



# ALABAMA DEPARTMENT OF HUMAN RESOURCES REQUEST FOR PROPOSALS

PROCUREMENT INFORMATION	
<b>RFP Number:</b> 2015-400-02	<b>RFP Title:</b> <i>Adult Day Care Services</i>
<b>Proposal Due Date and Time:</b> <i>Thursday, May 05, 2015</i> 12:00 p.m., Central Time	<b>Number of Pages:</b> 31
<b>Procurement Officer:</b>  Starr Stewart, Director Phone: (334) 353-4744 E-mail Address: <a href="mailto:starr.stewart@dhr.alabama.gov">starr.stewart@dhr.alabama.gov</a> Website: <a href="http://www.dhr.alabama.gov">http://www.dhr.alabama.gov</a>	<b>Issue Date:</b> <i>Thursday, March 26, 2015</i>
	<b>Issuing Division:</b>  <i>Adult Protective Services</i>

INSTRUCTIONS TO VENDORS	
<b>Submit Proposal to:</b>  Starr Stewart, Director Office of Procurement Alabama Department of Human Resources Gordon Persons Building, Room 2153 50 Ripley Street Montgomery, AL 36130-4000	<b>Label Envelope/Package:</b> <b>RFP Title/Number:</b> <i>Adult Day Care Services- /2015-400-02</i>  <b>Proposal Due Date:</b> <i>Thursday, May 05, 2015</i>
<b>Special Instructions:</b> <i>Vendors must complete the 2015 Adult Day Care Vendor's Proposal posted on the Department's web site.</i>	

VENDOR INFORMATION	
(Fill in the information fields below and return this form with RFP response)	
<b>Vendor Name/Address:</b>          <b>DUNS NUMBER:</b> _____	<b>Authorized Vendor Signatory:</b>          (Please print name and sign in ink)
<b>Vendor Phone Number:</b> (    )	<b>Vendor FAX Number:</b> (    )
<b>Vendor Federal I.D. Number:</b>	<b>Vendor E-mail Address:</b>
Indicate whether this proposal is an original or a copy. <input type="checkbox"/> Original <input type="checkbox"/> Copy	
<b>Total number of proposal pages:</b> _____	

**Trade Secret Declarations: (reference section/page(s) of trade secret declarations)**

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**ATTESTATIONS AND DELCARATIONS FOR PROVISION OF SERVICES**

**4.2.5.1.1 VENDOR PROFILE AND EXPERIENCE**

- I (Vendor) attest that I have \_\_\_\_\_ months/years of experience providing adult day care and/or services similar to those requested in the RFP for this procurement.

**4.2.5.1.2 PAST AND PRESENT CONTRACTUAL RELATIONSHIPS WITH THE DEPARTMENT**

- I (Vendor) attest that I have listed below all current and past contracts with the Department and other state agencies including colleges/universities within the last three (3) years. If no such contracts exist, so declare.

OR

- I (Vendor) declare that I have had no contracts with the Department or any other state agency including colleges/universities within the last three (3) years.

AND;

- I (Vendor) declare that none of our employees have been an employee of the State of Alabama within the past two (2) years.

OR

- I (Vendor) declare that the following employees have been an employee of the State of Alabama within the past two (2) years. \_\_\_\_\_

**4.2.5.1.3 CONTRACT PERFORMANCE**

- I (Vendor) declare that neither I nor any proposed subcontractor has had a contract terminated for default during the past five years. We did not receive notice to stop performance delivery due to nonperformance or poor performance and no issues were (a) not litigated due to inaction on the part of the Vendor; nor (b) litigated where litigation determined the vendor to be at default.

OR

- I (Vendor) declare that I and/or a proposed subcontractor have had a contract terminated for default during the past five years and we received a notice to stop performance delivery due to nonperformance or poor performance. The issue was (a) not litigated due to inaction on the part of the vendor; and/or (b) litigated and such litigation determined the vendor to be in default.

