONTRACT</th>
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Use additional pages if needed. Submit by the 15th day of the following month.  
Provide support documentation on all revenues paid to end of the report period to:  
M/WBE’s to reflect up/down variances on Contract amount.  

Office of Business Opportunity  
ATTN: Carlecia Wright 713-837-9000  
611 Walker, 7th Floor  
Houston, Texas 77002
The City of Houston Fair Campaign Ordinance makes it unlawful for a Contractor to offer any contribution to a candidate for City elective office (including elected officers and officers-elect). All respondents to this invitation to bid must comply with Houston Code of Ordinances Chapter 18 as amended relating to the contribution and solicitation of funds for election campaigns. Provisions of this ordinance are provided in part in the paragraphs that follow. Complete copies may be obtained from the office of the City Secretary.

Candidates for city office may neither solicit nor receive contributions except during a period commencing 270 calendar days prior to an election date for which a person is a candidate for such office and ending 90 calendar days after the election date, including run-off elections if such candidate is on the ballot.

Further, it shall be unlawful either for any person who submits a Bid or Proposal to contribute or offer any contribution to a candidate or for any candidate to solicit or accept any contribution from such person for a period commencing at the time of posting of the City Council Meeting Agenda including an item for the award of the Contract and ending upon the 30th day after the award of the Contract by City Council.

For the purposes of this Ordinance, a Contract is defined as each Contract having a value in excess of $30,000 that is let by the City for professional services, personal services, or other goods or services of any other nature whether the Contract is awarded on a negotiated basis, request for Proposal basis, competitive Proposal basis or formal sealed competitive Bids. The term Contractor includes proprietors of proprietorships, partners having an equity interest of 10% of more of partnerships, (including limited liability partnerships and companies), all officers and directors of corporations (including limited liability corporations), and all holders of 10% or more of the outstanding shares of corporations.

A STATEMENT DISCLOSING THE NAMES AND BUSINESS ADDRESSES EACH OF THOSE PERSONS WILL BE REQUIRED TO BE SUBMITTED WITH EACH BID OR PROPOSAL FOR A CITY CONTRACT. Completion of the attached form entitled "Contractor Submittal List" will satisfy this requirement. Failure to provide this information may be just cause for rejection of your Bid or Proposal.
CONTRACTOR SUBMITTAL LIST
CITY OF HOUSTON FAIR CAMPAIGN ORDINANCE

By submitting a bid or proposal to the City of Houston for a Contract in excess of $50,000 or for which a request is presented to City Council for approval, all respondents agree to comply with Chapter 18 of the Code of Ordinances.

Pursuant to Section 18-36 of the Code of Ordinances, it is unlawful either for any contractor to contribute or offer any contribution to a candidate, or for any candidate to solicit or accept any contribution from a contractor for a period commencing at the time of posting of the City Council Meeting Agenda including an item for the award of the Contract and ending upon the 30th day after the award of the Contract by City Council, or a determination by City Council of the Mayor that the contract will not be awarded to a contractor.

The term “contractor” means any person who has received the award of a contract, has submitted a bid or proposal in any form for the award of a contract, or has been proposed to be awarded the contract in an item placed upon the City Council agenda, including any other person who seeks the award of the contract and is contesting, appealing, or protesting the award of the contract as proposed.

This list is submitted under the provisions of Section 18-36(b) of the City of Houston Code of Ordinances in connection with the attached Bid/Proposal of:

Firm or Company Name: ________________________________

Firm or Company Address: ______________________________

The firm/company is organized as indicated below. Check one as applicable and attach additional pages if needed to supply the required names and addresses.

[ ] SOLE PROPRIETOR

Name ________________________________

Proprietor

Address

[ ] A PARTNERSHIP

LIST EACH PARTNER HAVING EQUITY INTEREST OF 10% OR MORE OF PARTNERSHIP (IF NONE STATE “NONE”)

Name ________________________________

Partner

Address

Name ________________________________

Partner

Address

[ ] A LIMITED LIABILITY COMPANY
LIST EACH MEMBER OR MANAGER (IF NO MEMBERS) HAVING EQUITY INTEREST OF 10% OR MORE IN THE LIMITED LIABILITY COMPANY (IF NONE, STATE “NONE”)

<table>
<thead>
<tr>
<th>Name</th>
<th>Member/Manager</th>
<th>Address</th>
</tr>
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<tbody>
<tr>
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</table>

[ ] A CORPORATION

LIST ALL DIRECTORS OF THE CORPORATION (IF NONE STATE “NONE”)

<table>
<thead>
<tr>
<th>Name</th>
<th>Director</th>
<th>Address</th>
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</table>

LIST ALL OFFICERS OF THE CORPORATION (IF NONE STATE “NONE”)

<table>
<thead>
<tr>
<th>Name</th>
<th>Officer</th>
<th>Address</th>
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</table>

LIST ALL INDIVIDUALS OWNING 10% OR MORE OF OUTSTANDING SHARES OF STOCK OF THE CORPORATION (IF NONE STATE “NONE”)

<table>
<thead>
<tr>
<th>Name</th>
<th>Owner</th>
<th>Address</th>
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</thead>
<tbody>
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</tbody>
</table>
I certify that I am duly authorized to submit this list on behalf of the firm, that I am associated with the firm in the capacity noted below, and that I have knowledge of the accuracy of the information provided herein.

