**Request for application**

**RFA Cover Sheet**

**Administrative Information:**

|  |  |  |
| --- | --- | --- |
| **TITLE OF RFA:**  | Iowa Area Agency on Aging (AAA) Designation Service Area Four (4) | **RFA Number: 0619297017** |
| **Agency:** | Iowa Department of Administrative Services (DAS) on behalf of the Iowa Department on Aging |
| **State seeks to award : Designation of Area Four Agency on Aging** | Service Area Four in accordance with Iowa Code Chapter 231 |
| **State Issuing Officer:**Kathy Harper Phone: 515-281-3089 E-mail: kathy.Harper2@iowa.gov |
| **Mailing Address:** Iowa Department of Administrative ServicesHoover State Office Building, Level 31305 East Walnut StreetDes Moines, IA 50319-0105 |
| **PROCUREMENT TIMETABLE Event or Action** | **Date/Time (Central Time):** |
| State Posts Notice of RFA on TSB website | **January 4, 2019** |
| State Issues RFA  | **January 6, 2019** |
| RFA written questions, requests for clarification, and suggested changes from Applicants due:  | **January 22, 2019** |
| Application Due  | **February 18, 2019** |
| **Relevant Websites:** | **Web-address:** |
| Internet website where Addenda to this RFA will be posted: | [**http://bidopportunities.iowa.gov/**](http://bidopportunities.iowa.gov/) |
| Internet website where contract terms and conditions are posted: | <https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20services.pdf>  |
| Number of Copies of Applications Required to be Submitted: | 1 Original, 1 Digital, & **2** Copies |

**Table of Contents**

1. **INTRODUCTION**
	1. **Purpose**
	2. **Definitions**
	3. **Overview of the RFA Process**
	4. **Background Information**
2. **ADMINISTRATIVE INFORMATION**
	1. **Issuing Officer**
	2. **Restriction on Communication**
	3. **Downloading the RFA from the Internet**
	4. **Procurement Timetable**
	5. **Questions, Requests for Clarification and Suggested Changes**
	6. **Amendment to RFA**
	7. **Amendment and Withdrawal of Application**
	8. **Submissions of Applications**
	9. **Application Opening**
	10. **Costs of Preparing the Application**
	11. **No Commitment to Contract**
	12. **Rejection of Applications**
	13. **Nonmaterial Variances**
	14. **Reference Checks**
	15. **Information from Other Sources**
	16. **Verification of Application Contents**
	17. **Application Clarification Process**
	18. **Disposition of Applications**
	19. **Public Records and Requests for Confidential Treatment**
	20. **Form 22 – Request for Confidentiality**
	21. **Copyright Permission**
	22. **Release of Claims**
	23. **Evaluation of Applications Submitted**
	24. **Award Notice and Acceptance Period**
	25. **No Contract Rights until Execution**
	26. **Choice of Law and Forum**
	27. **Restrictions on Gifts and Activities**
	28. **Post Solicitation Debriefing**
	29. **Appeals**

1. **FORM AND CONTENT OF APPLICATIONS**
	1. **Instructions**
	2. **Application**
2. **SCOPE OF WORK**

**4.1 Applicant Responsibilities**

**4.2 Implementation Plan**

**4.3 Technical Assistance**

1. **REQUIREMENTS**
	1. **Mandatory Requirements**
	2. **Scored Requirements**
	3. **Optional Requirements**
2. **EVALUATION AND SELECTION**
	1. **Introduction**
	2. **Application Review**
	3. **Application Evaluation and Scoring**
3. **CONTRACTUAL TERMS AND CONDITIONS**
	1. **Contract Terms and Conditions**
	2. **Insurance**

 **Attachment 1 – Certification Letter**

 **Attachment 2 – Authorization to Release Information Letter**

 **Attachment 3 – Form 22 – Request for Confidentiality**

 **Attachment 4 – Check List of Submittals**

**Attachment 5 – State Planning and Service Area Map**

**Attachment 6 – Area Agency on Aging Board of Directors Form**

**Attachment 7 – Area Agency on Aging Advisory Council Form**

**Attachment 8 – Application Information Form\***

**Attachment 9 – Compliance with Assurances and General Provisions Form**

**Attachment 10 – Service Listing**

**Attachment 11– Service Definitions**

**Attachment 12– Financial Definitions**

**Attachment 13– Fiscal Year 2020 Planning and Service Area Allotments**

**Attachment 14– Service Units and Consumer Demographic Profile Form**

 **Attachment 15 – Budget Resource Utilization Form**

**Attachment 16 – Application Review (Score Sheet)**

SECTION 1 INTRODUCTION

**1.1 Purpose**

The purpose of this Request for Applications (RFA) is to solicit Applications from Responsible Applicants to provide the services identified on the RFA cover sheet and further described in Section 4 of this RFA to the Agency identified on the RFA cover sheet. The Agency intends to award a Contract(s) beginning and ending on the dates listed on the RFA cover sheet, and the Agency, in its sole discretion, may extend the Contract(s) for up to the number of annual extensions identified on the RFA cover sheet.

* 1. **Definitions**

For the purposes of this RFA and the resulting contract, the following terms shall mean:

**“Contract”** means the contract(s) entered into with the successful Applicant(s) as described in Section 7.1.

**“Contractor”** means the successful Applicant to this RFA.

**“Consumer”** means an individual eligible for services pursuant to the Older Americans Act and Iowa Code Chapter 231.

**“Agency” or “Department”** means the Iowa Department of Administrative Services.

**“Application”** means the Applicant’s Application submitted in response to the RFA.

**“Applicant”** means the company, organization or other business entity submitting an Application in response to this RFA. “Applicant” includes any related entities including but not limited to parent organizations, subsidiaries, holding companies, foundations and affiliates.

