

# Request for Qualifications Application

for the selection of providers to provide:

## Homemaker Services Respite Services

Exhibit A – Sample Contract  
Exhibit B – Homemaker Scope of Work  
Exhibit C – Respite Scope of Work  
Exhibit D - Certification Regarding Debarment, Suspension, Ineligibility, and  
Voluntary Exclusion, Lower Tier Covered Transactions

### Area Agency on Aging of North Idaho “AAANI”



### Area Agency on Aging of North Idaho

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&

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Completed Applications must be physically in the possession of the

Area Agency on Aging of North Idaho Coeur d'Alene address

**REQUEST FOR QUALIFICATIONS APPLICATION FORM**

**\*\* THE UNDERLINED FIELDS WILL EXPAND TO ACCOMMODATE THE LENGTH OF THE RESPONSES. PLEASE CLICK IN THE BOXES NEXT TO OR BELOW EACH QUESTION TO ENTER YOUR RESPONSE. HAND-WRITTEN RESPONSES ARE NOT ACCEPTABLE APPLICATIONS.**

**1. Basic Information**

Legal Name of Provider:

\_\_\_\_\_

Business Name (if different from above):

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Business Email: \_\_\_\_\_

IRS Employer ID #: \_\_\_\_\_

**2. Legal Status of Provider**

Select the appropriate boxes and provide the required information below:

Private Non-Profit

Public Non-Profit

For-Profit

Other, describe: \_\_\_\_\_

• If you are a non-profit provider –

A. Attach copies of the provider's articles of incorporation, bylaws, and 501(c)(3) exempt status. (**Label as Attachment #1**)

B. Did the provider receive \$750,000 or more of federal funding in the past 12 months?

No

Yes – please attach the most recent audit. (**Label as**

**Attachment #2**)

• If you are a for-profit provider –

A. What type of for-profit provider is your organization?

Incorporated       Sole Proprietorship       LLC       Partnership

Other: \_\_\_\_\_

### 3. Small Business Programs

Check all that apply **and attach documentation (Label as Attachment #3)**

- Woman-Owned, 51% or more owned by 1 or more women
- Veteran-Owned, 51% or more owned by a Veteran
- Disabled Veteran-Owned, 51% or more owned by a Disabled Veteran
- HUBZone Small Business Concern (Historically Underutilized Business Zones as Certified with SBA)
- Disadvantaged, 51% or more owned by one or more socially or economically disadvantaged individuals, including Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans

### 4. Financial Soundness

Provide at least one of the following documentations demonstrating the provider's financial soundness (check all that apply) **(Label as Attachment #4)**:

- Audit Report, within the past 12 months (strongly preferred)
- Credit Report
- Better Business Bureau report
- Income Tax Statements

### 5. Insurance

Attach copies of the provider's current insurance policies **(Label as Attachment #5)**

### 6. Mission Statement

What is the mission statement of the provider?

\_\_\_\_\_

### 7. Services

Which services does the provider wish to provide if awarded a contract through this RFQ? Homemaker & Respite Scope of Work included in RFQ Guide (check all that apply):

- Homemaker services
- Respite services
- Adult Daycare Respite Services

### 8. Drug-Free Workplace Policy

Does the provider have a drug-free workplace policy? If so, please attach. **(Label as Attachment #6)**

- Yes       No

**9. Service Area**

The provider can provide services as contemplated in this RFQ for the following area(s) (check all that apply):

<b>Family Caregiver Respite</b>				
<input type="checkbox"/> Benewah	<input type="checkbox"/> Bonner	<input type="checkbox"/> Boundary	<input type="checkbox"/> Clearwater	<input type="checkbox"/> Idaho
<input type="checkbox"/> Kootenai	<input type="checkbox"/> Latah	<input type="checkbox"/> Lewis	<input type="checkbox"/> Nez Perce	<input type="checkbox"/> Shoshone
<b>Homemaker</b>				
<input type="checkbox"/> Benewah	<input type="checkbox"/> Bonner	<input type="checkbox"/> Boundary	<input type="checkbox"/> Clearwater	<input type="checkbox"/> Idaho
<input type="checkbox"/> Kootenai	<input type="checkbox"/> Latah	<input type="checkbox"/> Lewis	<input type="checkbox"/> Nez Perce	<input type="checkbox"/> Shoshone
<b>Adult Day Care Respite</b>				
<input type="checkbox"/> Benewah	<input type="checkbox"/> Bonner	<input type="checkbox"/> Boundary	<input type="checkbox"/> Clearwater	<input type="checkbox"/> Idaho
<input type="checkbox"/> Kootenai	<input type="checkbox"/> Latah	<input type="checkbox"/> Lewis	<input type="checkbox"/> Nez Perce	<input type="checkbox"/> Shoshone

