

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
RFP FY 2024 – FY 2026**

ATTACHMENT B

ATTACHMENTS TO BE COMPLETED AND SUBMITTED WITH APPLICATION

ATTACHMENT B CONTAINS THAT FOLLOWING:

- Application Submission Cover Sheet
- Verification of Intent
- Assurance of Program Administration Compliance
- Certification of Assurances and Compliance with General Provisions
- Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973 as Amended
- Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Right Act of 1964
- Assurance of Compliance with The Americans with Disabilities Act of 1990
- Certification Regarding Drug-Free Workplace and the Requirements
- Contractor Certification of Designated Program Administrator
- Procurement Requirements
- Invoice Authorization
- Legal Document Authorization
- Terms and conditions for Official Application
- Certification of Prohibited Employee Activities
- Instructions for RFP Budget Form Completion
- Board Membership List
- Applicant Staffing Plan

REQUEST FOR PROPOSALS

FY 2024 – FY 2026

APPLICATION SUBMISSION
COVER SHEET

TO

PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING

PROGRAM RFP'S SUBMITTED FOR CONSIDERATION:

- _____ Title III B In-Home Services
- _____ Title IIIB Legal Services
- _____ Title IIIB Supportive Services
- _____ Title IIIC
- _____ Title IIID Evidence Based Services
- _____ Title V (SCSEP) Program

Submitted By: _____
Agency Name

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
RFP FY 2024 – FY 2026**

VERIFICATION OF INTENT

The FY 2025 Proposals are hereby submitted for _____
Applicant Agency

for the period July 1, 2023 through June 30, 2026.

It includes all assurances and plans to be followed by _____
Applicant Agency

under provisions of the Older Americans Act, 42 USC 3001, et seq, as amended, during the period identified. The Applicant Agency identified will assume full authority to develop and administer the FY 2024 Proposals in accordance with all requirements of the Act and related State policy. In accepting this authority, the Applicant Agency assumes major responsibility to develop and administer the FY 2024 Proposals for a comprehensive and coordinated system of service and to serve as the advocate and focal point for older people in the planning and service area.

The FY 2024 Contract Updates have been developed in accordance with all rules and regulations specified under the Older Americans Act and are hereby submitted to the Purchase Area Development District, Area Agency on Aging and Independent Living.

Date (Typed): _____

(Signed): _____
(Prepared by Project Director)

Date (Typed): _____

(Signed): _____
(Executive Director)

Date (Typed): _____

(Signed): _____
(Chairperson, Applicant Agency Board)

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
RFP FY 2024 – FY 2026**

ASSURANCE OF PROGRAM ADMINISTRATION COMPLIANCE

REQUIRED: Provide Assurance of the following items.

- A. That all answers and statements made in the proposal are true and correct.
- B. All regulations, policies and procedures, and standard operating procedures including all applicable general and program specific KAR's, KRS's, DAIL and PADD AAAIL Policies and Procedures, including those incorporated by reference, and have been read and understood and will be followed.
- C. All direct service staff meet all DAIL and PADD AAAIL regulations and job descriptions for all staff are on file and available for review.
- D. Policies and procedures are in place to prohibit sexual harassment.
- E. Compliance with the special requirements as mandated by the funding source.
- F. Services will begin on the first day of the contract period and will be provided on a continuing basis throughout the fiscal year and over the period of twelve (12) months regardless of the number of units and assuming demand for the service.
- G. Programs and services will continue to be operated and administered in the manner planned and written in the original approved RFP following established guidelines, unless new regulations, requirements and policies have come or do come into effect or if specific plan amendments are requested and approved.
- H. Compliance with all Federal or State Laws and Regulations for services provided under contract, including, but not limited to 45 CFR 74 and 92 and Circular OMB A-87 and A-133 and/or the requirements as set forth by the Cabinet for Health and Family Services.
- I. Compliance with the Deaf and Hard of Hearing mandates as outlined on 920 KAR 1:070. Access at www.lrc.ky.gov/kar/920/001/170.htm.
- J. A fidelity Bond has been properly executed to ensure that the employee(s) who are authorized to received and/or deposit funds, issue financial documents, checks, or other instruments of payment for program costs shall be bonded against loss of sufficient amounts of funds. The Bond shall be sufficient to cover the maximum sums handled quarterly under contract and a copy of the Fidelity Bond shall be submitted to the PADD by the first day of the contract year and upon renewal in order to maintain a copy of a valid Fidelity Bond on file at the PADD AAAIL.
- K. Workman's compensation insurance shall be maintained on employees as prescribed by the laws of Kentucky.