AND

- I (Vendor) declare that at no time during the past five years, have we had a contract terminated for convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

OR

- I (Vendor) declare that during the past five years, we have had a contract terminated for convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

#### **4.2.5.1.4 PROJECT STAFF/ JOB DESCRIPTIONS**

- I (Vendor) attest that I have attached to this proposal, job descriptions for all staff involved in this project. Each position has been described in a separate document, and the description includes the following: (1) title of the position; (2) the process or procedure for supervision; (3) minimum education, training and experience required; (4) working hours; (5) salary range; (6) narrative job summaries; and, (7) specific duties and responsibilities.
- I (Vendor) attest that I have sufficient staff to perform the services required in the RFP for this procurement. I further attest that if sufficient staff is not currently available, staff will be obtained to provide the services by the start of the contract on Monday, April 06, 2015.

#### **4.2.5.1.5 BACKGROUND CHECKS**

- I (Vendor) attest that I will adhere to the Department's background policy. I will ensure that no staff, regardless of level, has not been the subject of any incident or investigation which would call into question the propriety of that employee's working with this population of vulnerable adults.
- I (Vendor) have attached to this proposal, documentation that each employee has a criminal background check, which includes ABI, FBI, and the CAN registry. I attest that I will adhere to the Department of Human Resources' policies and procedures for reporting allegations of abuse, neglect, and exploitation. I attest that I will adhere to the Department of Human Resources' policies and procedures for addressing occurrences when an incident allegation is indicated or non-indicated.

#### **4.2.5.2 VENDOR FINANCIAL STABILITY**

- I (Vendor) have attached to this proposal, the audited financial statement for the past year and letters from the auditor(s) who performed the previous two (2) financial audits immediately preceding the issuance of this RFP.

OR

- I (Vendor) attest that I am a newly formed organization, who has been in business less than one year. I have attached to this proposal, copies of quarterly financial statements that have been prepared since the end of the period reported by our most recent annual report.

#### **4.2.5.3 METHOD OF PROVIDING SERVICES**

##### **4.2.5.3.1 SERVICE DELIVERY APPROACH**

- I (Vendor) \_\_\_\_\_ agree to provide Adult Day Care services as described in this RFP for this procurement and to provide services at rates not to exceed those specified in the RFP. By submitting a response to the Adult Day Care Services request for proposals and acceptance of a contract, if awarded, I agree to acceptance of the Standard Terms and Conditions and any other provisions that are specific to this solicitation or a contract.

##### **4.2.5.3.1.1 ADULT DAY CARE PROGRAM REQUIREMENTS**

- I attest that all adult day care requirements will be met. I agree to comply with documentation requirements for the provision of Adult Day Care Services. These requirements will include but are not limited to:

- A. Completion of daily attendance records.
- B. Completion of a written weekly plan which will outline the activities.
- C. Completion of a written assessment on each client's physical, social, emotional adjustment to be completed within 30 days of enrollment.
- D. Completion of quarterly assessments on each client.
- E. Completion of six-month summary containing the client name, DHR case number, eligibility status, DHR office authorizing service, progress since last six-month report and recommendations.

I understand that failure to comply with the above requirements may result in an adjustment being made and/or termination of a contract that may be awarded through this procurement.

#### 4.2.5.3.1.2 OPERATING SCHEDULE

I agree to provide a regular daily routine in accordance with the physical, mental, and emotional needs of the adults in care. I attest that of the following requirements will be met:

- A. The center will be open a minimum of seven hours daily. This will include time periods for staff-directed activities, free time, meals, and snacks. The program will provide day care \_\_\_\_\_ hours per day, from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

*Note: Attach a copy of the daily operating schedule.*

- B. Schedule will include periods for both indoor and outdoor activities.
- C. Meals and snacks will be spaced at time intervals to accommodate the needs of adults being served.
- D. Activity periods will be sequenced and timed to accommodate individual needs of the adults being served.
- E. Staff planning and familiarity with the operating schedule will provide for adults to move smoothly from one activity period to the next.
- F. The adults or caretaker relatives will be advised of the holiday schedule at the time of admission to the program and again one-week prior to the holiday.
- G. The number of holidays will not exceed thirteen (13) per year.

*Note: Attach a copy of annual holiday schedule.*

#### 4.2.5.3.1.3 EMERGENCY AND DISASTER PLANNING

I attest that provisions for emergency and disaster planning for DHR adult day care clients will be done in accordance with Alabama Act # 2006-559.

