

# Request for Proposals

for the selection of Service Providers to offer:

## Congregate and Home Delivered Meal Services

in the following counties:

**Bingham, Bannock, Bear Lake,  
Caribou, Franklin, Oneida and Power**

for the period of:

**July 1, 2026, through June 30, 2030**

**Eastern Idaho Area Agency on Aging**



**a division of**

**Eastern Idaho Community Action Partnership**

**935 E. Lincoln Rd**

**Idaho Falls, ID 83401**

**208.542.8179**



***Completed Proposals must be physically in the possession of the Eastern Idaho Area Agency on Aging  
by 4:30 PM, Friday March 20, 2026***

**Congregate & Home Delivered Meal Services  
Request for Proposal Application July 2026 – June 2030**

**Contents**

Qualification Submission Information – Provider Capability .....3  
Provider Chooses to Provide the Following Services .....5  
Request for Proposal (RFP) Application.....6  
    Assurances and Required Activities. ....6  
Qualification Narrative provision and Past Performance. ....7  
Partnership, Collaboration and Fund Leveraging .....9  
Funding Qualification and Profile ..... 11  
Application Submission Letter ..... 12  
Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion ..... 13  
Debarment Certification ..... 14  
Application Submittal Checklist ..... 15

**Instructions for Application**

- If the space provided is not adequate, you may use a separate sheet of paper, as long as the questions are numbered and included with the bid.
- All organizations submitting a bid for services must complete the entire application package in full.
- Be clear and concise when describing and answering the questions.
- Describe your organization as you would to someone unfamiliar with your agency and its operations. *Note: Individuals reviewing these applications may not be familiar with your agency.*
- Type responses directly into the grey boxes below each question. The boxes will expand as you type.
- Absolutely no handwritten responses will be accepted.

Congregate & Home Delivered Meal Services  
Request for Proposal Application July 2026 – June 2030

**Qualification Submission Information – Provider Capability**

Legal Name of Provider:

Business Name: (if different from above):

Contact Person:

Title:

Physical Address:

Mailing Address (if different):

City:

County:

State:

Zip:

Telephone number:

Fax:

Business Email:

IRS Employer ID:

Legal status of Provider:     Private Non-Profit                       Public Non-Profit  
    For-Profit     Other, describe:

- If you are a Non-Profit Provider –
  - A. Attach copies of the Provider’s Article of Incorporation, Bylaws, and 501(c)(3) exempt status. **(Label Attachment #1)**
  - B. Did the Provider receive \$750,000 or more of Federal funding in the past 12 months?  
 No    Yes – please attach the most recent audit. **(Label Attachment #2)**
  
- If you are a For-Profit Provider –
  - A. What type of For-Profit Provider is your organization?  
 Incorporated             Sole Proprietorship             LLC  
 Partnership                 Other:

Business Types: (Check all that apply **and attach documentation**):  
**(Label Attachment #3)**

- Small business Owned
- Woman-Owned, 51% or more owned by 1 or more women
- Veteran-Owned, 51% or more owned by a Veteran
- Disabled Veteran-Owned, 51% or more owned by a Disabled Veteran
- Javits-Wagner-O’Day (JWOD)

## Congregate & Home Delivered Meal Services Request for Proposal Application July 2026 – June 2030

- Historically Black College & University Minority Institution
- HUBZone Small Business Concern, Historically Underutilized Business Zones as Certified with SBA
- Disadvantaged, 51% or more owned by one or more socially or economically disadvantaged Individuals, including Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans

Provide **ONE** of the following documents with this application which demonstrates the Provider's financial soundness: **(Label Attachment #4)**

- Audit Report, within the past 12 months
- Credit Report
- Better Business Bureau report
- Income Tax Statements

What governing body will be responsible for the oversight of the program? Describe this group's size, membership and role. Attach a current list of member's names, addresses, telephone numbers, office positions, year elected, and terms of office. **(Label Attachment #5)**

Attach copies of the Provider's current insurance policies. **(Label Attachment #6)**

Attach a copy of the Provider's current health inspection and permit. **(Label Attachment #7)**

Attach a copy of the Provider's current Food Safety Manager's Certificate. **(Label Attachment #8)**

What is the mission of the Provider?