- L. Appropriate insurance coverage is provided to protect volunteers from personal liabilities.
- M. Assurance of working capital for a period of up to two (2) months or means to obtain such funds (in the event there is a delay in reimbursement of state or federal funds associated with the contract).
- N. Computer and Internet (technological) access and capability to meet PADD AAAIL and state reporting requirements to submit client and service data electronically and on the schedule and in the format prescribed by the PADD AAAIL and DAIL, including the appropriate client data is consistently entered into the SAMs data system to include all data required for the NAPIS report.
- O. Compliance with applicable 910 KAR, Aging Services regulations as referenced in the RFP.
- P. Equipment purchase, in whole or in part, with Federal and state funds, or from in-kind match of said funds, is utilized solely for the authorized purpose intended and disposed of according to regulations and that an up-to-date and comprehensive inventory of equipment purchased with federal/state funds is on file and available for review by the PADD and DAIL as per regulation. (Applies to 'cost reimbursed' agencies or to agencies which receive special funds designated for the purchase of equipment.)
- Q. Compliance with all HIPPA (Health Insurance Portability and Accountability Act) regulations, as applicable.
- R. Compliance with all confidentiality requirements for all staff and volunteers working with seniors including submission of Employee Confidentiality/Security Agreement forms as required by the Cabinet for Health and Family Services. (Copies of the confidentiality forms are required to be submitted to the PADD AAAIL, for staff and volunteer with direct contact with clients or with access to clients' personal data. This form is to be completed by all employees and volunteers one time upon employment/engagement and placed in the employee's or volunteer's personnel file for review by the AAAIL upon monitoring.)
- S. Preference is given to providing services to older individuals with the greatest economic or social needs, with particular attention to low income minority individuals and those with limited English language proficiency in the area served by the applicant and services will be provided to low-income minority in at least the same proportion as the population of low-income minority older adults to the population of the area served by the applicant, per Older Americans Act requirements.
- T. Outreach activities targeting individuals eligible for assistance, with emphasis on rural, older individuals who have greatest economic and/or social need (with particular attention to low-income minority individuals and those with limited English language proficiency, and individuals with disabilities, and inform these individuals of the availability of such assistance as stated in the Older Americans Act.
- U. Involvement of LRC providers in the coordination of community based LTC services and works to ensure community awareness of and involvement in addressing the needs of residents of LTC facilities.

- V. Formal complaint procedures are available to applicants for services and participants receiving services.
- W. Prices and/or cost data have been determined independently and without consultation, communication, or agreement with others for the purpose of restricting competition; however, with prior written request to and approval from DAHL, the Applicant may freely work with other persons or organizations with the purpose of presenting a single proposal.
- X. The proposal submitted is a firm offer for a period up to and including execution of any contract resulting from this RFP and it may be accepted by the Agency without further negotiation (except where required by lack of certainty in key terms) at any time within this period.
- Y. No officer, employee or other representative of the program, including persons who were without salary or other payment for their services, whether directly or indirectly, received assistance or pertinent information, from any officer, employee, or appointee of the Kentucky Cabinet for Health and Family Services or the Agency with regard to the completion and development of the application, other than as allowed in the RFP's document. The Applicant further understands and agrees that the CHFS and/or the Agency shall reject said application if such communication has occurred.
- Z. It is understood that the Agency will not reimburse the Applicant any costs incurred in the preparation of this proposal. All proposal become the property of the Agency and the Applicant claim no proprietary right to the ideas, writing, items, or samples except as stated in the proposal.
- AA. Unless otherwise required by law, the prices and/or cost data which have been submitted in the RFP have not been knowingly disclosed, directly or indirectly, by the Applicant and will not knowingly be disclosed by the Applicant prior to the Agency opening the bid, to any other Applicant or to any competitor.
- BB. Submission of the attached proposal constitutes acceptance of the solicitation contents. If there are any exceptions to these terms, Applicant has provided that information in details on a page attached to this documents.
- CC. No attempt has been made or will be made by the Applicant to induce any other person or organization to submit or not submit a proposal for the purpose of restricting competition.
- DD. The Agency has the right to contact references and any others who may have pertinent information regarding the ability of the Applicant as well as to contact the lead staff persons designated by the Applicant to perform the services applied for in this RFP.
- EE. Clients requesting admission to programs that require an evaluation of client status, capabilities, income and/or needs are being assessed face-to-face using an approved assessment tool and in accordance with all requirements of the specific program and are reassessed as often as required by federal or state regulations.
- FF. Written policies and procedure are in place, as required for the operation and management of each specific program.