#### 4.2.5.3.1.4 FACILITY

I (Vendor) attest that Adult Day Care services will be provided in approved facilities that meet the requirements as specified in the Adult Day Care Minimum Standards. I attest that all of the following facility requirements will be met. I will:

- A. Provide a safe, clean, and orderly environment that allows opportunities for a variety of learning experiences and encourages socialization and involvement in the program.
- B. Provide a day care environment that allows opportunities for a variety of learning experiences and encourages socialization and involvement in the program.
- C. Plan the day care facility in such a manner that program activity objectives will be reinforced and relevant information will be communicated to participants.

- D. Ensure that the facility meet all applicable Alabama health and fire safety standards.
- E. Ensure that the State Fire Marshal and the local Health Department inspect the facility for compliance with such standards prior to program occupation of the facility. Inspection results will be posted in a prominent place in the facility. Ensure that the facility will be re-certified yearly by the State Fire Marshal or local fire department and the local Health Department. Procedures for building evacuation will be posted. All staff will be familiar with such procedures.

*Note: Attach a copy of approved fire and health inspections.*

- F. Ensure that the indoor and outdoor areas, equipment and furnishings will be clean and free of undesirable, hazardous, or unsanitary material and conditions.
- G. Ensure that adequate provisions will be made for the safety and comfort of every adult. The facility will not have any barriers which would prevent services to handicapped individuals and will be accessible to the handicapped in the following respects: elevators will be accessible to individuals in wheelchairs; bathroom doors will be wide enough for accessibility; and, ramps will be provided at entrances.
- H. Ensure that the facility will have at least 35 square feet of activity floor space per day care participant excluding offices and halls.
- I. Ensure that the facility will be clean and attractive in appearance. The space will be properly ventilated and well lighted. At least one area will be large enough to allow all participants to meet comfortably at one time.
- J. Ensure that room temperature will be maintained at a degree comfortable for the client. An inside room thermometer will be available. All heating and cooling equipment will be adequately protected so that participants cannot come in direct contact with them.
- K. Ensure that bathrooms will be located conveniently for participants. At least one toilet and one lavatory will be available for each 15 persons. Regardless of enrollment, a minimum of two restrooms will be available.
- L. Ensure that every bathroom door will be designed to permit opening of the locked door from the outside in an emergency. The opening device will be readily accessible to the staff.
- M. Ensure that bathrooms will be furnished with necessary personal supplies (toilet paper, paper towels, soap, etc.). Ensure that some washcloths and cloth towels will be available for use in emergencies.
- N. Ensure that ground or first floor space will be used for client activity areas and will include required bathrooms. Any area where steps are located will have safety rails for participants.
- O. Ensure that office space will be provided for storage of records and to provide privacy for conferences.
- P. Ensure that floors will be of nonskid material and free of dampness and odors. All rugs will be nonskid.
- Q. Ensure that windows and door areas will be screened if used for ventilation.
- R. Ensure that space will be available to isolate a sick or upset participant temporarily. This space will provide privacy for the participant, but will be in an area where staff may readily monitor the isolated individual. The arrangement of curtains or movable screens used to section off part of an activity area is not acceptable as isolation space.
- S. Ensure that the facility will have areas identified for different activities (i.e., rest reading, games, workshop, etc.). These areas will be arranged in such a manner to allow for maximum independent action in order that participants may move about and choose activities, as they are capable without staff assistance.
- T. Ensure that equipment and facility supplies will include a variety of materials to stimulate individual interest and encourage group activity, such as table games, magazines, books, puzzles, etc.

- U. Ensure that facility furnishings will be of sufficient variety to assure the comfort and to meet the physical needs of all day care participants. Seating will be available for each participant.
- V. Ensure that an adequate number of chairs, tables, dishes, and utensils will be available to accommodate total group mealtime and ongoing planned activities. Upholstered seating as well as table chairs will be available.

