

**RFP REQUIRED DOCUMENTATION FOR:**

A Request for Proposals for Community Care for the Elderly (CCE) Lead Agency Designation for Washington County, FL.

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**In preparation for completing this application, you will need to have the following documents (some will be required if applicable):**

1. ☐ Completed and Signed Service Provider Summary Information Page
2. ☐ CCE Subcontracts (required if applicable)
3. ☐ Completed Subcontract Monitoring Schedule Form
4. ☐ Subcontractor Monitoring Tool Samples - NOT IN HERE
5. ☐ Quality Assurance and Quality Improvement Initiative Procedures
6. ☐ Sample Training Plan and your policy and procedure for tracking staff attendance/completion
7. ☐ Customer Satisfaction Sample Survey, and if available, your most recent Customer Satisfaction Survey Report, including results, analysis and necessary follow-up
8. ☐ Copy of your agency's current complaint procedures
9. ☐ Copy of your agency's current grievance procedures
10. ☐ Copy of your Notice of Privacy Practices (HIPAA form)
11. ☐ Sample of Notification to Clients Regarding Collection of Social Security Number
12. ☐ Full Copy of Your Agency's Current Disaster Plan
13. ☐ Current Organizational Chart
14. ☐ Operational budget
15. ☐ Unit Cost Worksheet: Tab #2 of Excel Workbook
16. ☐ Supporting Budget Schedule by Program Activity Tab #3 of Excel Workbook
17. ☐ Match Commitment of Cash Donation (required if applicable)

18. ☐ Match Commitment for Donation of Building Space (required if applicable)
19. ☐ Match Commitment of Supplies (required if applicable)
20. ☐ Match Commitment of Equipment (required if applicable)
21. ☐ Match Commitment of In-Kind Contribution of Services by Staff of Service Provider or Staff of Other Organizations (required if applicable)
22. ☐ Match Commitment of In-Kind Volunteer Personnel And Travel (required if applicable)
23. ☐ Certification by Authorized Agency Official
24. ☐ Copy of the most recent, board approved, organizational chart illustrating the structure and relationship of all paid staff positions related to the CCE program
25. ☐ Copies of job descriptions and qualifications for all staff involved in the management of this contract
26. ☐ Statement certifying the bidder's current Personnel Policies meet the minimum requirements as specified in the RFP under "Personnel Standards and Employee Benefits"
27. ☐ Copy of the most recent audited financial statements and compliance reporting package including any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action
28. ☐ Copy of the Board of Directors/Corporate Officers. Provide a list of names, addresses and telephone numbers of each member of the agency's Board of Directors and/or Corporate Officers, noting each member's term of office and term expiration date
29. ☐ Copy of your corporate bylaws
30. ☐ Copy of the articles of incorporation filed with the Secretary of the State of Florida
31. ☐ Copy of the IRS determination letter granting you tax exempt status as a 501 (c) (3) (applicable for non-profit agencies only)

- 32. ☐ Copy of IRS Form 990 for the most recent fiscal year (applicable for non-profit agencies only)
- 33. ☐ Certificate of insurance from your agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate
- 34. ☐ Copy of the Administrative Assessment Checklist required by this RFP (Refer to Appendix VIII)
- 35. ☐ Certification of availability of 90 days operating funds must be provided in a signed statement
- 36. ☐ Case Management Experience and Performance Reviews
- 37. ☐ Letter of reference from a major funding source, excluding the AAANF must be provided addressing the agency's management capabilities, accountability of funds and service provision
- 38. ☐ Documentation indicating the type/s of experience they have had in provision of service(s) to frail elders, as well as the length of time (in years) they have worked to meet the needs of elders in the State of Florida or service history elsewhere may be submitted as support documentation if the bidder has not provided service(s) in the State of Florida (contact person(s), name and addresses of contracting agencies, and telephone numbers should be supplied)
- 39. ☐ Transition Plan
- 40. ☐ Contract Terms and Conditions Affidavit
- 41. ☐ Statement of No Involvement
- 42. ☐ Certification Regarding Lobbying
- 43. ☐ Debarment
- 44. ☐ Statement No CCE Funding Utilized