## Congregate & Home Delivered Meal Services Request for Proposal Application July 2026 – June 2030

### Provider Chooses to Provide the Following Services

- Congregate Meals (nutritious meals served in group settings)
- Home Delivered Meals (nutritious meals delivered to eligible individuals in their homes)

Provider submits the application to provide Services in the following area. **Choosing the County means you can cover the entire county:**

Cong.	HDM	Service Area
<input type="checkbox"/>	<input type="checkbox"/>	<b>Bannock Co.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Pocatello
<input type="checkbox"/>	<input type="checkbox"/>	Chubbuck
<input type="checkbox"/>	<input type="checkbox"/>	Tyhee
<input type="checkbox"/>	<input type="checkbox"/>	Inkom
<input type="checkbox"/>	<input type="checkbox"/>	Arbon Valley
<input type="checkbox"/>	<input type="checkbox"/>	McCammon
<input type="checkbox"/>	<input type="checkbox"/>	Downey
<input type="checkbox"/>	<input type="checkbox"/>	Lava Hot Springs
<input type="checkbox"/>	<input type="checkbox"/>	Arimo

Cong.	HDM	Service Area
<input type="checkbox"/>	<input type="checkbox"/>	<b>Bear Lake Co.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Montpelier
<input type="checkbox"/>	<input type="checkbox"/>	Paris
<input type="checkbox"/>	<input type="checkbox"/>	Georgetown

Cong.	HDM	Service Area
<input type="checkbox"/>	<input type="checkbox"/>	<b>Bingham Co.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Blackfoot
<input type="checkbox"/>	<input type="checkbox"/>	Shelley
<input type="checkbox"/>	<input type="checkbox"/>	Aberdeen
<input type="checkbox"/>	<input type="checkbox"/>	Moreland
<input type="checkbox"/>	<input type="checkbox"/>	Groverland
<input type="checkbox"/>	<input type="checkbox"/>	Riverside
<input type="checkbox"/>	<input type="checkbox"/>	Firth

Cong.	HDM	Service Area
<input type="checkbox"/>	<input type="checkbox"/>	<b>Caribou Co.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Grace
<input type="checkbox"/>	<input type="checkbox"/>	Soda Springs
<input type="checkbox"/>	<input type="checkbox"/>	Bancroft

Cong.	HDM	Service Area
<input type="checkbox"/>	<input type="checkbox"/>	<b>Oneida Co.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Malad City
<input type="checkbox"/>	<input type="checkbox"/>	Stone

Cong.	HDM	Service Area
<input type="checkbox"/>	<input type="checkbox"/>	<b>Franklin Co.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Preston
<input type="checkbox"/>	<input type="checkbox"/>	Franklin
<input type="checkbox"/>	<input type="checkbox"/>	Weston
<input type="checkbox"/>	<input type="checkbox"/>	Dayton
<input type="checkbox"/>	<input type="checkbox"/>	Clifton
<input type="checkbox"/>	<input type="checkbox"/>	Oxford

Cong.	HDM	Service Area
<input type="checkbox"/>	<input type="checkbox"/>	<b>Power Co.</b>
<input type="checkbox"/>	<input type="checkbox"/>	American Falls
<input type="checkbox"/>	<input type="checkbox"/>	Arbon Valley
<input type="checkbox"/>	<input type="checkbox"/>	Rockland

If Provider chooses a specific locale to serve, will Home Delivered Meals service have boundaries?

- Yes  No

**Explain Boundaries:**

**Congregate & Home Delivered Meal Services**  
**Request for Proposal Application July 2026 – June 2030**

**Request for Proposal (RFP) Application**

**Assurances and Required Activities**

By submitting this RFP, Provider commits to perform the following listed assurances and activities and will provide written documentation thereof if awarded a contract:

1. The Provider will ensure access to the Nutrition program will be equally available to all eligible seniors (individuals aged over 60 years and others as approved by ICOA).  
 Yes  No
  
2. The Provider is applying to provide Home-Delivered Meals service within the geographic area in and surrounding the location of the Congregate Meal site.  
 Yes  No  N/A (Only providing Congregate meals)  
A. If not, explain in detail how the Home-Delivered Meals needs of homebound seniors are now and will be met in the geographic area. If the Provider's explanation is satisfactory to the AAA, the AAA may, in its sole and absolute discretion, exempt the Provider from the AAA's requirement to provide both Congregate and Home-Delivered Meals.
  
3. The Provider has read, understands in full, and will follow the AAA's Nutrition Scope(s) of Work – as outlined in the Guide to Request for Proposals.  
 Yes  No
  
4. The Provider will ensure access to the Services program will be equally available to all eligible consumers.  
 Yes  No
  
5. The Provider will ensure the geographically difficult areas of the locale are served.  
 Yes  No
  
6. The Provider will accommodate for cultural differences and take them into account when delivering services.  
 Yes  No
  
7. The Provider will make accommodations to work with persons who have various types of disabilities, including but not limited to, vision and hearing impairments.  
 Yes  No
  