*Note: List below a description of the program facility including number of rooms, bathrooms, telephones, etc. \_\_*

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#### **4.2.5.3.1.5 PROGRAM CONTENT**

I attest that all of the following programmatic requirements will be met. I will:

- A. Provide a program which meets the needs and interests of the (day care) group as identified through client input and individual needs assessments.
- B. Provide opportunities for day care clients to participate in program planning.
- C. Provide opportunities for each adult to increase to their maximum potential and to increase their abilities to function in the areas of daily living and self-care.
- D. Provide information about available community resources to day care clients.
- E. Provide a variety of individual and group activities directed toward the above-stated goals. Activities will require some active participation by the participants in day care, not just television watching.
- F. Provide a written weekly plan that will be completed in advance describing daily activities during operating hours.
- G. Provide a weekly plan that will provide all adults the opportunity to participate in a minimum of five hours daily of planned activities. (This will not include lunch, breaks or free time.)
- H. Provide information and activities related to:
  - 1. Nutrition.
  - 2. Health.
  - 3. Recreational/leisure time activities appropriate for adults.
  - 4. Daily living skills applicable to age group, economic situation and existing handicaps.
  - 5. Physical exercises.
  - 6. Education topics such as current events, history, and government for example.
- I. Provide a variety of opportunities for group socialization.
- J. Involve clients in activities, which will assist individuals in maintaining, improving or preventing further deterioration of physical capabilities.
- K. Provide space where participants may rest quietly and to have equipment that will adequately serve that purpose. Efforts will be made to meet individual needs regarding time to rest.

#### **4.2.5.3.1.6 NUTRITION**

I attest that all nutritional requirements will be met. I will:

- A. Increase clients' knowledge about proper nutrition, food preparation, importance of eating regularly, importance of eating a balanced and medically appropriate diet, etc.

- B. Maintain and increase physical and /or mental functioning through the provision of nutritious and medically appropriate meals.
- C. Maintain or increase social or emotional functioning through provisions of meals in a relaxed atmosphere which encourages opportunities for interaction/socialization.
- D. Ensure that staff will be observant of opportunities to discuss food, food preparation, good nutrition and eating habits.
- E. Ensure that each client in full-time care receives a quantity and quality of food, which meets one-third of the adult daily nutritional requirements. If clients are in day care for more than four hours, the meal will be supplemented by one of more snacks per day.
- F. Ensure that each client in part-time care will receive the same meal or snack provided clients in full-time care if he/she is in attendance at the center during a regularly scheduled meal or snack time. (All part-time clients will have access to at least one meal or snack).
- G. Provide a variety of foods will be served in an attractive manner.
- H. Provide weekly menus will be prepared one week in advance and posted so that clients and visitors may view them.
- I. Ensure that mealtime will be a period for promoting meaningful staff/client and client/client interaction. Staff will be encouraged to eat with clients. Socialization will also be encouraged.
- J. Ensure that the local Health Department approves all food preparation facilities and any resource from which food is delivered. If the center prepares food, the approval will be posted, along with the Health Department's Food Permit to serve food.
- K. Ensure that special diets will be accommodated. Medical information will be on file in client's records to document medical instructions for special diets.
- L. Ensure that temperature in the refrigerator will be kept below 50° Fahrenheit. Milk and other perishable foods will be kept in the refrigerator except during the time of preparation and serving.
- M. Ensure that garbage and rubbish is stored in containers with tight fitting covers. Garbage will be removed from the building daily and the garbage cans will be washed and sanitized frequently.
- N. Ensure that drinking water comes from a source approved by the Public Health Department and supplied by sanitary means. It will be located in or near the rooms usually occupied by participants.

#### **4.2.5.3.1.7 HEALTH**

I attest that the following health requirements will be met. I will:

- A. Observe adults to identify special health needs or existing health problems.
- B. Ensure that staff trained in first aid procedures is available at the center during program hours.
- C. Include day to day observation of each adult's general health as an ongoing staff responsibility.
- D. Seek community health resources to meet client needs.
- E. Assistance clients in seeking resources for individual health needs.
- F. Ensure that staff observes each adult daily for indications of new health problems.
- G. Ensure that advance arrangements are made for action to be taken in medical situations. If there are symptoms of communicable disease, the sick participant will be isolated.
- H. Ensure that information is be on file in each adult's record regarding: the person to be notified in an emergency situation; client's physician; address and phone number; client's diagnosis; and, other pertinent health problems.