Describe any service boundaries or limitations that the provider may have within the locales above: \_\_\_\_\_

**10. Assurances and Required Activities**

By submitting this application, the provider represents as follows:

- a. The provider has read, understands in full, and will follow the AAANI Services Scope of Work as outlined in the RFQ Guide  
 Yes     No
- b. The provider agrees to the set reimbursement rate, which is currently \$25.00 per hour for in-home respite and homemaker, and \$14.00 for adult day care respite.  
 Yes     No
- c. The provider agrees to and will sign the terms and conditions contract (RFQ Guide Exhibit A) as written if awarded a contract. If the answer is "No," please describe in detail the modifications that the provider would require to the contract, and propose alternative contract language.  
 Yes     No \_\_\_\_\_

**Proposal Narrative and Past Performance.**

**11. Past AAANI Experience**

Has the provider been a previously contracted provider with AAANI?

- Yes     No

**12. Personnel Training and Expertise**

Describe the current expertise and training of the provider and its personnel in providing homemaker and/or respite services to the disabled and elderly. Please attach job descriptions, by title, for **all** personnel, paid and volunteer, including administrative personnel who will support the service(s) program. (**Label as Attachment #7**)

**13. Facilities**

Does the provider  Own or  Lease any facilities needed to deliver the proposed service? (**Label as Attachment #8 – Leased Facilities only**)

**14. Experience**

Describe in detail the services that the provider has provided to individuals aged 60 years and older (seniors) and others within the last 12 months. If none, describe the services that the provider is planning to provide.

**15. Strengths**

Describe in detail what strengths uniquely qualify the provider to provide services.

**16. Quality Assurance**

Explain how the provider has monitored quality assurance in the past, and how it will do so if awarded a contract through this RFQ.

**17. Grievance Resolution Procedures**

Attach a copy of the written procedures through which the provider will resolve consumer grievances that may arise from services rendered if awarded a contract through this RFQ. The procedures must provide a method for both consumers and applicants for services to submit grievances about the operation of the provider's services, including denial of services. The procedures shall provide applicants and consumers with a progressive grievance process to include an informal hearing before the provider's representatives and a review by AAANI if necessary to resolve the dispute. (**Label as Attachment #9**)

**18. Training**

Describe the training, if any, that provider's staff will receive to provide each service.

**19. Geographically Difficult Areas**

How will the provider ensure the geographically difficult areas of the locale are served? Please describe.

**20. Cultural Differences**

Will the provider accommodate for cultural differences between the provider’s employees and the clients, and take them into account when delivering services? If so, please describe how the provider will ensure that is done.

Yes     No    \_\_\_\_\_

**21. References**

Provide a contact person, a phone number, and an email address for a minimum of three (3) references who are well-acquainted with the provider’s quality of services. In addition, describe: (a) how many years the provider has serviced each reference; (b) what types of services were provided for each reference; (c) what the approximate dollar amount of services the provider has provided that reference until now; (d) why the provider believes that the reference’s opinion will be an accurate reflection of the quality of services the provider will provide if awarded a contract through this RFQ.

Reference #1: \_\_\_\_\_

Reference #2: \_\_\_\_\_

Reference #3: \_\_\_\_\_

**22. Service Provision Methodology and Self-evaluation**

Describe the following in detail; how the provider will perform self-evaluations and monitor quality, what objectives the provider will have in providing such services, and what objective performance metrics the provider will use to evaluate the quality of its services.

\_\_\_\_\_

**23. Community Support**

Describe in detail any activities and/or methods that the provider employs that are designed to increase community involvement, participation, donations, and other support for AAANI-funded services.

