

MALHEUR COUNCIL ON AGING AND COMMUNITY SERVICES
AREA AGENCY ON AGING
REQUESTS FOR QUALIFICATIONS – RFQ
FOR OREGON PROJECT INDEPENDENCE SERVICES

NOTICE IS HEREBY GIVEN that the Malheur Council on Aging and Community Services announces a Request for Qualifications (RFQ) from licensed home care agencies to provide Homemaker Services, and Personal Care Services to the senior population in Malheur County.

Letters of Intent must be postmarked by 5:00 p.m. August 21, 2017

and mailed to:

Malheur Council on Aging and Community Services
P.O. Box 937
Ontario, Oregon 97914

or delivered to:

Malheur Council on Aging and Community Services
842 S. E. First Avenue
Ontario, Oregon 97914

RFQ's postmarked after the designated time and date will be returned unopened.

Malheur Council on Aging and Community Services may reject any proposal not in compliance with the RFQ and may reject for good cause any and all proposals upon a finding of the Malheur Council on Aging and Community Services that it is in the public interest to do so.

Copies of the RFQ Requests for Qualifications document are available at www.mcoacs.org or by calling the Malheur Council on Aging and Community Services at (541) 889-7651.

Each proposal must contain a statement as to whether the bidder is a current licensed contractor to provide Oregon Homecare Worker Business.

The Malheur Council on Aging shall not discriminate against “minority, women or emerging small business enterprises” in awards of contracts. Minority, women or emerging small business enterprises are encouraged to submit bids/proposals/responses to this advertisement.

MCOA&CS is an Equal Opportunity Employer and follows state and federal employment guidelines including Executive Order 11246 which prohibits covered federal contractors and subcontractors from discriminating on the basis of race, color, religion, sex, sexual-orientation, gender identity or national origin.

Dated this July 11, 2017

Loni Debban, Executive Director

Publish Dates:

MALHEUR COUNCIL ON AGING & COMMUNITY SERVICES



842 S.E. 1st AVENUE □ P.O. BOX 937
ONTARIO, OREGON 97914
(541) 889-7651 □ FAX (541) 889-7433
www.mcoacs.org

*Grow old along with me!
The best is yet to be
The last of life for which the first was made.*
- Robert Browning

RFQ- REQUEST FOR QUALIFICATIONS: Oregon Project Independence (OPI)

RFQ for Purchased Service Agreement to provide Oregon Project Independence Services for Malheur County eligible older adults (or be under 60 years of age and diagnosed as having Alzheimer's disease or a related disorder) for the period of September 1, 2017 – August 31, 2020.

MCOA&CS is conducting an open bid for OPI Service Provision to provide case management, homemaker and personal care services for MCOA&CS clients.

Contact Information: Loni Debban, 541-889-7651.

Proposals must be submitted to the Attention of Loni Debban, PO Box 937, Ontario, OR 97914, or hand delivered to 842 SE First Avenue, Ontario, OR 97914.

Deadline for Submission of Applications:

Provider agencies must submit necessary application materials no later than 5:00 pm, on August 21, 2017 to the attention of Loni Debban, 842 SE 1st Avenue, Ontario, Oregon.

Requests to Extend the Deadline Will Not be granted.

Proposals will first be reviewed by the MCOA&CS Senior Advisory Council. The MCOA&CS Senior Advisory Council will submit recommendations for final approval to the MCOA&CS Executive Board of Directors. The MCOA&CS Executive Board of Directors will then make the final decision based upon factors deemed appropriate by the agency and its board of directors, including the following criteria:

- a) Proposal package completion; and
- b) Licensed to perform homemaker work in the State of Oregon; and
- c) Experience and references by responding agency; and
- d) Project approach and work plan (including staff oversight and management)
- e) Client satisfaction letters, and
- f) Cost per unit of service.
- g) Application Cover Sheet (Appendix A)

Award of Contract for OPI purchased services:

MCOA&CS reserves the right to reject any or all proposals or call for new proposals. Bidders who do not meet these minimum qualifications (licensed, experience and history of providing home care services) shall be deemed to be non-responsive and will not be evaluated and no score will be assigned.

Agencies chosen to provide services will be required to enter into a written contract agreement with MCOA&CS.

Malheur Council on Aging & Community Services will enter into one provider agreement for OPI services.

Contracts will be awarded to successful applicants for September 1, 2017 through August 31, 2020 with subsequent renewals possible.

On July 1, 1980, Malheur Council on Aging & Community Services was formally designated at the local Area Office on Aging to provide assistance for older persons (age 60) in Malheur County.

MCOA&CS is an Equal Opportunity Employer and follows state and federal employment guidelines including Executive Order 11246 which prohibits covered federal contractors and subcontractors from discriminating on the basis of race, color, religion, sex, sexual-orientation, gender identity or national origin.

Malheur Council on Aging & Community Services
Application Cover Sheet to provide OPI purchased services

Appendix A

Applicant must submit responses on white paper, double-spaced using a 12 point font. Use as much or as little space as you need to thoroughly describe your service proposal. Final packet must include (1) one original and (three) 3 copies of the proposal. Responses must be numbered as they are in the Program Proposal.

Checklist of Proposal Package:

- _____ Applicant Information
- _____ Oregon Homecare Worker Business License
- _____ Experience and reference
- _____ Project Approach and Service Plan (Include a description of service you plan to provide.)
- _____ Client satisfaction letters
- _____ Cost per unit of service (Include the defined units of service you plan to provide for the budget contract.)

By my signature below I certify that the attached application, including cost per unit of service, is complete and accurate to the best of my knowledge, and I have been authorized to submit on behalf of this organization.

Print Name and Title: _____

Name of Agency or Organization _____

Street & Mailing Address: _____

Email Address: _____

Telephone Number: _____

Website Address: _____