- GG. Providing local (in-district) access to all pertinent records of program(s) for monitoring processes and upon request. (Includes financial and program data.)
- HH. Internal monitoring of program performance is performed monthly and includes financial review of delivery of service units and funds noting the percentage of funds spent to date. Problems and/or concerns shall be reported to the AAAIL.
- II. All staff meets all the required standards for eligibility for employment.
- JJ. All staff receives the program specific required level of orientation and on-going training for the service for which they are employed. Assures Universal Precautions training is provided to staff.
- KK. Assurance that 99% of allocated state funds shall be spent by the end of the fiscal year.
- LL. A written response to monitoring shall be provided to the PADD AAAIL by the stated deadline with a Corrective Action Plan which must be carried out as stated.
- MM. Upon termination of any contract or agreement, copies of all appropriate records of all active clients and/or participant data shall be provided to the service provider in accordance with policy.
- NN. Prior written approval is required to subcontract and a subcontract must be provided the Agency. Should DAIL approve a subcontract, compliance with the applicable state and federal requirements regarding the procurement of subcontracted services to be provided to the contractor of the Agency including a written submission of the procurement policy/process and a copy of the subcontract(s) to the Agency. Contracts will not be valid until applicable subcontracts are provided to the Agency.
- OO. Applicant agency lists all job openings, created as a result of contract, with the local Career Center (formerly the Department of Employment Services).
- PP. All staff including any subcontractor staff will not accept gifts or gratuities from clients/ participants or caregivers.
- QQ. Providers shall not request payment for a particular service for which a payment has been, or is to be received for the same service from another source.
- RR. Funds or in-kind used for one program's match is not supported by other Federal funds or being used to match other programs.
- SS. Each participant/client has been informed of their opportunity to make a voluntary contribution/donation to the program in order to expand or increase the ability of the provider to deliver additional services.
- TT. Assurance that all incidences or suspected incidences of adult abuse, neglect and/or exploitation of clients is reported to the appropriate agencies within 24 hours (KRS 209.030).
- UU. Assurance that all licenses or certifications related to the program areas are current and available for review.

VV. All reports, budgets, contract updates, monitor responses, or other requested documentation is submitted by the dates/deadlines required by the PADD AAAIL and DAIL.

WW. Facilities which clients visit for services are handicapped accessible.

XX. Services are provided in a safe environment for the staff and consumers.

YY. Participants/clients/consumers are treated in a respectful and dignified manner by all staff and volunteers and are involved in decisions regarding the delivery of services to the extent possible. Written grievance policies are in place and provided to the staff and participants/clients/consumers and also posted in the facility of the contracting agency and approved subcontractors of that agency.

I hereby provide assurance that all items described in the above section and listed in A. through YY. Are adhered to and provided as required.

