



## PROPOSAL APPLICATION LETTER

Name of Proposer: [Click or tap here to enter text.](#)

Proposer hereby submits this application to provide the following services:

- Adult Day Health Care
- Case Management
- Senior Centers, Congregate Meals & Multipurpose Center Operations
- Family Caregiver: Peer Counseling (Support Groups)
- Family Caregiver: Grandparents Raising Grandchildren
- Home Delivered Meals
- Transportation
- Home Care: Attendant Care, Personal Care, Homemaking
  - Attendant Care
  - Personal Care
  - Homemaking
- Legal Services
- Respite
- Volunteer Management

In submitting this proposal, Proposer certifies that:

1. The RFP materials have been read. I represent that all information provided in this proposal is true, complete, and accurate to the best of my knowledge. Proposer acknowledges that should an investigation at any time disclose any misrepresentation or falsification, this proposal may be rejected, and service contracts may be terminated immediately.
2. Proposer is submitting the required original bound and two bound copies as well as emailing the proposal to [FY25RFP@aaaphx.org](mailto:FY25RFP@aaaphx.org).
3. Proposer certifies that Proposer agrees to the Assurances contained in this submission and meets them all.
4. Proposer agrees to comply with all applicable Department of Economic Security Scopes of Work, Area Agency on Aging, Region One Service Specifications & Scopes of Work, contract terms, manuals, policies, and directives as they may be issued during the performance of any contract issued as a result of this submission.
5. Proposer agrees to provide services to eligible individuals regardless of the source of funding.
6. Proposer agrees to maintain liability insurance as specified in the service contract, if awarded.
7. Proposer understands that services and funding are subject to availability of funds to the Area Agency on Aging, Region One, and as such total services authorized by the Agency may vary during the term of the contract, if awarded.
8. On behalf of this Proposer, I am authorized to make this certification.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



**PROPOSER ORGANIZATIONAL INFORMATION & DOCUMENTATION**

**Organizational Data**

Proposer Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Trade Names Associated with the Organization	U.S. State of Incorporation

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor FEI: \_\_\_\_\_ Web Site: \_\_\_\_\_

AHCCCS ID #: \_\_\_\_\_ NPI #: \_\_\_\_\_

**Proposer Principal Authorized Signatory to execute contracts and amendments**

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

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Contract, IF AWARDED, should be emailed to:**

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

**Proposer Contact regarding programmatic concerns for this proposal**

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

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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



**Proposer Contact for financial concerns related to this proposal**

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

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Proposer Organization Introduction**

1. Provide the organization's significant programmatic and/or leadership changes within the organization in the last three years.  Yes  No

If yes, please explain:



**BACKGROUND INFORMATION** (in compliance with A.R.S. 21-2502; A.C.C. R2-7-B301)

2. Proposers must be incorporated or a governmental agency and licensed to conduct business operations in Arizona. Indicate the type of business entity, EIN, the date the organization was formed, and the date the Proposer was issued a license to do business in Arizona, if applicable.

Business Entity Type	Date Formed	AZ License Issue Date	EIN (Non-Profit yes / no)

3. Has any federal or state agency ever made a finding of noncompliance under any civil rights requirements with respect to the service program?  Yes  No

If yes, please explain:

4. Has the organization ever filed bankruptcy, currently in a bankruptcy status, or are there any matters in litigation, judgements, tax deficiencies, or claims pending against Proposer?  Yes  No

If yes, please explain:

5. Have any licenses ever been denied, revoked, or suspended or provisionally issued within the last five years?  Yes  No

If yes, please explain:

6. Have you or has the organization/any of its officers been the subject of criminal investigations or prosecutions?  Yes  No

If yes, please explain:

7. Has the organization terminated any contracts, had any contracts terminated, or been involved in contract litigation?

Yes  No

If yes, please explain:





## **CERTIFICATE OF DEBARMENT**

### **Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions**

1. Proposer is required to sign the Certificate of Debarment as a part of the contract, if awarded. By signing this certification, the recipient of Federal assistance funds is providing the certification as set out below.
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 proposal is submitted if at any time the recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
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 meanings 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, 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.



## ASSURANCES

By providing a response for each item, Proposer provides assurance to the following statements and availability of documents for Area Agency inspection and will maintain this assurance and associated documentation throughout the contract period if awarded.

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### 1. PROPOSER ORGANIZATION (in compliance with A.R.S. 21-2502; A.C.C. R2-7-B301)

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- a. Proposer has on file a current staff organization chart, setting forth lines of authority, responsibility and communication in accordance with policies established by the governing body.  
 YES  NO
- b. Proposer has on file a current organization chart depicting its relationship to the organization of which it is a subsidiary or by which it is sponsored.  
 YES  NO  N/A
- c. Proposer has on file a current copy of Articles of Incorporation or partnership agreement.  
 YES  NO  N/A
- d. Proposer has on file a current and complete list of the names and addresses of all members of the Board of Directors.  
 YES  NO  N/A
- e. Proposer has written procedures which require due process and the prompt resolution of any complaint of discrimination on the basis of age, sex, religion, race, national origin or handicap.  
 YES  NO
- f. Proposer meets all requirements of and will sign (upon contract) the Certificate of Debarment and assures to the accuracy.  
 YES  NO
- g. Proposer assures an ability to be fully compliant of the Area Agency contract Uniform and Special Terms, Scopes of Work, and Service Specifications upon contract and throughout any contract period.  
 YES  NO
- h. Proposer has disseminated Scopes of Work and Service Specifications and assures implementation of these and other Area Agency policies, standards, manuals and directives to staff, volunteers, persons responsible for program implementation.  
 YES  NO



## 2. PERSONNEL

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- a. Proposer has on file a current written job description, including minimum qualifications for training and experience, for each position.  
 YES  NO
- b. There is a resume and copies of all certifications/licenses on file for persons providing any service that specifies qualifications to perform the contracted service(s).  
 YES  NO

## 3. FINANCIAL

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- a. Proposer has on file a copy of the most recent independent audit report, including the auditor's letter to management.  
 YES  NO
- b. Proposer has on file its latest annual financial statement, including balance sheet and income statement.  
 YES  NO
- c. Proposer has on file a copy of its most recent State and Federal Tax Return and assurance the agency is in full compliance with both entities.  
 YES  NO  N/A
- d. Proposer assures financial stability to provide services without Area Agency reimbursement for up to ninety (90) days.  
 YES  NO





**FACILITY LOCATION(S)**

Contract services shall be delivered only at facilities and locations specified below and will be available during the hours and days of operation indicated:

<b>PROPOSER ORGANIZATION INFORMATION</b> Facility / Site Name Address, City, State, Zip Telephone # Fax # (list corporate and location offices)	<b>DAYS OF WEEK &amp; HOURS OF OPERATION BY SITE</b>	<b>TRANSPORTATION BOUNDARIES (IF APPLICABLE)</b> specify north, south, east, and west boundaries