**“Area Agencies on Aging”** means the grantee agency(ies) designated by the Iowa Commission on Aging in a Planning and Service Area to develop and administer the multiyear area plan for a comprehensive and coordinated system of services for elders and to carry out the duties specified in Iowa Code Chapter231 and rules promulgated by the State.

**“Area Plan on Aging”** means a document, developed in accordance with the uniform area plan format that is submitted to the State every two, three, or four years with annual updates, by Area Agencies on Aging in order to receive subgrants from the State’s grants.

**“General Terms and Conditions”** means the General Terms and Conditions for Services Contracts as referenced on the RFA cover page.

**“Eligible Applicant”** means an Applicant that has the capability in all material respects to perform the scope of work and requirements of an Area Agency on Aging as required by the Older Americans Act and state law. Pursuant to the Older Americans Act, an eligible applicant shall be one of the following:

* An established office of aging operating within a planning and service area;
* Any office or agency of a unit of general purpose local government, which is designated to function only for the purpose of serving as an Area Agency on Aging by the chief elected official of such unit;
* Any office or agency designated by the appropriate chief elected officials of any combination of units of general purpose local government to act only on behalf of such combination for such purpose;
* Any public or nonprofit private agency in a planning and service area, or any separate organizational unit within such agency, which for designation purposes is under the supervision or direction of the State and which can and will engage only in the planning or provision of a broad range of supportive services or nutrition services within such planning and service area; or
* Any other entity authorized by the Older Americans Act.

**“Planning and Service Area”** means a geographic area of the state that is designated by the Iowa Commission on Aging for purposes of planning, development, delivery and overall administration of services under a multiyear area plan. A map of the Planning and Service Areas designated for purposes of this RFA is included as Attachment 5.

**“Responsive Application”** means an Application that complies with the material provisions of this RFA.

**“RFA”** means this Request for Applications and any attachments, exhibits, schedules or addenda hereto.

**“Service(s)” means all those services described in the Service Listing,** Attachment 10.

**“State”** means the State of Iowa, the Agency identified on the Contract Declarations & Execution Page(s), and all state agencies, boards, and commissions, and any political subdivisions making purchases from the Contract as permitted by this RFA.

* 1. **Overview of the RFA Process**

This RFA is designed to provide Applicants with the information necessary for the preparation of competitive Applications. The RFA process is for the Agency’s benefit and is intended to provide the Agency with competitive information to assist in the selection process. It is not intended to be comprehensive. Each Applicant is responsible for determining all factors necessary for submission of a comprehensive Application.

**Applicant should review Attachment 3, Form 22 Request for Confidentiality, for more information if its Application contains confidential information. Any Application marked “Confidential” or “Proprietary” on every page may be disqualified.**

Applicants will be required to submit their Applications in hardcopy and on digital media (i.e. CD, USB drive, etc.). It is the Agency’s intention to evaluate Applications from all Applicants that submit timely Responsive Applications, and award the Contract(s) in accordance with Section 6, Evaluation and Selection.

* 1. **Background Information**

Under the authority of the Older Americans Act, Iowa Code Chapter 231, and Iowa Administrative Code 17-4, the State is responsible for recommending to the Iowa Commission on Aging the designation of Area Agencies on Aging to coordinate access to services for individuals within the State of Iowa.

The State is requesting Applications from Eligible Applicants to serve as an Area Agency on Aging for each Planning and Service Area Four (4). A map of the Planning and Service Areas designated for purposes of this RFA is included as Attachment 5.

Applicants shall consult the Older Americans Act, Iowa Code, and Iowa Administrative Code for rules and regulations governing Area Agencies on Aging.

 SECTION 2 ADMINISTRATIVE INFORMATION

* 1. **Issuing Officer**

The Issuing Officer identified in the RFA cover sheet is the sole point of contact regarding the RFA from the date of issuance until a Notice of Intent to Award the Contract is issued.

* 1. **Restriction on Communication**

From the issue date of this RFA until a Notice of Intent to Award the Contract is issued, Applicants may contact only the Issuing Officer. The Issuing Officer will respond only to written questions regarding the procurement process. Questions related to the interpretation of this RFA must be submitted as provided in Section 2. Oral questions related to the interpretation of this RFA will not be accepted. Applicants may be disqualified if they contact any State employee other than the Issuing Officer about the RFA except that Applicants may contact the State Targeted Small Business Office on issues related to the preference for Targeted Small Businesses.

This section shall not be construed as restricting communications related to the administration of any contract currently in effect between an Applicant and the State.

* 1. **Downloading the RFA from the Internet**

The RFA document and any addenda to the RFA will be posted at <http://bidopportunities.iowa.gov/>. The Applicant is advised to check the website periodically for Addenda to this RFA, particularly if the Applicant downloaded the RFA from the Internet as the Applicant may not automatically receive addenda. It is the Applicant's sole responsibility to check daily for addenda to posted documents.

* 1. **Procurement Timetable**

The dates provided in the procurement timetable on the RFA cover sheet are provided for informational and planning purposes. The Agency reserves the right to change the dates. If the Agency changes any of the deadlines for Applicant submissions, the Agency will issue an addendum to the RFA.