Printed Name of Contract Representative

Signature of Contract Representative

Date

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
RFP FY 2024– FY 2026**

CERTIFICATION OF ASSURANCES AND COMPLIANCE WITH GENERAL PROVISIONS

The _____ (Applicant Agency) hereby assures compliance, on behalf of itself and any approved subcontractors, with all applicable provisions of the following statutes, regulations, and other compliance requirements:

- 42 USC 3001 et seq (Older Americans Act of 1965)
- 42 USC 2000 et seq (Civil Rights Act of 1964)
- 29 USC 201 et seq (Fair Labor Standards Act of 1938)
- 42 USC 4601 et seq (Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970)
- 42 USC 12101 et seq (Americans with Disabilities Act of 1990)
- 29 CFR Part 96
- 29 CFR 95.25
- 45 CFR 1321
- KRS 205
- KRS 290
- KRS 907 1:070-072; 1:090-092
- 910 KAR 1:090, 160, 170, 180, 190, 200, 210, 220, and 230
- Office of Management and Budget (OMB) Circular A-102
- New assurances resulting from the Older Americans Act 1965, as amended

Further assurance is given that: (1) safeguards will be established to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties; (2) the Cabinet for Health and Family Services and the Environmental and Public Protection, or the Comptroller General, through any authorized representatives, will be provided access to and the right to examine all records, books, papers, or documents related to this plan; and (3) local governments applying for Title V funds possess legal authority to make such application and that action has been duly taken authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

CERTIFICATION OF ASSURANCES AND COMPLIANCE WITH GENERAL PROVISIONS

(continued)

The _____ certifies its acceptance of responsibility
Applicant Agency

The foregoing assurances and assures compliance thereunder.

It is understood by the signatures thereto that this instrument of certification encumbers the Applicant Agency to periodic evaluations on adherence to its provisions and systematic progress toward specified goal attainment.

_____ (Typed): _____
Date

(Signed): _____
(Prepared by Project Director)

_____ (Typed): _____
Date

(Signed): _____
(Executive Director)

The governing body of the Applicant Agency has reviewed this section and assures compliance therewith.

_____ (Typed): _____
Date

(Signed): _____
(Chairperson, Applicant Agency Board)

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
RFP FY 2024 – FY 2026**

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

_____ (hereinafter call the Applicant)
Name of Applicant (type or print)

HEREBY AGREES THAT it will comply with Title VI of the Civil rights Act of 1964, 42 USC 2000, et. Seq., and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, and as additional result of national origin are limited otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, is assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons who signatures appear below are authorized to sign this assurance on behalf of the Applicant.

This assurance is hereby submitted for the period July 1, 2023 through June 30, 2026.

Signature – Chairperson, Applicant Agency Board

Date

Applicant Name typed or printed

Street Address

City, State, Zip

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
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**ASSURANCE OF COMPLIANCE WITH THE
AMERICANS WITH DISABILITIES ACT OF 1990**

The undersigned (hereinafter referred to as the recipient) AGREES TO COMPLY with the provisions of P.L. 101-336, the Americans with Disabilities Act of 1990.

This assurance obligates the recipient for the period during which federal and state financial assistance is extended to it by the State of Kentucky and/or the Department of Health and Human Services.

This assurance is binding upon the recipient, its successors, transferees, and assignees and the person or persons whose signature appears below are authorized to sign this assurance on behalf of the recipient.

The recipient assures that it does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Name of Designee(s) – Type or Print

Name of Recipient – Type or Print

Street Address or P.O. Box

(IRS) Employer Identification Number

City, State, Zip

I certify that the above information is complete and correct to the best of my knowledge.

Signature and Title of Authorized Official

Date

If there has been a change in the name or ownership within the last year, please print the former name below:

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
RFP FY 2024 – FY 2026**

**CERTIFICATE REGARDING DRUG-FREE
WORKPLACE AND THE REQUIREMENTS**

- A. By execution of this Grant Agreement and Certification the Contractor certifies that it will provide a drug-free workplace by:
- a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b) Establishing a drug-free awareness program to inform employees about:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The Contractor's policy of maintaining a drug-free workplace;
 - 3. Any available drug counseling, rehabilitation, and employee assistance program;
 - 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 - c) Make it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - 1. Abide by the terms of the statement
 - 2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
 - e) Notifying the Area Agency on Aging and Independent Living within ten (10) days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction;
 - f) Taking once of the following actions, within 30 of receiving notice under subparagraph (d)(2) with respect to any employee who is so convicted.
 - 1. Taking appropriate personnel action against such an employee up to and including termination; or
 - 2. Requiring such employee to participate satisfactorily in a drug abuse assistance ore rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
 - g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph (a), (b), (c), (d), (e), and (f).

