

Attachment 1
APPLICANT REPRESENTATIONS
BARREN RIVER AREA DEVELOPMENT DISTRICT
REQUEST FOR PROPOSALS
SENIOR CENTER SERVICES
FY 2026, 2027, 2028

By initialing each statement and signing this letter, the Applicant makes the following material representations:

___ a. The Applicant is not aware of any deviations not previously specified within the application.

___ b. The Applicant has included proprietary information (initial only if applicable).

___ c. The Applicant will, if awarded a contract as a result of this RFP, fully comply with all the requirements of the Kentucky Civil Rights Act and the Kentucky Equal Employment Opportunity Act of 1978, including the requirement to submit all data required by KRS 45.560 to 45.640.

___ d. The Applicant has not knowingly violated any provisions of the Executive Branch Code of Ethics, KRS 11A.040.

___ e. The Applicant pricing in this proposal was arrived at independently, without collusion, consultation, communication, or agreement as to any matter relating to such prices with any other Offeror or with any competitor.

___ f. The Applicant is properly authorized under the laws of the Commonwealth of Kentucky to conduct business in this state and will remain in good standing with the Office of the Kentucky Secretary of State for the duration of any awarded contract resulting from this RFP.

___ g. Funds or in-kind used for program match under Section 3.18 of the RFP are not supported by other Federal funds or are being used to match other programs.

Name of Contact Person:	
Address:	
City/State/Zip:	
Telephone Number:	
Email:	
Website:	

By: _____
Signature

Title: _____

Date: _____

Applicant (type or print)

Street Address

City State Zip

Attachment 2
APPLICANT COVER PAGE
BARREN RIVER AREA DEVELOPMENT DISTRICT
REQUEST FOR PROPOSALS
SENIOR CENTER SERVICES
FY 2026, 2027, 2028

Official Name of Agency _____

Name and Title of Contact Person _____

Address of Agency _____

Telephone No. _____ E-mail _____

Legal Form of Organization

_____ Non-Profit _____ Community-Based Organization
_____ For-Profit _____ Faith-Based Organization (Non-Profit)
_____ Other (Describe) _____

Federal Tax I.D. # _____ KY State Tax I.D. # _____

The applicant certifies by signing this application that no officer, employee or other representative of the applicant, including persons who were without salary or other payment for their services, either directly or indirectly, received assistance from any officer, employee, or appointee of the Cabinet with completion and development of the application being submitted for the aforementioned services. The signee further agrees that the Area Development District shall reject said application if such communication has transpired.

Signature

Title

Date

Attachment 3
APPLICANT ASSURANCE
BARREN RIVER AREA DEVELOPMENT DISTRICT
REQUEST FOR PROPOSALS
SENIOR CENTER SERVICES
FY 2026, 2027, and 2028

The applicant assures that they have read and will comply with the Cabinet for Health and Family Services, Department for Aging and Independent Living and the Older American's Act of 1965, as Amended including Policies 910 KAR 1:220 General Administrative Regulations programs for older individuals and persons with disabilities, 910 KAR 1:190 Nutrition Program for Older Persons, 910 KAR 1:170 Older Americans Act Supportive Services for Older Americans available at <https://apps.legislature.ky.gov/law/kar/TITLE910.HTM>

The applicant provides assurance of compliance with all State and Federal regulations, the BRADD policies and procedures and the requirements and assurances of the Request for Proposal for Senior Center Services

Date _____ By _____
Signature

Title

Applicant (type or print)

Street Address

City State Zip

Attachment 4
INVOICE AUTHORIZATION
BARREN RIVER AREA DEVELOPMENT DISTRICT
REQUEST FOR PROPOSALS
SENIOR CENTER SERVICES
FY 2026, 2027, 2028

Contractor: _____

Date: _____

I hereby authorize the following person(s) to sign invoices from this entity in accordance with the terms of the contract with the Cabinet for Health and Family Services, Department for Aging and Independent Living Services, and the Barren River Area Development District/Area Agency on Aging and Independent Living.

TYPED NAME

SIGNATURE

1. _____

2. _____

3. _____

Authorized Official's Signature

Title

Entity Name

Email Address

Phone

Address

Attachment 5
LEGAL DOCUMENT AUTHORIZATION
BARREN RIVER AREA DEVELOPMENT DISTRICT
REQUEST FOR PROPOSALS
SENIOR CENTER SERVICES
FY 2026, 2027, 2028

Date: _____

I hereby authorize the following person(s) to sign legal documents from this entity in accordance with the terms of the contract with the Cabinet for Health and Family Services, Department for Aging and Independent Living Services and the Barren River Area Development District/Agency on Aging and Independent Living.

TYPED NAME

SIGNATURE

1. _____

2. _____

3. _____

Authorized Official's Signature

Title

Entity Name

Email Address

Address

Attachment 6
AFFIDAVIT FOR BIDDERS/OFFERORS/CONTRACTORS
BARREN RIVER AREA DEVELOPMENT DISTRICT
REQUEST FOR PROPOSALS
SENIOR CENTER SERVICES
FY 2026, 2027, 2028

(1) Link to Required Affidavit for Bidders: <https://finance.ky.gov/office-of-the-secretary/FinanceForms/Annual%20Required%20Affidavit%20for%20Bidders%20Offerors%20and%20Contractors.pdf>

- This affidavit is required by all applicants.