8. The Provider will make accommodations to work with persons who speak a language other than English.  
 Yes  No

**Congregate & Home Delivered Meal Services  
Request for Proposal Application July 2026 – June 2030**

9. The Provider will maintain confidentiality of client information.  
 Yes  No
10. The Provider will annually assess client satisfaction.  
 Yes  No
11. The Provider has procedures for handling injuries to clients, staff, and volunteers.  
 Yes  No
12. The Provider is an equal opportunity employer and has an affirmative action policy, if applicable.  
 Yes  No
13. The Provider will electronically report accurate fiscal and program data, on time, as required in the General Terms and Conditions of the AAA Contract, or as requested.  
 Yes  No
14. Has the Provider been a previous direct Provider with the AAA?  
 Yes  No
15. Attach job descriptions, by title, for all personnel, paid and volunteer, including administrative personnel who will support the nutrition meals program. **(Label attachment #9).**
16. Does the Provider  Own **or**  Lease facilities needed to deliver the proposed service? **(Label Attachment 10 – Leased Facilities only)**

**\*\* THE FOLLOWING SECTIONS WILL EXPAND BASED ON EXPLANATIONS. PLEASE TYPE IN THE BOXES BELOW THE QUESTION. HANDWRITTEN EXPLANATIONS WILL NOT BE ACCEPTABLE.**

**Qualification Narrative provision and Past Performance.**

17. The Provider will conduct outreach to identify individuals in the community who are not currently participating in available senior programs or receiving senior services for which they may be eligible. Outreach activities will include identifying service needs, providing information about available aging programs and services, and assisting individuals in accessing services they need or choose to participate in.

Describe in detail how you plan to provide outreach and increase usage of your organization.

**Congregate & Home Delivered Meal Services**  
**Request for Proposal Application July 2026 – June 2030**

18. Describe in detail any plans for expansion of this service.

19. Describe in detail how maintaining confidentiality of client information and client donations will be handled.

20. Describe in detail the Service(s) that the Provider has provided to individuals aged 60 years and older (seniors) and others within the last 12 months. If none, describe the Service(s) that the Provider is planning to provide.

21. Describe in detail what strengths uniquely qualify the Provider to provide Service(s)?

22. Describe in detail any activities and/or methods the Provider employs that are designed to increase community involvement, participation, donations, and other support for AAA-funded services.

**Congregate & Home Delivered Meal Services**  
**Request for Proposal Application July 2026 – June 2030**

23. If the Provider utilizes volunteers, describe in detail such utilization. How are they recruited; how and where are the volunteers placed; what duties are completed; are stipends paid, etc.

**Partnership, Collaboration and Fund Leveraging**

A component of the AAA programs is networking and coordination with other appropriate agencies, organizations, businesses, etc.

24. Describe the Provider's networking and coordinating strategies for the following:

a. Home Health Agencies

b. Hospital and Physicians

c. Local Government

d. Long Term Care Facilities

e. Senior Housing Complexes

**Congregate & Home Delivered Meal Services  
Request for Proposal Application July 2026 – June 2030**

f. Other Senior Service Providers

g. Businesses

h. Other

25. If applicable, describe any partnerships the Provider has or anticipates ensuring that services are delivered. Include partnering organizations' names, funding sources, partners' cash contributions, in-kind, etc.

# Congregate & Home Delivered Meal Services

## Request for Proposal Application July 2026 – June 2030

### Funding Qualification and Profile

Client Choice: Each client is assessed and authorized to receive specified service. Each client is provided with a list of AAA's authorized providers and designates the provider of their choice. A client may, at any time at their sole discretion, terminate the services of a provider and designate another authorized provider.

Unit of Service: A service unit equals one meal in service to the client. Transportation to and from the client's home may **not** be included as part of the service unit.

**Rate:** The AAA's reimbursement rate is **\$4.25 per meal** for Home Delivered Meals and **\$3.75 per meal** for Congregate Meals. This rate does not include any additional reimbursements that may be available through the Idaho Senior Nutrition Program (ISNP) or the Nutrition Services Incentive Program (NSIP).

**Reimbursement:** The AAA reimburses providers no more than once per month, in amounts not to exceed those authorized in the AAA Service Enrollment Plan. The Service Enrollment Plan specifies the amount the AAA will reimburse. The AAA reserves the right to deny any claim exceeding the number of meals authorized in the Service Enrollment Plan. It is the Provider's responsibility to ensure that services are delivered in accordance with the authorized amounts.