h) The site(s) for the performance of work done in connection with this specific Grant Agreement are listed below:

1. _____
Street Address

City, County, State, Zip Code

2. _____
Street Address

City, County, State, Zip Code

The Contractor will inform the Area Agency on Aging and Independent Living of any additional site for performance of work under this Grant Agreement.

The Undersigned is authorized to make the foregoing certifications and assurances and to execute the Certificate on behalf of the Contractor.

Contractor

Authorized Officer Signature

Address

Date

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
RFP FY 2024 – FY 2026**

**CONTRACTOR CERTIFICATION OF
DESIGNATED PROGRAM ADMINISTRATOR**

The Contractor agrees that in order to assure that the program is administered properly and that the requirements of the agreement are fulfilled, the person designated below will be responsible for the following:

- Supervision of project staff and project services.
 - Serve as the point of contact for the Area Agency on Aging and Independent Living Staff to address the results of monitoring activities performed by the staff of the AAAIL.
 - Be responsible for the provision of training for program staff.
 - Be responsible for the timely submission of all reports and requests mandated by the Area Agency on Aging and Independent Living.
- Be responsible for formally monitoring the program.
- Be responsible for the Contractors compliance with the Contract requirements.

Designated Program Administrator – Typed or Printed Agency Name

Street Address City, State, Zip

Telephone #

Signature Date

Title

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
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**PROCUREMENT REQUIREMENTS
DEPARTMENT FOR AGING AND INDEPENDENT LIVING POLICY**

1. The _____ (Applicant Agency) must adhere to the references listed below and should review the references for additional information.

References

- 45 CFR Part 74 and Part 92
- 45 CFR Part 91
- OMB Circular A-102
- Area Agencies on Aging Financial Management and Accounting Manual (Birch and Davis Associates, Inc. September, 1982)

2. The Applicant Agency must promote open and free competition among all qualified bidders.
3. The Applicant Agency shall not restrict or eliminate competition by placing unreasonable and/or unnecessary requirements on potential bidders.
4. The Applicant Agency must establish procurement procedures which take into account the requirements of OMB Circular A-102 and other federal, state and local requirements.

Procedures must include:

- a. Method for resolving protests, disputes and/or claims,.
 - b. Written code of standards of conduct.
 - c. Review process to avoid unnecessary purchase and/or duplicative items.
 - d. Affirmative action standards which encourage contracting with minority-owned, women-owned, small businesses.
 - e. Methods for procurement.
 - f. Evaluation and selection criteria.
5. Every effort should be made by the Applicant Agency to formally advertise programs and/or services. However, should the Applicant Agency choose to utilize non-competitive negotiations, they must clearly document and maintain in file, that only one responsible provider is available, capable and qualified to provide the service; and that by using non-competitive negotiations, open and free competition will not be restricted. Documents should include a) justification/rationale for utilizing this method of procurement, b) basis for award cost and analysis of costs. In addition to maintaining these documents on file, the Applicant Agency must furnish copies to the Purchase Area Development District (prior to subcontracting) to support all non-competitive negotiations.

The above policy has been read and has been followed in the selection of services providers outline in the Area Plan for Aging Services and will continue to be followed during implementation.

Chairperson, Applicant Agency Board - Typed

Signature Chairperson, Applicant Agency Board

Date

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
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INVOICE AUTHORIZATION

I hereby authorize the following individual(s) to sign invoices from this agency in accordance with the terms of the contract with the Purchase Area Development District/Cabinet for Health and Family Services/Department for Aging and Independent Living.

