

# Request for Qualifications

for the selection of Home Care Providers to offer:

## Chore Services, Homemaker Services & Respite 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) 522-5391**



**Completed Qualifications must be physically in possession of the Eastern Idaho Area Agency on Aging by 4:30 PM, Friday, March 20, 2025. This will be an open RFQ during the period of July 2026- June 2030**

# Chore, Homemaker & Respite Services Request for Qualification Application July 2026 – June 2030

## Contents

Qualification Submission Information – Provider Capability .....	3
Provider Chooses to Provide the Following Services .....	5
Qualification Application .....	6
Assurances and Required Activities .....	6
Qualification Narrative Provision and Past Performance .....	7
Cost Effectiveness, Budget, and Line Items.....	8
Partnership, Collaboration and Fund Leveraging .....	8
Funding Qualification and Profile .....	10
Qualification Submission Letter .....	11
Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion .....	12
Debarment Certification .....	13
Qualification Submittal Checklist.....	14

## **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.

Chore, Homemaker & Respite Services  
Request for Qualification 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

## Chore, Homemaker & Respite Services Request for Qualification Application July 2026 – June 2030

- Javits-Wagner-O'Day (JWOD)
- 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 (if applicable). **(Label Attachment #5)**

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

What is the mission of the Provider?

## Chore, Homemaker & Respite Services Request for Qualification Application July 2026 – June 2030

### Provider Chooses to Provide the Following Services

- Chore (yardwork/snow removal, heavy/deep cleaning)
- Homemaker (light housecleaning)
- Respite (providing relief, activities depend on caregivers needs)

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

<input type="checkbox"/> <b>Bingham County</b>	<input type="checkbox"/> <b>Bannock County</b>	<input type="checkbox"/> <b>Bear Lake County</b>	<input type="checkbox"/> <b>Caribou County</b>
<input type="checkbox"/> Blackfoot	<input type="checkbox"/> Pocatello	<input type="checkbox"/> Montpelier	<input type="checkbox"/> Soda Springs
<input type="checkbox"/> Shelley	<input type="checkbox"/> Chubbuck	<input type="checkbox"/> Paris	<input type="checkbox"/> Grace
<input type="checkbox"/> Aberdeen	<input type="checkbox"/> Tyhee	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Bancroft
<input type="checkbox"/> Moreland	<input type="checkbox"/> Inkom		
<input type="checkbox"/> Groverland	<input type="checkbox"/> Arbon Valley		
<input type="checkbox"/> Riverside	<input type="checkbox"/> McCammon		
<input type="checkbox"/> Firth	<input type="checkbox"/> Downey		
	<input type="checkbox"/> Lava Hot Springs		
	<input type="checkbox"/> Arimo		

<input type="checkbox"/> <b>Franklin County</b>	<input type="checkbox"/> <b>Oneida County</b>	<input type="checkbox"/> <b>Power County</b>
<input type="checkbox"/> Preston	<input type="checkbox"/> Malad City	<input type="checkbox"/> American Falls
<input type="checkbox"/> Franklin	<input type="checkbox"/> Stone	<input type="checkbox"/> Arbon Valley
<input type="checkbox"/> Weston		<input type="checkbox"/> Rockland
<input type="checkbox"/> Dayton		
<input type="checkbox"/> Clifton		
<input type="checkbox"/> Oxford		

If Provider chooses a specific locale to serve, will the Service have service boundaries?