- I. Ensure that a report of the physical status of each participant and a plan of care is maintained on file at the program.
- J. Ensure that concerns raised by observation related to an adult's mental, physical or emotional health is noted in the case record and brought to the immediate attention of the county DHR social worker.
- K. Ensure that DHR will be advised of recommendations concerning continued participation in adult day care based upon staff observations of the client's mental, physical, or emotional health.
- L. Ensure that all suspected abuse, neglect or exploitation is immediately reported to the county Department of Human Resources by phone or in person and that a written report will follow within five days.
- M. Ensure that staff will use universal precautions and will be trained in procedures.
- N. Ensure that regular health screening (minimum of once per month) is conducted on each participant. Reports will be maintained in the client's file.
- O. Ensure that a first aid kit and a telephone will be available in the facility.
- P. Ensure that program staff will not administer medications; however, I understand that I may provide water or fruit juice to help in swallowing.

#### **4.2.5.3.1.8 SOCIAL SERVICES**

I attest that all social service requirements will be met. I will:

- A. Provide an ongoing assessment of each client's physical, social and emotional adjustment in order to identify changing needs.
- B. Ensure that client access to appropriate resources if supplemental services are necessary to meet special needs.
- C. Conduct quarterly assessments to reflect staff observations of each client's participation and adjustment to the program. Ensure that staff document identified special needs and that they documents any follow-up action, planned or taken.
- D. Ensure that the county DHR worker is recognized as the primary case manager for all clients for whom DHR is purchasing care.

#### **4.2.5.3.1.9 TRANSPORTATION (IF APPLICABLE)**

I (Vendor) attest that I must provide reliable and consistent transportation for the Department of Human Resources clients for whom the Department provides transportation payment. I further attest that I will notify the Department of Human Resources of any transportation problems that may affect a client's ability to attend daycare. I attest that all transportation requirements will be met. I will:

- A. Provide a safe, dependable means of transportation when the need for this service exists.
- B. Ensure that the driver transporting day care clients has a valid Alabama Driver's license.
- C. Ensure that the vehicle used for transporting clients is safe and in good working condition.
- D. Ensure that all passengers use safety belts when the vehicle is in motion.
- E. Ensure that all passengers enter and leave the vehicle from the curbside.
- F. Ensure that the driver waits until the client enters the building, the client's home or the center.
- G. Ensure that the number of passengers will be limited to the capacity of the vehicle and the type of license held by the driver.
- H. Ensure that all doors will be locked whenever the vehicle is in motion.

I. Ensure that the driver will ensure that all clients have exited the vehicle prior to parking or storing.

**4.2.5.3.1.10 STAFFING PATTERNS**

I attest that all staffing requirements will be met.

The program will, at a minimum, maintain the following number of staff who are directly involved with clients during hours of program operation. This number will be in addition to a program director.

<u>Program Enrollment</u>	<u>Staff</u>
1-10 _____	1
11-25 _____	2
26-35 _____	3
36-43 _____	4

*Note: For every eight (8) additional participants add one (1) staff member.*

I attest that staffing requirements will be met. I will:

- A. Ensure that at least two staff will be at the center during periods when clients are present. At least one of the staff present in the center at any time will be CPR certified and trained in first aid.
- B. Ensure that auxiliary staff (kitchen/maintenance personnel, bookkeepers, etc.) whose primary responsibilities do not require direct involvement with clients will not be counted toward staff ratio requirements unless their job descriptions specify time periods when they have responsibility only for working with the clients.