**2.5** **Questions, Requests for Clarification, and Suggested Changes**

Applicants are invited to submit written questions and requests for clarifications regarding the RFA. Applicants may also submit suggestions for changes to the requirements of this RFA. The questions, requests for clarifications, or suggestions must be in writing and received by the Issuing Officer on or before the date and time listed on the RFA cover sheet. Oral questions will not be permitted. If the questions, requests for clarifications, or suggestions pertain to a specific section of the RFA, Applicant shall reference the page and section number(s). The Agency will send written responses to questions, requests for clarifications, or suggestions received from Applicants on before the date listed on the RFA cover sheet. The Agency’s written responses will become an addendum to the RFA. If the Agency decides to adopt a suggestion that modifies the RFA, the Agency will issue an addendum to the RFA.

The Agency assumes no responsibility for oral representations made by its officers or employees unless such representations are confirmed in writing and incorporated into the RFA through an addendum.

**2.6 Amendment to the RFA**

The Agency reserves the right to amend the RFA at any time using an addendum. The Applicant shall acknowledge receipt of all addenda in its Application. If the Agency issues an addendum after the due date for receipt of Applications, the Agency may, in its sole discretion, allow Applicants to amend their Applications in response to the addendum.

* 1. **Amendment and Withdrawal of Application**

The Applicant may amend or withdraw and resubmit its Application at any time before the Applications are due. The amendment must be in writing, signed by the Applicant and received by the time set for the receipt of Applications. Electronic mail and faxed amendments will not be accepted. Applicants must notify the Issuing Officer in writing prior to the due date for Applications if they wish to completely withdraw their Applications.

* 1. **Submission of Applications**

The Agency must receive the Application at the Issuing Officer’s address identified on the RFA cover sheet before the “Applications Due” date and time listed on the RFA cover sheet. **This is a mandatory requirement and will not be waived by the Agency. Any Application received after this deadline will be rejected and returned unopened to the Applicant.** Applicants sending Applications must allow ample mail delivery time to ensure timely receipt of their Applications. It is the Applicant’s responsibility to ensure that the Application is received prior to the deadline. Postmarking by the due date will not substitute for actual receipt of the Application. Electronic mail and faxed Applications will not be accepted.

Applicants must furnish all information necessary to enable the Agency to evaluate the Application. Oral information provided by the Applicant will not be considered part of the Applicant's Application unless it is reduced to writing.

* 1. **Application Opening**

The Agency will open Applications after the deadline for submission of Applications has passed. The Applications will remain confidential until the Agency has issued a Notice of Intent to Award a Contract. See *Iowa Code Section 72.3*. However, the names of Applicants who submitted timely Applications will be publicly available after the Application opening. The announcement of Applicants who timely submitted Applications does not mean that an individual Application has been deemed compliant or accepted for evaluation.

* 1. **Costs of Preparing the Application**

The costs of preparation and delivery of the Application are solely the responsibility of the Applicant.

* 1. **No Commitment to Contract**

The Agency reserves the right to reject any or all Applications received in response to this RFA at any time prior to the execution of the Contract. Issuance of this RFA in no way constitutes a commitment by the Agency to award a contract.

* 1. **Rejection of Application**

The Agency may reject outright and not evaluate an Application for reasons including, without limitation:

* + 1. The Applicant fails to deliver the Cost Application in a separate envelope.
		2. The Applicant acknowledges that a mandatory requirement of the RFA cannot be met.
		3. The Applicant's Application changes a material requirement of the RFA or the Application is not compliant with the mandatory requirement of the RFA.
		4. The Applicant’s Application limits the rights of the Agency.
		5. The Applicant fails to include information necessary to substantiate that it will be able to meet a requirement of the RFA as provided in Section 3 of this RFA.
		6. The Applicant fails to timely respond to the Agency's request for information, documents, or references.
		7. Applicant fails to include any signature, certification, authorization, stipulation, disclosure or guarantee as provided in Section 3 of this RFA.
		8. The Applicant presents the information requested by this RFA in a format inconsistent with the instructions of the RFA or otherwise fails to comply with the requirement of this RFA.
		9. The Applicant initiates unauthorized contact regarding the RFA with a State employee other than the Issuing Officer.
		10. The Applicant provides misleading or inaccurate responses.
		11. The Applicant’s Application is materially unbalanced.
		12. There is insufficient evidence (including evidence submitted by the Applicant and evidence obtained by the Agency from other sources) to satisfy the Agency that the Applicant is a Responsible Applicant.
		13. The Applicant alters the language in Attachment 1, Certification Letter or Attachment 2, Authorization to Release Information letter.
		14. The Applicant is a “scrutinized company” included on a “scrutinized company list” created by a public fund pursuant to Iowa Code section 12J.3.
	1. **Nonmaterial Variances**

The Agency reserves the right to waive or permit cure of nonmaterial variances in the Application if, in the judgment of the Agency, it is in the State’s best interest to do so. Nonmaterial variances include but are not limited to, minor failures to comply that: do not affect overall responsiveness, are merely a matter of form or format, do not change the relative standing or otherwise prejudice other Applicants, do not change the meaning or scope of the RFA, or do not reflect a material change in the requirements of the RFA. In the event the Agency waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFA requirements or excuse the Applicant from full compliance with RFA requirements or other Contract requirements if the Applicant is awarded the Contract. The determination of materiality is in the sole discretion of the Agency.

* 1. **Reference Checks**

The Agency reserves the right to contact any reference to assist in the evaluation of the Application, to verify information contained in the Application and to discuss the Applicant’s qualifications and the qualifications of any subcontractor identified in the Application.