(2) Link to EEO forms (if applicable – required if the contract award is over \$500,000):

1. <https://finance.ky.gov/office-of-the-secretary/FinanceForms/EEO%20Bid%20Package%20Letter.pdf>
2. https://finance.ky.gov/office-of-the-secretary/FinanceForms/EEO1_EmployerInformationReport_26Jun07.pdf
3. https://finance.ky.gov/office-of-the-secretary/FinanceForms/SubcontractorReportForm_26Jun07.pdf
4. https://finance.ky.gov/office-of-the-secretary/FinanceForms/SubcontractorReportForm_26Jun07.pdf

(3) Required Affidavit for Bidders, Offerors, and Contractors Claiming Resident Bidder Status (if applicable): <https://finance.ky.gov/office-of-the-secretary/FinanceForms/Affidavit%20for%20Claiming%20Resident%20Bidder%20Status.pdf>

- Complete this affidavit if you are claiming status as a Resident Bidder
- A Resident Bidder means an entity that:
 1. Is authorized to transact business in the Commonwealth;
 2. Has for one year prior to and through the date of advertisement
 - a. Filed Kentucky corporate income taxes;
 - b. Made payments to the Kentucky unemployment insurance fund established in KRS 341.490; and
 - c. Maintained a Kentucky workers' compensation policy in effect.

(4) Required Affidavit for Bidders, Offerors, and Contractors Claiming Qualified Bidder Status (if applicable): <https://finance.ky.gov/office-of-the-secretary/FinanceForms/Affidavit%20for%20Bidders%20Offerors%20and%20Contractors%20Claiming%20Qualified%20Bidder%20Status.pdf>

- Complete this affidavit if you are claiming status as a Qualified Bidder.
- A Qualified bidder otherwise known as a Qualified nonprofit agency for individuals with severe disabilities" means an organization that:

- (a) Is organized and operated in the interest of individuals with severe disabilities; and
- (b) Complies with any applicable occupational health and safety law of the United States and the Commonwealth; and (c) In the manufacture or provision of products or services listed or purchased under KRS 45A.470, during the fiscal year employs individuals with severe disabilities for not less than seventy-five percent (75%) of the man hours of direct labor required for the manufacture or provision of the products or services; and
- (d) Is registered and in good standing as a nonprofit organization with the Secretary of State.

Attachment 7
 SERVICE PROVIDER UNIT COST FORM
 BARREN RIVER AREA DEVELOPMENT DISTRICT
 REQUEST FOR PROPOSALS
 SENIOR CENTER SERVICES
 FY 2026, 2027, 2028

Unit Description	Unit Cost
Title IIIB Supportive Services	
Information and Assistance	
Outreach	
Telephone Reassurance	
Public Information	
Recreation	
Title III-C1 Congregate Meal (1 Meal)	

Please refer to Section 3.16.8 of the RFP for information regarding items to take into consideration for determining unit cost.

Please indicate which counties applicant would like to serve if awarded this contract (please choose at least one):

- Full Regional Coverage
- Allen
- Barren
- Butler
- Edmonson
- Hart
- Logan
- Metcalfe
- Monroe
- Simpson
- Warren

Attachment 8
STAFFING PLAN INSTRUCTIONS
BARREN RIVER AREA DEVELOPMENT DISTRICT
REQUEST FOR PROPOSALS
SENIOR CENTER SERVICES
FY 2026, 2027, 2028

Link to Administrative Staffing Plan and Direct Staffing Plan:

https://docs.google.com/spreadsheets/d/18lfZyVL_iwfvkM77ITG1FyAPyR3qV544mLrw8n0BmlU/edit#gid=1351793457

Attachment 9
APPLICATION CHECKLIST
BARREN RIVER AREA DEVELOPMENT DISTRICT
REQUEST FOR PROPOSALS
SENIOR CENTER SERVICES
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Name of Prospective Contractor: _____

The application will be deemed non-responsive if the requirements of Section 5 are not met. If any part of the General Information Section numbers 1 through 9 are incomplete, the proposal will not be considered for further review.

Item	Included?	Page #
General Information Section		
1) Completed Applicant's Representations (Attachment 1)		
2) Completed Cover Page (Attachment 2)		
3) Completed Applicant Assurance (Attachment 3)		
4) Completed Invoice Authorization (Attachment 4)		
5) Completed Legal Authorization (Attachment 5)		
6) Completed Affidavit for Bidders (Attachment 6)		
7) Completed Unit Cost Form (Attachment 7)		
8) Completed Staffing Plan (Attachment 8)		
9) Documentation for foreign entities or exemption		
10) Sealed original and (2) two sealed copies submitted		
11) Table of contents included		
12) Proposal pages numbered		
13) Proposal addressed as stated in instructions		
14) Checklist completed with page numbers		
Program Narrative Requirement Section		
1) Role of applicant agency and previous experience		
2) Certificate of insurance		
3) Articles of incorporation/organization submitted		
4) Organizational chart submitted		
5) Resumes/job descriptions of employees submitted		
6) Internal monitoring procedures		
7) Description of utilization of volunteers in program activities, agreements enclosed		
8) Financial capabilities, most recent audit, match requirements		
9) Description of procedure for collection of program income, fees, and/or donations		

10) Description of food operation		
11) Plans for providing complete meals		
12) Explanation for correct totals of meals ordered		
13) Plans for securing senior center locations. Description of maintenance plans		
14) Description of growth and participation at centers		
15) Emergency and backup staff submitted		
16) Description of procedures to continue services if unusual circumstances arise		
17) Client grievance procedures submitted		