**4.2.5.3.1.11 STAFF**

I attest that all staffing requirements will be met. I will:

- A. Ensure that two staff persons will be CPR and first aid certified.
- B. Ensure that each employee has a physical examination completed within three (3) months prior to employment and every two years thereafter. A copy a documenting the results of each staff person’s physical examination will be filed in their personnel record. Results will show all staff to be free of contagious disease and physically capable of meeting the responsibilities of their position. Volunteers counted as replacements for hired staff will also meet these requirements.
- C. Ensure that a nurse, LPN or RN is available to provide clients a monthly health screening.
- D. Ensure that all members of the staff will be emotionally and physically fit to care for persons who have physical and/or mental limitations. Staff will be understanding, accepting, of even temperament, have common sense, and a sense of humor.
- E. Ensure that all staff and unsupervised staff have a criminal history background check including fingerprinting.
- F. Maintain immigration documentation to verify that all workers are either citizens of the United States or are in proper and legal immigration status that authorizes them to be employed for pay within the United States.
- G. Ensure that all staff will report suspected abuse and neglect of any day care client and cooperate in any investigation of compliance.

**4.2.5.3.1.12 POPULATION TO BE SERVED**

I (Vendor) attest that Adult Day Care Services will be provided to individuals 18 years of age or older who are at risk of abuse, neglect, exploitation or institutionalization.

**4.2.5.3.1.13 ACCEPTANCE OF REFERRALS**

I (Vendor) attest that upon referral from the County Department of Human Resources, I must have an acceptance service plan and will be able to provide services to the client within five (5) working days.

I (Vendor) understand that, if I cannot accept a referral and provide service within five working days, the vendor will notify the local County Department of Human Resources referring social worker in writing of the referral's rejection.

**4.2.5.3.2 START-UP PLAN**

I (Vendor) attest that I will be fully operational by Monday, April 06, 2015.

**4.2.5.3.3 ASSESSMENT OF BENEFITS AND IMPACT**

I (Vendor) attest that I have will assess the services provided to determine their effectiveness. I attest that I will implement a process approved by the Adult Protective Services Division to determine if expected benefits have occurred and their impact to program participants.

**4.2.5.3.4 OFFICE LOCATION**

I (Vendor) attest that the physical address where services will be performed under a contract with the Department in the event the Vendor becomes the Contractor will be: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

## VENDOR CERTIFICATIONS

### 4.2.5.4 VENDOR CERTIFICATIONS

Vendors must sign each statement below attesting that they warrant and represent to the Department that the vendor accepts and agrees with all certifications and terms and conditions of this RFP. Further, by submitting a response to this RFP, the vendor certifies to the Department that they are legally authorized to conduct business within the State of Alabama and to carry out the services described in this document.

#### 4.2.5.4.1 Revolving Door Policy

I (Vendor) attest that neither the vendor nor any of the vendor's trustees, officers, directors, agents, servants or employees is a current employee of the Department, and none of the said individuals have been employees of the Department in violation of the revolving door prohibitions contained in the state of Alabama ethics laws.

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

#### 4.2.5.4.2 Debarment

I (Vendor) attest that neither the vendor nor any of the vendor's trustees, officers, directors, agents, servants or employees (whether paid or voluntary) is debarred or suspended or otherwise excluded from or ineligible for participation in federal assistance programs under Executive Order 12549, "Debarment and Suspension."

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

#### 4.2.5.4.3 Standard Contract

I (Vendor) agree to the use of the Department's standard contract document. The vendor will further comply with all the terms and conditions of that document, including, but not limited to, compliance with the Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, Alabama Act No. 2000-775 (governing individuals in direct service positions who have unsupervised access to children), the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable, and all other federal and state laws, rules and regulations applicable to receiving funds from the Department to carry out the services described in this RFP. Further, any contract executed pursuant to the RFP must be subject to review by the Department's legal counsel as to its legality of form and compliance with State contract laws, terms and conditions, and may further be subject to review by the Alabama Legislative Contract Review Committee, Examiners of Public Accounts, the State Finance Director and the Office of the Governor.

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

#### 4.2.5.4.4 Charitable Choice (applies to faith-based organizations only) Not Applicable

I (Vendor) attest that funds received as a result of this procurement will not be used for sectarian instruction, worship, proselytizing or for any other purely religious activities that are not directed toward the secular social goals related to the services described in this RFP. The vendor must agree to serve all eligible members of the public without regard to their religious beliefs and, further, must not require clients' active participation in any religious practice. (In carrying out the said services, the vendor will remain independent from federal, state and local governments; will retain control over the expression of its religious beliefs, and is NOT required to remove its religious writings or symbols or to alter its internal governance as a condition of doing business with the Department.)