- Yes  No

**Explain Boundaries:**

# Chore, Homemaker & Respite Services

## Request for Qualification Application July 2026 – June 2030

### Qualification Application

#### Assurances and Required Activities

By submitting this Qualification, 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 Services program will be equally available to all eligible consumers.  
 Yes  No
2. The Provider has read, understands in full, and will follow the AAA's Services Scope of Work – as outlined in the Guide to Request for Qualifications.  
 Yes  No
3. The Provider will provide Outreach to locate people in the community who are not participating in available senior programs or receiving senior services for which they qualify. Providers will identify their service needs; provide information about aging programs and services available; and assist them in accessing services they need or want to participate in.  
 Yes  No
4. The Provider will ensure the geographically difficult areas of the locale are served.  
 Yes  No
5. The Provider will accommodate for cultural differences and take them into account when delivering services.  
 Yes  No
6. 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
7. The Provider will make accommodations to work with persons who speak a language other than English.  
 Yes  No
8. The Provider will maintain confidentiality of client information.  
 Yes  No
9. The Provider will annually assess client satisfaction.  
 Yes  No
10. The Provider has procedures for handling injuries to clients, staff, and volunteers.  
 Yes  No

## Chore, Homemaker & Respite Services Request for Qualification Application July 2026 – June 2030

11. The Provider is an equal opportunity employer and has an affirmative action policy, if applicable.  
 Yes  No
12. 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

**\*\* 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

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 #7).**
16. 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.
18. Describe in detail what strengths uniquely qualify the Provider to provide Service(s)?

Chore, Homemaker & Respite Services  
Request for Qualification Application July 2026 – June 2030

**Cost Effectiveness, Budget, and Line Items.**

19. 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.

20. 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.

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

a. Home Health Agencies

b. Hospital and Physicians

c. Local Government

**Chore, Homemaker & Respite Services**  
**Request for Qualification Application July 2026 – June 2030**

d. Long Term Care Facilities

e. Senior Housing Complexes

f. Other Senior Service Providers

g. Businesses

h. Other

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

# Chore, Homemaker & Respite Services

## Request for Qualification 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 hour, or fraction thereof, 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 **\$22.00 per hour** for Chore, Homemaker, and Respite Services.

**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 service units authorized in the Service Enrollment Plan. It is the Provider's responsibility to ensure that services are delivered in accordance with the authorized amounts.

Clients whose annual income falls below poverty shall be given the opportunity to make voluntary donations. All donations must be submitted to the Area Agency.

# Chore, Homemaker & Respite Services

## Request for Qualification Application July 2026 – June 2030

### Qualification Submission Letter

By submitting this Qualification, the Provider certifies and acknowledges the following:

1. The Provider has read and understands the RFQ and all attachments. All information submitted is true, complete, and accurate to the best of the Provider's knowledge. If any review or investigation identifies a material misrepresentation or falsification, this Qualification may be rejected and any resulting contract may be terminated.
2. All information requested in the RFQ is included with this submission.
3. The submission has been prepared and delivered in accordance with the instructions set forth in the RFQ, including format, copies, and submission method.
4. All RFQ amendments issued to date have been received, reviewed, and acknowledged as required.
5. The Provider certifies that all representations, assurances, and requirements contained in this Qualification have been satisfied.
6. This submission is made independently and without collusion, coordination, or agreement with any other respondent.
7. The Provider certifies that it is not debarred, suspended, or otherwise excluded from participation in federally or state funded contracts.
8. The Provider agrees to comply with all applicable Idaho Commission on Aging and Eastern Idaho Area Agency on Aging service specifications, contract terms, manuals, policies, directives, and all applicable federal, state, and local laws and regulations.
9. The Provider agrees to provide services to eligible individuals without regard to funding source, in accordance with program requirements.
10. Upon award of a contract, the Provider agrees to maintain insurance coverage as required under the AAA's General Terms and Conditions.
11. The individual signing this Qualification is duly authorized to bind the Provider and make the certifications contained herein.

**Signature:**

**Printed Name:**

**Title of Authorized Representative:**

**Date:**

# Chore, Homemaker & Respite Services

## Request for Qualification 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.

# Chore, Homemaker & Respite Services

## Request for Qualification Application July 2026 – June 2030

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 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.

Chore, Homemaker & Respite Services  
Request for Qualification Application July 2026 – June 2030

## Qualification Submittal Checklist

- Qualification 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
- Funding Qualification and Profile
- Qualification Application
- Attachment 7 – Job Descriptions.
- Qualification Submittal Letter
- Qualification Submittal Checklist
- Debarment Certification