\_\_\_\_\_

**24. Volunteer Utilization**

If the provider utilizes volunteers, describe in detail such utilization. E.g., how volunteers are going to be recruited, placed, and trained; what duties the volunteers would perform; whether volunteers would receive stipends, etc.

\_\_\_\_\_

**25. Partnership and Collaboration Strategies**

Describe the provider’s networking and coordinating strategies for the following agency types:

- a. Home Health Agencies

- b. Hospital and Physicians
- c. Local Government
- d. Long-Term Care Facilities
- e. Senior Housing Complexes
- f. Other Senior Service providers
- g. Businesses
- h. Other \_\_\_\_\_

**26. Current Partnerships**

If applicable, describe any partnerships the provider has or anticipates to ensure that services are delivered. Include partnering organizations' names, funding sources, partners' cash contributions, in-kind, etc.

\_\_\_\_\_

**27. Provider Certifications and Representations**

In submitting this proposal, the provider certifies and acknowledges each of the following:

- a. The RFQ and all attached documents have been read and understood. All information provided by the provider is true, complete, and accurate to the best of provider's knowledge. The provider understands that should an investigation at any time reveal any misrepresentation or falsification of information provided by the provider to AAANI hereunder, this proposal may be rejected, and contracts entered into may be terminated.
- b. Enclosed, at a minimum, is **all** information requested in this RFQ.
- c. One, single-sided original response is being submitted as instructed within this RFQ.
- d. The provider considered and incorporated all RFQ amendments, if any, into this proposal.
- e. The provider is capable of following through with all assurances, representations, and certifications contained in this proposal.
- f. The submission of this proposal did not involve collusion or other anti-competitive practices.
- g. The provider will comply with all applicable Idaho Commission on Aging and AAANI service specifications, contract terms, manuals, policies and directives, and all applicable federal, state and local laws.
- h. If awarded this contract, the provider will provide these services to eligible individuals, regardless of the source of funding.

- i. If awarded this contract, the provider will maintain liability insurance as specified in the General Terms and Conditions of the AAANI Contract (Exhibit A).
- j. The person signing on behalf of the provider is legally authorized to submit this proposal and to make this certification.
- k. The provider has clearly marked any and all information that the provider does not wish to be available for public inspection, if any, as "CONFIDENTIAL". The provider represents that such information is exempt from disclosure under the Idaho Public Records Act, Chapter 1, Title 74, Idaho Code. For any such information marked as "CONFIDENTIAL", the provider will indemnify, defend, and hold harmless the AAANI/NIC, its elected officials, officers, agents, employees, representatives, and volunteers from and against any and all claims, demands, defense costs, liability, or consequential damages of any kind or nature arising out of or in connection with litigation regarding whether any documentation provided is exempt from disclosure.

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

The provider represents that it currently is not debarred, suspended, or otherwise excluded as specified in 45 CFR Part 75. The provider has signed and agrees to abide by the debarment requirements attached hereto and incorporated by reference as **Exhibit D (page 9)**.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
Authorized Signature

STATE OF IDAHO )  
 ) ss.  
County of \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_, 2026, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that s/he executed the same.

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

\_\_\_\_\_

Notary Public for Idaho

Residing at \_\_\_\_\_

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

## **Exhibit D: Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion, Lower Tier Covered Transactions**

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

this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the appropriate federal agency may pursue available remedies including suspension and/or debarment.

### **Proposal Submittal Checklist:**

***Make sure all documents are attached.***

- RFQ Application – Ensure all applicable boxes are selected and all narrative fields are filled in.
- Signature & Notarization on RFQ Application
- Attachment 1 – Non-Profit – Article of Incorporation, Bylaws, and 501(c)(3) status – (if applicable)
- Attachment 2 – Audit – (if applicable)
- Attachment 3 – Proof of Business Type (if applicable)
- Attachment 4 – Financial Soundness
- Attachment 5 – Insurance Coverage
- Attachment 6 – Drug-Free Workplace Policy
- Attachment 7 – Job Descriptions
- Attachment 8 – Facilities lease (if applicable)
- Attachment 9 – Grievance Resolution Procedures