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

**4.2.5.4.5 Financial Accounting**

I (Vendor) agree that the vendor's accounting system will be consistent with General Accepted Governmental Accounting Principles (GAAP). The vendor must maintain sufficient financial accounting records documenting all funding sources and applicable expenditure of all funds from all sources.

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

**4.2.5.4.6 Vendor Work Product**

I (Vendor) attest that the proposal submitted in response to this document is the work product of said vendor. If the proposal is determined not to be the work product of the vendor, the proposal may, at the Department's sole discretion, be rejected.

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

**REQUESTS AND COST PROPOSAL**

I (Vendor) attest that I will provide Adult Day Care Services in the following geographic area(s): \_\_\_\_\_ agrees to provide Adult Day Care at the rates set below.

**Organization Name**

SERVICE TYPES	MAXIMUM RATE	PLACE AN (X) BY SERVICE TO BE PROVIDED	TOTAL NUMBER OF SLOTS TO BE SERVED
Full-time (FT) with Transportation	\$475.00 per month		
Full-time without Transportation	\$363.00 per month		
Part-time (PT) with Transportation	\$285.00 per month		
Part-time without Transportation	\$218.00 per month		

**NUMBER OF SLOTS REQUESTED PER COUNTY**

COUNTY	SLOTS FT/WITH TRANSPORTATION (\$475 per month)	SLOTS PT/WITH TRANSPORTATION (\$363 per month)	SLOTS FT/WITHOUT TRANSPORTATION (\$285 per month)	SLOTS PT/WITHOUT TRANSPORTATION (\$218 per month)
<b>Blount</b>				
<b>Butler</b>				
<b>Calhoun</b>				
<b>Conecuh</b>				
<b>Covington</b>				
<b>Crenshaw</b>				
<b>Dallas</b>				
<b>Etowah</b>				
<b>Jefferson</b>				
<b>Lauderdale</b>				
<b>Limestone</b>				
<b>Lowndes</b>				
<b>Madison</b>				
<b>Marengo</b>				
<b>Marshall</b>				
<b>Mobile</b>				
<b>Morgan</b>				
<b>Pike</b>				
<b>Saint Clair</b>				
<b>Shelby</b>				
<b>Talladega</b>				
<b>Walker</b>				
<b>TOTAL</b>				

**ATTACHMENT A: DISCLOSURE STATEMENT**



State of Alabama  
**DISCLOSURE STATEMENT**  
(Required by Act 2001-955)

ENTITY COMPLETING FORM \_\_\_\_\_ Agreement Number \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
( )

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
( )

This form is provided with:

Contract     Proposal     Request for Proposal     Invitation to Bid     Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of good or services previously provided, and the amount received for the provision of such goods or services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

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*If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)*

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*Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)*

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List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

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By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Notary's Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Notary Expires \_\_\_\_\_

*Act 2001-995 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.*

**ATTACHMENT B: TRADE SECRET AFFIDAVIT**

I have no trade secrets to declare.

**AFFIDAVIT FOR TRADE SECRET CONFIDENTIALITY**

DEPARTMENT OF \_\_\_\_\_)

)ss.

County of \_\_\_\_\_)

\_\_\_\_\_ (Affiant), being first duly sworn under oath, and representing  
\_\_\_\_\_ (hereafter "Vendor"), hereby deposes and says that:

1. I am an attorney licensed to practice in the State of \_\_\_\_\_, representing the Vendor referenced in this matter, and have full authority from the Vendor to submit this affidavit and accept the responsibilities stated herein.

2. I am aware that the Vendor is submitting a proposal to the Alabama Department of Human Resources for RFP # \_\_\_\_\_. Public agencies in Alabama are required by Alabama law to permit the public to examine documents that are kept or maintained by the public agencies, other than those legitimately meeting the provisions of the Alabama Trade Secrets Act, Alabama Code Section 8-27-1, and that the Department is required to review claims of trade secret confidentiality.

3. I have read and am familiar with the provisions of the Alabama Trade Secrets Act, am familiar with the case law interpreting it, and understand that all information received in response to this RFP will be available for public examination except for:

- (a) trade secrets meeting the requirements of the Act; and
- (b) information requested by the Department to establish vendor responsibility unless prior written consent has been given by the vendor.