______________________________
Signature

______________________________
Printed Name

______________________________
Title

Note: This list constitutes a government record as defined by § 37.01 of the Texas Penal Code.
City Council requires knowledge of the identities of the owners of entities seeking to Contract with the City in order to review their indebtedness to the City prior to entering Contracts. Therefore, all respondents to this Invitation to Bid must comply with Houston Code of Ordinances Chapter 15, as amended (Sections 15-122 through 15-126) relating to the disclosure of owners of entities bidding on, proposing for or receiving City contracts. Provisions of this ordinance are provided in part in the paragraphs that follow. Complete copies may be obtained from the office of the City Secretary.

Contracting entity means a sole proprietorship, corporation, non-profit corporation, partnership, joint venture, limited liability company, or other entity that seeks to enter into a contract requiring approval by the Council but excluding governmental entities.

A contracting entity must submit at the time of its Bid or Proposal, an affidavit listing the full names and the business and residence addresses of all persons owning five percent or more of a contracting entity or, where a contracting entity is a non-profit corporation, the full names and the business and residence addresses of all officers of the non-profit corporation.

Completion of the "Affidavit of Ownership or Control," included herein, and submitted with the Official Bid or Proposal Form will satisfy this requirement. Failure to provide this information may be just cause for rejection of your Bid or Proposal.
AFFIDAVIT OF OWNERSHIP OR CONTROL

BEFORE ME, the undersigned authority, on this day personally appeared ________________ (the “Affiant”), ________________ [FULL NAME] (the “Affiant”), ________________ [STATE TITLE/CAPACITY WITH CONTRACTING ENTITY] of ________________ [CONTRACTING ENTITY’S CORPORATE/LEGAL NAME] (“Contracting Entity”), who being by me duly sworn on oath stated as follows:

1. Affiant is authorized to give this affidavit and has personal knowledge of the facts and matters herein stated.

2. Contracting Entity seeks to do business with the City in connection with ________________ [DESCRIBE PROJECT OR MATTER] which is expected to be in an amount that exceeds $50,000.

3. The following information is submitted in connection with the proposal, submittal or bid of Contracting Entity in connection with the above described project or matter.

4. Contracting Entity is organized as a business entity as noted below (check box as applicable).

   FOR PROFIT ENTITY:
   [ ] SOLE PROPRIETORSHIP
   [ ] CORPORATION
   [ ] PARTNERSHIP
   [ ] LIMITED PARTNERSHIP
   [ ] JOINT VENTURE
   [ ] LIMITED LIABILITY COMPANY
   [ ] OTHER (Specify type in space below)

   NON-PROFIT ENTITY:
   [ ] NON-PROFIT CORPORATION
   [ ] UNINCORPORATED ASSOCIATION

5. The information shown below is true and correct for the Contracting Entity; and

6. All owners of 10% or more of the Contracting Entity and, where the Contracting Entity is a non-profit entity, the required information has been shown for each officer, i.e., president, vice-president, secretary, treasurer, etc. [NOTE: IN ALL CASES, USE FULL NAMES, LOCAL BUSINESS AND RESIDENCE ADDRESSES AND TELEPHONE NUMBERS. DO NOT USE POST OFFICE
Contracting Entity

Name: ________________________________

Business Address [NO./STREET] ________________________________

[CITY/STATE/ZIP CODE] ________________________________

Telephone Number (_____) ________________________________

Email Address [OPTIONAL] ________________________________

Residence Address [NO./STREET] ________________________________

[CITY/STATE/ZIP CODE] ________________________________

Telephone Number (_____) ________________________________

Email Address [OPTIONAL] ________________________________

10% Owner(s) or More (If none, state “None.”)

Name: ________________________________

Business Address [NO./STREET] ________________________________

[CITY/STATE/ZIP CODE] ________________________________

Telephone Number (_____) ________________________________

Email Address [OPTIONAL] ________________________________

Residence Address [NO./STREET] ________________________________

[CITY/STATE/ZIP CODE] ________________________________

Telephone Number (_____) ________________________________

Email Address [OPTIONAL] ________________________________
7. Optional Information

Contracting Entity and/or [NAME OF OWNER OR NON-PROFIT OFFICER] is actively protesting, challenging or appealing the accuracy and/or amount of taxes levied against [NAME OF OWNER OR NON-PROFIT OFFICER] as follows:

Name of Debtor: __________________________________________

Tax Account Nos. __________________________________________

Case or File Nos. __________________________________________

Attorney/Agent Name _________________________________________

Attorney/Agent Phone No. (____) ____________________________

Tax Years _________________________________________________

Status of Appeal [DESCRIBE] __________________________________

Affiant certifies that he or she is duly authorized to submit the above information on behalf of the Contracting Entity, that Affiant is associated with the Contracting Entity in the capacity noted above and has personal knowledge of the accuracy of the information provided herein, and that the information provided herein is true and correct to the best of Affiant’s knowledge and belief.