* 1. **Information from Other Sources**

The Agency reserves the right to obtain and consider information from other sources concerning an Applicant, such as the Applicant’s capability and performance under other contracts, the qualifications of any subcontractor identified in the Application, the Applicant’s financial stability, past or pending litigation, and other publicly available information.

* 1. **Verification of Application Contents**

The content of an Application submitted by an Applicant is subject to verification. If the Agency determines in its sole discretion that the content is in any way misleading or inaccurate, the Agency may reject the Application.

* 1. **Application Clarification Process**

The Agency reserves the right to contact an Applicant after the submission of Applications for the purpose of clarifying an Application. This contact may include written questions, interviews, site visits, a review of past performance if the Applicant has provided goods and/or services to the State or any other political subdivision wherever located, or requests for corrective pages in the Applicant’s Application. The Agency will not consider information received from or through Applicant if the information materially alters the content of the Application or the type of goods and/or services the Applicant is offering to the Agency. An individual authorized to legally bind the Applicant shall sign responses to any request for clarification. Responses shall be submitted to the Agency within the time specified in the Agency's request. Failure to comply with requests for additional information may result in rejection of the Application.

* 1. **Disposition of Applications**

All Applications become the property of the State and shall not be returned to the Applicant. Once the Agency issues a Notice of Intent to Award the Contract, the contents of all Applications will be public records available for inspection by interested parties, except for information for which Applicant properly requests confidential treatment according to exceptions provided in Iowa Code Chapter 22 or other applicable law.

* 1. **Public Records and Requests for Confidential Treatment**

The Agency’s release of public records is governed by Iowa Code chapter 22. Applicants are encouraged to familiarize themselves with Chapter 22 before submitting an Application. The Agency will copy and produce public records upon request as required to comply with Chapter 22 and will treat all information submitted by an Applicant as non-confidential records unless Applicant requests specific parts of the Application be treated as confidential at the time of the submission as set forth herein **AND the information is confidential under Iowa or other applicable law.**

* 1. **Form 22 - Request for Confidentiality**

***FORM 22 MUST BE COMPLETED AND INCLUDED WITH APPLICANT’S APPLICATION. COMPLETION AND SUBMITTAL OF FORM 22 IS REQUIRED WHETHER THE APPLICATION DOES OR DOES NOT CONTAIN INFORMATION FOR WHICH CONFIDENTIAL TREATMENT WILL BE REQUESTED. FAILURE TO SUBMIT A COMPLETED FORM 22 WILL RESULT IN THE APPLICATION BEING CONSIDERED NON-RESPONSIVE AND ELIMINATED FROM EVALUATION.***

**2.21 Release of Claims**

By submitting a Proposal, the Applicant agrees that it will not bring any claim or cause of action against the Agency based on any misunderstanding concerning the information provided in the RFA or concerning the Agency's failure, negligent or otherwise, to provide the Applicant with pertinent information in this RFA.

**2.22 Evaluation of Applications Submitted**

Applications that are timely submitted and are not rejected will be reviewed and evaluated in accordance with Section 6 of the RFA. The Agency will not necessarily award a Contract resulting from this RFA to the Applicant offering the lowest cost. Instead, the Agency will award the Contract(s) to the Responsible Applicant(s) whose Responsive Application the Agency believes will provide the best value to the Agency and the State.

* 1. **Award Notice and Acceptance Period**

Notice of Intent to Award the Contract(s) will be sent to all Applicants submitting a timely Application and may be posted at the website shown on the RFA cover sheet. Negotiation and execution of the Contract(s) shall be completed no later than thirty (30) days from the date of the Notice of Intent to Award or such other time as designated by Agency. If the successful Applicant fails to negotiate and deliver an executed Contract by that date, the Agency, in its sole discretion, may cancel the award and award the Contract to the remaining Applicant the Agency believes will provide the best value to the State.

* 1. **No Contract Rights until Execution**

No Applicant shall acquire any legal or equitable rights regarding the Contract unless and until the Contract has been fully executed by the successful Applicant and the Agency.

* 1. **Choice of Law and Forum**

This RFA and the Contract shall be governed by the laws of the State of Iowa. Changes in applicable laws and rules may affect the award process or the Contract. Applicants are responsible for ascertaining pertinent legal requirements and restrictions. Any and all litigation or actions commenced in connection with this RFA shall be brought in the appropriate Iowa forum.

* 1. **Restrictions on Gifts and Activities**

Iowa Code Chapter 68B restricts gifts which may be given or received by State employees and requires certain individuals to disclose information concerning their activities with State government. Applicants are responsible to determine the applicability of this Chapter 68B to their activities and to comply with its requirements. In addition, pursuant to Iowa Code section 722.1, it is a felony offense to bribe or attempt to bribe a public official.

* 1. **Post Solicitation Debriefing**

A debriefing is available to any Applicant who submitted an Application in response to this RFA. ​Applicant shall submit a written request for a debriefing to the Issuing Officer​ via email or other delivery method​.All Applicants will be accorded fair and equal treatment with respect to its opportunity for debriefing. The debriefing shall be scheduled by the Agency as soon as practicable after the receipt of debriefing request.