4. I am aware that in order for the Vendor to claim confidential material, this affidavit must be fully completed and submitted to the Department, and the following conditions must be met by the Vendor:

- (a) information to be withheld under a claim of confidentiality must be clearly marked and separated from the rest of the proposal;
- (b) the proposal may not contain trade secret matter in the cost or price; and
- (c) the Vendor's explanation of the validity of this trade secret claim is attached to this affidavit.

5. I and the Vendor accept that, should the Department determine that the explanation is incomplete, inadequate or invalid, the submitted materials will be treated as any other document in the department's possession, insofar as its examination as a public record is concerned. I and the Vendor are solely responsible for the adequacy and sufficiency of the explanation. Once a proposal is opened, its

**ATTACHMENT B: TRADE SECRET AFFIDAVIT**

contents cannot be returned to the Vendor if the Vendor disagrees with the Department's determination of the issue of trade secret confidentiality.

6. I, on behalf of the Vendor, warrant that the Vendor will be solely responsible for all legal costs and fees associated with any defense by the Department of the Vendor's claim for trade secret protection in the event of an open records request from another party which the Vendor chooses to oppose. The Vendor will either totally assume all responsibility for the opposition of the request, and all liability and costs of any such defense, thereby defending, protecting, indemnifying and saving harmless the Department, or the Vendor will immediately withdraw its opposition to the open records request and permit the Department to release the documents for examination. The Department will inform the Vendor in writing of any open records request that is made, and the Vendor will have five working days from receipt of the notice to notify the Department in writing whether the Vendor opposes the request or not. Failure to provide that notice in writing will waive the claim of trade secret confidentiality, and allow the Department to treat the documents as a public record.

Documents that, in the opinion of the Department, do not meet all the requirements of the above will be available for public inspection, including any copyrighted materials.

\_\_\_\_\_  
Affiant's Signature

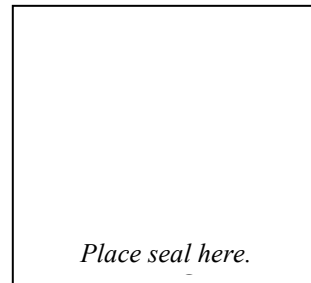
Signed and sworn to before me on \_\_\_\_\_ (date) by \_\_\_\_\_

\_\_\_\_\_  
(Affiant's name).

Name of Notary Public: \_\_\_\_\_ for the

Department of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**ATTACHMENT C: IMMIGRATION AFFIDAVIT**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

**CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)**

DATE: \_\_\_\_\_

**RE Contract/Grant/Incentive (describe by number or subject):**

\_\_\_\_\_ by and between  
\_\_\_\_\_ (Contractor/Grantee) and  
\_\_\_\_\_ (State Agency, Department or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

- The undersigned holds the position of \_\_\_\_\_ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
- Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

**BUSINESS ENTITY.** Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

**EMPLOYER.** Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

- \_\_\_\_\_(a)The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.  
 \_\_\_\_\_(b)The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

- As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
- Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Name of Contractor/Grantee/Recipient  
By: \_\_\_\_\_  
Its \_\_\_\_\_

The above Certification was signed in my presence by the person whose name appears above, on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Witness

## ATTACHMENT D: E-VERIFY DOCUMENTATION

Only U.S. citizens or foreign citizens who have the necessary authorization to legally work in the United States may be employed to work under any contract with the Department. Vendors must agree to not knowingly employ, hire for employment, or continue to employ an unauthorized alien, and must provide to the Department a sworn affidavit (*Appendix D*) signed before a notary attesting to such.

The United States Citizenship and Immigration Services ([www.uscis.gov](http://www.uscis.gov)) provides E-Verify, an internet-based system that allows companies to determine their employees' eligibility to work in the United States. Vendors must participate in the E-Verify program and verify every employee that is required to be verified according to the applicable federal rules and regulations. Vendors must provide documentation to the Department establishing that they are enrolled in the E-Verify program.

**Insert Documentation  
Here**