___________________________________________________________
Affiant

SWORN TO AND SUBSCRIBED before me this ____ day of _______________, 20__.  

(Seal)

___________________________________________________________
Notary Public

NOTE:  
This affidavit constitutes a government record as defined by Section 37.01 of the Texas Penal Code. Submittal of a false government record is punishable as provided in Section 37.10 of the Texas Penal Code. Attach additional pages if needed to supply the required names and addresses.
ANTI-COLLUSION STATEMENT

Anti-Collusion Statement

The undersigned, as Respondent, certifies that the only person or parties interested in this Response as principals are those named herein; that the Respondent has not, either directly or indirectly entered into any Agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the award of this Contract.

_________________________________   __________________________________
Date       Respondent Signature
CONFLICT OF INTEREST QUESTIONNAIRE:

Chapter 176.006 of the Local Government Code ("the code") requires a Vendor/Contractor to file a Conflict of Interest Questionnaire (CIQ) with the City.

NOTE: Vendors/Contractors or Agents should not complete the CIQ if a conflict, as described below, does not exist. Only Vendors/Contractors or Agents that actually have a conflict, as described below, must file a CIQ.

Who must file a CIQ?
A Vendor/Contractor or Agent of a Vendor/Contractor does not have to file a CIQ unless they intend to enter or is considering entering into a contract with the City or:
1. has an employment or other business relationship with the Local Government Officer/Family Member; or
2. has given the Local Government Officer/Family Member one or more gifts with the aggregate value exceeding $250.00.

When must the Vendor/Contractor or Agent file a CIQ?
The completed CIQ must be filed with the City Chief Procurement Officer not later than the 7th business day after the date the Vendor/Contractor or Agent:
1. begins discussions or negotiations to enter into a contract with the City;
2. submits an application to the City in response to a request for Request for Qualifications, correspondence, or any other writing related to a potential contract with the City;
3. becomes aware of an employment or other business relations with the Local Government Officer/Family Member;
4. becomes aware that he/she has given one or more gifts to the Local Government Officer/Family Member that exceeds $250.00; or
5. an event that would make the CIQ incomplete or inaccurate.

What is a business relationship?
Under Chapter 176, business relationship means a connection between two or more parties based on the commercial activity of one of the parties. The term does not include:
1. a transaction that is subject to a rate or fee regulation by a governmental entity;
2. a transaction conducted at a price and subject to terms available to the public; or
3. a purchase or lease of goods or services from a person who is chartered by a state or federal agency and is subject to regular examination and reporting to that agency.

The Conflict of Interest Questionnaire is available for downloading from the Texas Ethics Commission’s website at http://www.ethics.state.tx.us/forms/CIQ.pdf.

The Original Conflict of Interest Questionnaire shall be filed with the Administration and Regulatory Affairs Department’s Record Administration (City Chief Procurement Officer, 901 Bagby, Concourse Level, Houston, Texas 77002). Vendors and Contractors required to file shall include a copy of the form as part of the Request for Qualifications package. Any questions about filling out this form should be directed to your attorney.
CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

1  Name of person who has a business relationship with local governmental entity.

2  Check this box if you are filing an update to a previously filed questionnaire.

   (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3  Name of local government officer with whom filer has employment or business relationship.

   Name of Officer

   This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

   A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

      Yes    No

   B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

      Yes    No

   C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

      Yes    No

   D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

Adopted 06/29/2007
Federal Executive Order 12549 requires the Texas Department of Aging and Disability Services (DADS) 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/subgrantee; "contract/grant" refers to both contract/grant and subcontract/subgrant.

**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.


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/subgrantees 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/subgrantee 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/subgrantees upon each subcontract's/subgrant'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/subgrant 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 State 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(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

__________________________                ____________________________
Title of Authorized Representative Date

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective contractor/grantee is providing the certification set out below.

2. The inability of a contractor/grantee to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor/grantee shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor/grantee to furnish a certification or an explanation shall disqualify such contractor/grantee from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective contractor/grantee shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective contractor/grantee learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. 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 meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).

6. The prospective contractor/grantee agrees by submitting this proposal that, should the proposed covered transaction be entered into, 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 department or agency entering into this transaction.

7. The prospective contractor/grantee further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it 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 ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. 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 dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered 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 department or agency may terminate this transaction for cause or default.
SAMPLE CONTRACT

COMING SOON