* 1. **Appeals**

An Applicant whose Application has been timely filed and who is aggrieved by the Notice of Intent to Award of the Department may appeal the decision by filing a written notice of appeal (in accordance with 11—Chapter 117.20, Iowa Administrative Code) to: The Director of the Department of Administrative Services, Hoover State Office Building, Des Moines, Iowa 50319-0104 and a copy to the Issuing Officer.  The notice must be filed within five (5) days of the date of the Notice of Intent to Award issued by the Department, exclusive of Saturdays, Sundays, and legal state holidays.  The written notice may be filed by fax transmission to 515.725.2064.  The notice of appeal must clearly and fully identify all issues being contested by reference to the page, section and line number(s) of the RFA and/or the Notice of Intent to Award.  A notice of appeal may not stay negotiations with the apparent successful Applicant.

SECTION 3 FORM AND CONTENT OF APPLICATIONS

**3.1 Instructions**

These instructions prescribe the format and content of the Application. They are designed to facilitate a uniform review process. Failure to adhere to the Application format may result in the rejection of the Application.

* + 1. The Application shall be typewritten on 8.5" x 11" paper and sent in sealed envelope. The Application shall be divided into two parts: (1) the Application and (2) the Cost Application. The Application shall be labeled as such and placed in a separate sealed envelope. The envelopes shall be numbered in the following fashion: 1 of 4, 2 of 4, etc. The envelopes shall be labeled with the following information:

**RFA Number:**

**RFA Title:**

 **Kathy Harper**

**Iowa Department of Administrative Services
Hoover State Office Building, Level 3**

**1305 East Walnut Street
Des Moines, IA 50319-0105**

***[Applicant's Name and Address]***

The Agency shall not be responsible for misdirected packages or premature opening of Applications if an Application is not properly labeled.

1 Original, 1 Digital, & 2 Copies of the Application shall be timely submitted to the Issuing Officer in a sealed envelope. The Cost Application shall be submitted in a separate sealed envelope.

Application Envelope Contents

Original Application and any copies

Public Copy (if submitted)

Application on digital media

Electronic Public Copy on same digital media (if submitted)

* + 1. If the Applicant designates any information in its Application as confidential pursuant to Section 2, the Applicant must also submit one (1) copy of the Application from which confidential information has been excised as provided in Section 2 and which is marked “Public Copy”.
		2. Applications shall not contain promotional or display materials.
		3. Attachments shall be referenced in the Application.
		4. If an Applicant proposes more than one solution to the RFA requirements, each shall be labeled and submitted in a separate Application and each will be evaluated separately.
	1. **Application**

The following documents and responses shall be included in the Application in the order given below. Items listed in Section 3.2 will be considered in the evaluation and scoring of the Applications:

* + 1. **Transmittal Letter (Required)**

An individual authorized to legally bind the Applicant shall sign the transmittal letter. The letter shall include the Applicant’s mailing address, electronic mail address, fax number, and telephone number.

* + 1. **Table of Contents**

The Applicant shall include a table of contents of its Application and submit the check list of submittals per Attachment #4.

* + 1. **Applicant Background Information**

The Applicant shall provide the following general background information:

* + - 1. Does your state have a preference for instate vendors? Yes or No. If yes, please include the details of the preference.
			2. Name, address, telephone number, fax number and e-mail address of the Applicant including all d/b/a’s or assumed names or other operating names of the Applicant and any local addresses and phone numbers.
			3. Form of business entity, e.g., corporation, partnership, proprietorship, limited liability company.
			4. State of incorporation, state of formation, or state of organization.
			5. The location(s) including address and telephone numbers of the offices and other facilities that relate to the Applicant’s performance under the terms of this RFA.
			6. Number of employees.
			7. Type of business.
			8. Name, address and telephone number of the Applicant’s representative to contact regarding all contractual and technical matters concerning the Application.
			9. Name, address and telephone number of the Applicant’s representative to contact regarding scheduling and other arrangements.
			10. Name, contact information and qualifications of any subcontractors who will be involved with this project the Applicant proposes to use and the nature of the goods and/or services the subcontractor would perform.
			11. Applicant’s accounting firm.
			12. The successful Applicant will be required to register to do business in Iowa before payments can be made.

For vendor registration documents, go to:

<https://das.iowa.gov/procurement/vendors/how-do-business>

* + 1. **Experience**

The Applicant must provide the following information regarding its experience:

* + - 1. Number of years in business.
			2. Number of years of experience with providing the types of goods and/or services sought by the RFA.
			3. A narrative explaining expertise in establishing and administering innovative programs and service delivery systems that meet the needs of consumers.
			4. A narrative explaining the Applicant’s ability to solicit and secure resources adequate to meet federal and state match requirements.
			5. Letters of reference from three (3) community partners reflecting the Applicant’s ability to serve as an Area Agency on Aging as required by the Older Americans Act and illustrating the Applicant’s effectiveness.
		1. **Organizational Structure**

The Applicant shall provide the following information regarding organizational structure:

* + - 1. A table of organization that includes the number of full-time employees, part-time employees, and position titles. The table of organization shall not include identifying information, such as the name of the employee.
			2. The salary range for each position listed in the table of organization.
			3. A short biography that includes the experience, expertise, and professional background for each member of the organization’s management team. The biography of the executive director shall include and demonstrate the ability to administer an Area Agency on Aging.
			4. Applicant’s by-laws and articles of incorporation.
			5. A completed Attachment 6, providing information on the Applicant’s current board of directors.
			6. A narrative explaining the full plan and strategy that demonstrates how the Applicant’s board of directors will be formed and representative of the entire Planning and Service Area and take an active role in directing policy and advocacy.
			7. A narrative explaining the full plan and strategy that demonstrates how the Applicant’s board of directors will take an active role in hiring, firing, supervising, and evaluating the performance of the organization and executive director.
			8. A completed Attachment 7, providing information on the Applicant’s advisory council members.
			9. A narrative explaining the full plan and strategy that demonstrates how the Applicant’s advisory council will be formed, meets the composition requirements outlined in the Older Americans Act, and is representative of the entire Planning and Service Area. The Applicant shall also explain the full plan and strategy to ensure that the advisory council takes an active role in directing policy and advocacy.
		1. **Criminal History and Background Investigation**

The Applicant hereby explicitly authorizes the Agency to conduct criminal history and/or other background investigation(s) of the Applicant, its officers, directors, shareholders, partners and managerial and supervisory personnel who will be involved in the performance of the Contract.