**Congregate & Home Delivered Meal Services  
Request for Proposal Application July 2026 – June 2030**

**Application Submission Letter**

By submitting this application, the Provider confirms the following:

1. The RFP and all related documents have been read and understood. All information provided is true, complete, and accurate to the best of the Provider's knowledge. Any false or misleading information may result in rejection of this application or termination of any resulting contract.
2. All information requested in the RFP is included with this submission.
3. One single-sided original and one single-sided copy are submitted in a sealed envelope, as instructed in the RFP.
4. Any RFP amendments received have been signed and submitted with this application.
5. The Provider has met all assurances included in this application.
6. This application was submitted without collusion or other anti-competitive practices.
7. The Provider is not debarred or suspended from federal contracts and complies with applicable debarment regulations.
8. The Provider agrees to follow all Idaho Commission on Aging and Eastern Idaho AAA service requirements, contract terms, manuals, policies, directives, and applicable federal, state, and local laws.
9. Services will be provided to eligible individuals regardless of the source of funding.
10. Upon contract award, the Provider will maintain required liability insurance as described in the AAA General Terms and Conditions.
11. The person signing this application is authorized to do so on behalf of the Provider and to make these certifications.

**Signature of Provider Official:**

**Printed Name:**

**Title:**

**Date:**

Congregate & Home Delivered Meal Services  
Request for Proposal Application July 2026 – June 2030

## Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

Lower Tier Covered Transactions  
(2 CFR Part 180 and 2 CFR Part 300)

1. By signing and submitting this application, the Provider certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in covered transactions by any federal department or agency, as defined in 2 CFR Part 180.
2. This certification is a material representation of fact relied upon by the Area Agency on Aging when entering into this transaction. If it is later determined that the Provider knowingly rendered an erroneous certification, the appropriate federal agency may pursue available remedies, including suspension or debarment, in addition to any other remedies available.
3. The Provider shall provide immediate written notice to the Area Agency on Aging if, at any time, the Provider learns that this certification was erroneous when submitted or has become erroneous due to a change in circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” and “voluntarily excluded,” as used in this certification, have the meanings set forth in 2 CFR Part 180.
5. The Provider agrees that, should the covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person or entity that is debarred, suspended, declared ineligible, or voluntarily excluded from participation in federal assistance programs, unless authorized by the appropriate federal agency.
6. The Provider further agrees to include this certification, 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 from a prospective participant in a lower tier covered transaction unless it knows that the certification is erroneous. Each participant may determine the method and frequency used to verify eligibility. Participants may, but are not required to, check the federal System for Award Management (SAM).
8. Nothing in this certification shall be construed to require the establishment of a formal system of records to render the certification in good faith. The knowledge and information required of a participant shall not exceed that which is normally possessed by a prudent person in the ordinary course of business.
9. Except for transactions authorized by the appropriate federal agency, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person or

# Congregate & Home Delivered Meal Services

## Request for Proposal Application July 2026 – June 2030

entity that is suspended, debarred, ineligible, or voluntarily excluded, the appropriate federal agency may pursue available remedies, including suspension or debarment.

### Debarment Certification

This certification is required by regulations implementing Executive Order 12549, Debarment and Suspension, as set forth at 29 CFR Part 98, Section 98.510, Participant’s Responsibilities. These regulations were published as Part VII of the Federal Register on May 26, 1988 (pages 19160–19211).

### Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

1. The recipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency, in accordance with 2 CFR Part 180 and 2 CFR Part 200.
2. If the recipient is unable to certify any of the statements in this certification, the recipient shall attach a written explanation to this proposal.
3. By signing below, the authorized representative certifies that the statements above are true and correct and acknowledges compliance with the federal debarment and suspension requirements.

**Agency Name:**

**Date:**

**Address:**

**City:**

**State:**

**Zip:**

**Signature:**

**Print Name:**

**Title of Authorized Representative:**

### Regulatory Crosswalk Note

Executive Order 12549 and its former implementing regulations, including 29 CFR Part 98, have been superseded and are now implemented through 2 CFR Part 180 and adopted by reference in 2 CFR Part 200. These regulations govern government-wide debarment and suspension requirements for federal financial assistance and are the current authority relied upon by federal and pass-through entities.

Congregate & Home Delivered Meal Services  
Request for Proposal Application July 2026 – June 2030

## Application Submittal Checklist

- Application Submission Information
- Attachment #1 – Non-Profit – Article of Incorporation, Bylaws, and 501(c)(3) status – (if applicable)
- Attachment #2 – Audit – (if applicable)
- Attachment #3 – Proof of Business Type
- Attachment #4 – Financial Soundness
- Attachment #5 – Governing Body – Membership Information
- Attachment #6 – Insurance Coverage
- Attachment #7 – Current Health Inspection and Permit
- Attachment #8 – Food Safety Manager’s Certificate
- Attachment #9 – Staff and Volunteers Job Descriptions
- Attachment #10 – Leased Facilities (if applicable)
- RFP Application
- Application Submittal Letter
- Application Submittal Checklist
- Debarment Certification