Typed Name

Signature

Agency Name

Agency Address

Chairman of the Board Authorized Official's Signature

Date

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
RFP FY 2024 – FY 2026**

LEGAL DOCUMENT AUTHORIZATION

I hereby authorize the following individual(s) to sign legal documents from this agency in accordance with the terms of the contract with the Purchase Area Development District/Cabinet for Health and Family Services/Department for Aging and Independent Living.

Typed Name

Signature

Agency Name

Agency Address

Chairman of the Board Authorized Official's Signature

Date

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
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TERMS AND CONDITIONS FOR OFFICIAL APPLICATION

Terms and Conditions

It is understood and agreed by the undersigned that:

1. Funds contracted as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state or its contract entity.
2. Any revisions in this proposal package as approved shall be submitted in writing by the Applicant and subject to and following approval by the Purchase Area Development District shall be deemed incorporated into and shall become a part of this agreement.
3. The assurance of civil rights compliance (for HHS-441) applies to this proposal when approved.
4. Funds awarded by the PADD/Cabinet for Health and Family Services may be terminated at any time for violations of any term and/or provisions of this agreement.

Typed Name of individual authorized to commit
Applicant organization to this agreement.

Title of individual authorized

Signature

Date

ATTEST

Typed Name of individual

Title of individual

Signature

Date

**PURCHASE AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING AND INDEPENDENT LIVING
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CERTIFICATION OF PROHIBITED EMPLOYEE ACTIVITIES

- a. Applicant's direct service employees shall not be accompanied in the home of the client. The only exceptions are the Applicant's supervisory or training personnel or the Agency's case management and Aging program personnel.
- b. Applicant's employees shall not accept any personal gifts and/or favors.
- c. Applicant's employees shall not operate a client's personal vehicle.
- d. Applicant's employees shall not borrow money or personal property from a client.
- e. Applicant's employees shall not loan money or personal property to a client.
- f. Applicant's employees shall not consume, take or purchase a client's belongings.
- g. Applicant's employees shall not charge the Agency programs for time spent on political activities.
- h. Applicant's employees shall not be under the influence of intoxicating beverages, drug(s) or chemicals, other than those prescribed for the employee by a licensed physician, while acting on behalf of the Agency's program.
- i. Applicant's employees shall not transport a client using the Agency's funds without program authorization for same.
- j. Applicant's employees shall not accept payment for services performed for a client that would normally be provided as a family member. Applicant's employees shall not violate client confidentiality by divulging client specific information.
- k. Applicant's employees shall not propose and/or participate in any sexual activity with a client.
- l. Applicant's employees shall not take part or have an interest in any award of any client referral or other client transaction if a conflict of interest, real or apparent, exists. A conflict of interest occurs when the employee or their immediate family member has a financial or other interest in any of the competing firms.
- m. Applicant's employees shall not accept cash from a client or on behalf of a client except in a manner and process authorized by the Agency as a donation toward program expansion as stated in the Older Americans Act and Kentucky III B in home services program.
- n. Applicant's employees shall not commit theft of prescription drugs from the client.

Organization Name

Signature of Authorized Representative

Date

**PURCHASE AREA DEVELOPMENT DISTRICT
 AREA AGENCY ON AGING AND INDEPENDENT LIVING
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BOARD MEMBERSHIP

AGENCY _____

DATE: _____

Indicator	Name	Complete Address	Area of Representation (Composition)			Agency Represented
			Older Persons (50%)	Local Elected Officials or Designee	General Public	

Indicators: 1 – Chairperson
 2 – Minority Interests Representative

 3 – Health Care Provider Representative
 4 – Veteran’s Health Care Provider Representation

**PURCHASE AREA DEVELOPMENT DISTRICT
 AREA AGENCY ON AGING AND INDEPENDENT LIVING
 RFP FY 2024 – FY 2026
 BOARD MEMBERSHIP
 CONTINUED**

AGENCY _____

DATE: _____

Indicator	Name	Complete Address	Area of Representation (Composition)			Agency Represented
			Older Persons (50%)	Local Elected Officials or Designee	General Public	

Indicators: 1 – Chairperson
 2 – Minority Interests Representative

 3 – Health Care Provider Representative
 4 – Veteran’s Health Care Provider Representative