* + 1. **Acceptance of Terms and Conditions**

By submitting an Application, Applicant acknowledges its acceptance of the terms and conditions of the RFA and the General Terms and Conditions without change except as otherwise expressly stated in its Application. If the Applicant takes exception to a provision, it must identify it by page and section number, state the reason for the exception, and set forth in its Application the specific RFA or General Terms and Conditions language it proposes to include in place of the provision. If Applicant’s exceptions or responses materially alter the RFA, or if the Applicant submits its own terms and conditions or otherwise fails to follow the process described herein, the Agency may reject the Application, in its sole discretion.

* + 1. **Certification Letter**

The Applicant shall sign and submit with the Application, the document included as Attachment #1 (Certification Letter) in which the Applicant shall make the certifications included in Attachment #1.

* + 1. **Authorization to Release Information**

The Applicant shall sign and submit with the Application the document included as Attachment #2 (Authorization to Release Information Letter) in which the Applicant authorizes the release of information to the Agency.

* + 1. **Firm Application Terms**

The Applicant shall guarantee in writing the goods and/or services offered in the Application are currently available and that all Application terms, including price, will remain firm for the number days indicated on the RFA cover sheet following the deadline for submitting Applications.

* 1. **Financial Information**

The information required in this Section shall be based on the projected allocations for federal and state funding for the Planning and Service Area the Applicant proposes to serve. The projected allocations for federal and state funding for Planning and Service Area Four for State Fiscal Year 2020 are provided in Fiscal Year 2020 Planning and Service Area Allotments, included as Attachment 13 of the RFA.

**3.3.1** The Applicant shall provide the following information as it relates to financial information:

 Audit Reports. Applicant financial audit reports issued for each of the last three

 (3) fiscal years.

 **3.3.1.1** Special Interest Audit Reports. All Applicant special interest audit reports issued since October 18, 2015.

 **3.3.1.2** Tax Returns. Applicant Federal and State tax returns or Form 990s filed for the last three (3) years.

**3.3.2** **Budget Resource Utilization Form**

 Completed Budget Resource Utilization Form, included as Attachment 15.

**3.3.3** **Indirect Cost Negotiation Agreement**

 Most recent approved Indirect Cost Negotiation Agreement to support any request for reimbursement of indirect costs as detailed on the completed Budget Resource Utilization Form, included as Attachment 15.

**3.3.4** **Service Units and Consumer Demographic Profile Form**

 Completed Service Units and Consumer Demographic Profile Form, included as Attachment 14.

**3.3.5** **Iowa Public Employees Retirement System (IPERS)**

 A narrative explaining how the Applicant will fully comply with the rules and regulations that mandate that an Area Agency on Aging participates in IPERS or a comparable plan.

**3.3.6** **Termination, Litigation, Debarment**

 The Applicant must provide the following information for the past five (5) years:

**3.3.7** Has the Applicant had a contract for goods and/or services terminated for any reason? If so, provide full details regarding the termination.

**3.3.8** Describe any damages or penalties assessed against or dispute resolution settlements entered into by Applicant under any existing or past contracts for goods and/or services. Provide full details regarding the circumstances, including dollar amount of damages, penalties and settlement payments.

**3.3.9** Describe any order, judgment or decree of any Federal or State authority barring, suspending or otherwise limiting the right of the Applicant to engage in any business, practice or activity.

**3.3.10** A list and summary of all litigation or threatened litigation, administrative or regulatory proceedings, or similar matters to which the Applicant or its officers have been a party.

**3.3.11** Any irregularities discovered in any of the accounts maintained by the Applicant on behalf of others. Describe the circumstances and disposition of the irregularities.

**3.3.12** Failure to disclose these matters may result in rejection of the Application or termination of any subsequent Contract. The above disclosures are a continuing requirement of the Applicant. Applicant shall provide written notification to the Agency of any such matter commencing or occurring after submission of an Application, and with respect to the successful Applicant, following execution of the Contract.

SECTION 4 SCOPE OF WORK

**Overview**

The successful Applicant shall provide the services to the State in accordance with the requirements as provided in this Scope of Work.

**4.1 Applicant Responsibilities**

**4.1.1** The Applicant is responsible for serving as an Area Agency on Aging as required by the Older Americans Act.

**4.1.2** The Applicant is responsible for developing and administering the multiyear area plan for a comprehensive and coordinated system of services for elders and to carry out the duties specified in Iowa Code Chapter 231 and rules promulgated by the State.

**4.1.3** The Applicant is responsible for soliciting and securing resources adequate to meet state and federal match requirements.

**4.1.4** The Applicant is responsible for developing a marketing strategy to reach the Target Populations identified within the Planning and Service Area.

**4.1.5** The Applicant is responsible for developing partnerships at the local, state and federal levels in order to expand services to assist consumers through an Aging and Disability Resource Center network. (“Aging and Disability Resource Center” means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing: (a) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; (b) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long- term care designed to meet their specific needs and circumstances; and (c) consumer access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.)

**4.1.6** The Applicant is responsible for ensuring that Area Agency on Aging Area Four (4) is fully functional by July 1, 2019.

**4.2 Implementation Plan**

The Applicant is responsible for developing an implementation Plan that details the implementation strategy to be used to identify and track the needs of customers in the Planning and Service Area and how the needs will be addressed.

**4.3 Technical Assistance Sessions**

Applicants accepting the award of designation as an Area Agency on Aging shall be required to attend technical assistance sessions prior to July 1, 2019. Attendance at the sessions shall be mandatory. The sessions will be held at dates certain and locations designated by the State. Any costs associated with attendance at the sessions, including travel costs, are solely the responsibility of the Applicant.

SECTION 5 REQUIREMENTS

**Overview**

The successful Applicant shall provide the goods and/or services to the State using the Contract in accordance with the requirements as provided in this Section. The Applicant shall address each requirement in this Section and indicate whether or not it will comply with the requirement. If the context requires more than a yes or no answer or the section requirement indicates, Applicant shall explain how it will comply with the requirement. Applications must address each requirement. Merely repeating the requirements may be considered non-responsive and may disqualify the Applicant. Applications must identify any deviations from the requirement of this RFA or requirement the Applicant cannot satisfy. If the Applicant deviates from or cannot satisfy the requirement(s) of this section, the Agency may reject the Application.

* 1. **Mandatory Requirements**

All items listed in this section are Mandatory Requirements. Applicants must mark either **“yes” or “no”** to each requirement in their Applications. By indicating “yes” an Applicant agrees that it shall comply with that requirement throughout the full term of the Contract, if the Applicant is successful. In addition, if specified by the requirements or if the context otherwise requires, the Applicant shall provide references and/or supportive materials to verify the Applicant’s compliance with the requirement. The Agency shall have the right to determine whether the supportive information and materials submitted by the Applicant demonstrate the Applicant will be able to comply with the Mandatory Requirements. If the Agency determines the responses and supportive materials do not demonstrate the Applicant will be able to comply with the Mandatory Requirements, the Agency may reject the Application.

* + 1. The Application meets the criteria of federal and state law and meets the definition of an Eligible Applicant, as provided in Section1.2 of the RFA.
	1. **Scored Requirements**

All items listed below are Scored Requirements. All requirements will be evaluated and scored by the evaluation committee in accordance with Section 6.

**5.2.1 Strategies for Service Delivery**

The Application shall include a narrative explaining the strategies that shall be used to achieve the outcome described in each section below. The Applicant shall include a plan explaining the full implementation strategy. Full implementation strategies may include a statement reflecting past successful strategies and existing partnership success.

**5.2.2 Consumer Need**

The Applicant shall provide a narrative explaining the strategies that shall be used to identify and track the needs of the consumers in the Planning and Service Area and the strategies that shall be used to determine how the agency will address these needs.

* + 1. **Marketing**

The Applicant shall provide a narrative explaining the marketing strategy to reach the Target Populations identified within the Planning and Service Area.

* + 1. **Partnership Development**

The Applicant shall provide a narrative reflecting the strategy to develop partnerships at the local, state, and federal levels to coordinate services to meet the needs of consumers throughout the Planning and Service Area.

**5.2.4.1** The Applicant shall provide a narrative demonstrating the strategy to develop partnerships at the local, state, and federal levels to expand services to assist consumers through an Aging and Disability Resource Center network. (“Aging and Disability Resource Center” means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing: (a) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; (b) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long- term care designed to meet their specific needs and circumstances; and (c) consumer access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.)

**5.2.5 Implementation Plan**

The Applicant shall provide a narrative explaining the full implementation strategy for delivery of services. A full listing of services and corresponding definitions is included as Attachment 10. (Service Listing) The strategy and implementation plan shall address all services the Applicant intends to provide, as outlined by the Applicant in the Service Units and Consumer Demographic Profile Form, included as Attachment 12 of the RFA.

**5.2.6 Access to Service**

The Applicant shall provide a narrative explaining the full strategy and implementation plan to ensure that older individuals throughout the Planning and Service Area receive equal access to services, regardless of location within the Planning and Service Area.

* + 1. **Transition**

The Applicant shall provide a narrative explaining the full strategy and implementation plan to ensure that consumer access to services remains unaffected and consistent during the period of transition to the proposed Area Agency on Aging.

* + 1. **Target Population**

The Applicant shall provide a narrative explaining the outreach strategy and implementation plan to ensure that the Applicant identifies and provides services to individuals eligible for assistance, with special emphasis on those populations identified within Section A(2)(n) of this RFA and the Older Americans Act, Section 306(a)(4)(B)(i).

**5.2.9** **Fully Functional**

The Applicant shall provide a narrative explaining the full strategy and implementation plan to ensure that the Applicant shall be fully functional and operational by July 1, 2019.

* 1. **Optional Requirements**

All items listed below are optional, non-mandatory requirements. These requirements will be evaluated and scored in the Application.

 List optional Requirements:

SECTION 6 EVALUATION AND SELECTION

**6.1 Introduction**

This section describes the evaluation process that will be used to determine which Application(s) provides the greatest benefit to the State. Agency will not necessarily award the Contract to the Applicant offering the lowest cost to the Agency. Instead, the Agency will award to the Applicant whose Responsive Application the Agency believes will provide the best value to the State.

**6.2 Application Review**

The Agency will conduct a comprehensive, fair, and impartial evaluation of Applications received in response to this RFA. The Agency will use an evaluation committee to review and evaluate the Applications. The evaluation committee will recommend an award based on the results of their evaluation to the Agency or to such other person or entity who must approve the recommendation.

* 1. **Application Evaluation and Scoring**

All Applications will first be reviewed to determine if they comply with the mandatory requirements. The Applications will then be evaluated and scored on the Scored Requirements described in Section 6.1 and 6.2. To be deemed a Responsive Application, the Application must:

* Answer “Yes” to all parts of Section 5.1 and include supportive materials as required to demonstrate the Applicant will be able to comply with the mandatory requirements in that section and
* Obtain the minimum score for the Application.

An addendum identifying the points assigned to evaluation criteria and minimum score will be posted prior to the RFA due date.

SECTION 7 CONTRACT TERMS AND CONDITIONS

**7.1 Contract Terms and Conditions**

The Contract that the Agency expects to award as a result of this RFA shall comprise the requirements, terms and conditions of the RFA, written clarifications or changes made in accordance with the provisions of the RFA, the General Terms and Conditions, the offer of the successful Applicant contained in its Application, and any other terms deemed necessary by the Agency. No objection or amendment by an Applicant to the provisions or terms and conditions of the RFA or the General Terms and Conditions shall be incorporated into the Contract unless Agency has explicitly accepted the Applicant’s objection or amendment in writing.

The Contract terms and conditions in this Section 7 and the General Terms and Conditionswill be incorporated into the Contract. The General Terms and Conditionsmay be supplemented at the time of contract execution and are provided to enable Applicants to better evaluate the costs associated with the RFA requirements and the Contract. All costs associated with complying with these requirements should be included in any pricing quoted by the Applicant.

**By submitting an Application, Applicant acknowledges its acceptance of the terms and conditions of the RFA and the General Terms and Conditions without change except as otherwise expressly stated in its Application. If the Applicant takes exception to a provision, it must identify it by page and section number, state the reason for the exception, and set forth in its Application the specific RFA or General Terms and Conditions language it proposes to include in place of the provision. If Applicant’s exceptions or proposed responses materially alter the RFA, or if the Applicant submits its own terms and conditions or otherwise fails to follow the process described herein, the Agency may reject the Application, in its sole discretion.**

The Agency reserves the right to either award a Contract(s) without further negotiation with the successful Applicant or to negotiate Contract terms with the successful Applicant if the best interests of the State would be served.

* 1. **Insurance** The Contract will require the successful Applicant to maintain insurance coverage(s) in accordance with the insurance provisions of the General Terms and Conditions and of the type and in the minimum amounts set forth below, unless otherwise required by the Agency.

| Type of Insurance | Limit | Amount |
| --- | --- | --- |
| General Liability (including contractual liability) written on an occurrence basis | General AggregateProducts – Comp/Op  AggregatePersonal injuryEach Occurrence | $2 million$1 Million$1 Million$1 Million |
| Automobile Liability (including contractual liability) written on an occurrence basis | Combined single limit | $1 Million |
| Excess Liability, Umbrella Form | Each OccurrenceAggregate | $1 Million$1 Million |
| Errors and Omissions Insurance | Each Occurrence  | $1 Million |
| Property Damage | Each OccurrenceAggregate | $1 Million$1 Million |
| Workers Compensation and Employer Liability | As Required by Iowa law | A required by Iowa law |

**Attachment # 1**

**Certification Letter**

**Alterations to this document are prohibited, see section 2.14.14.**

[Date]

Kathy Harper, Issuing Officer

Department of Administrative Services

Hoover Building, FLR 3

1305 E. Walnut Street

Des Moines, IA 50319

Re: RFA0619297017 - APPLICATION CERTIFICATIONS

Dear Kathy:

I certify that the contents of the Application submitted on behalf of [**Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Applicant) in response to Iowa Department of Administrative Services for RFA0619297017 for Iowa Area Agency on Aging Designation are true and accurate. I also certify that Applicant has not knowingly made any false statements in its Application.

**Certification of Independence**

I certify that I am a representative of Applicant expressly authorized to make the following certifications in behalf of Applicant. By submitting an Application in response to the RFA, I certify in behalf of the Applicant the following:

1. The Application has been developed independently, without consultation, communication or agreement with any employee or consultant to the Agency or with any person serving as a member of the evaluation committee.

2. The Application has been developed independently, without consultation, communication or agreement with any other Applicant or parties for the purpose of restricting competition.

3. Unless otherwise required by law, the information found in the Application has not been and will not be knowingly disclosed, directly or indirectly prior to Agency’s issuance of the Notice of Intent to Award the contract.

4. No attempt has been made or will be made by Applicantto induce any other Applicant to submit or not to submit an Application for the purpose of restricting competition.

5. No relationship exists or will exist during the contract period between Applicant and the Agency or any other State agency that interferes with fair competition or constitutes a conflict of interest.

**Certification Regarding Debarment**

6. I certify that, to the best of my knowledge, neither Applicantnor any of its principals: (a) are presently or have been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a Federal Agency or State Agency; (b) have within a three year period preceding this Application been convicted of, or had a civil judgment rendered against them for commission of fraud, a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of antitrust statutes; commission of embezzlement, theft, forgery, falsification or destruction of records, making false statements, or receiving stolen property; (c) are presently indicted for or criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in (b) of this certification; and (d) have not within a three year period preceding this Application had one or more public transactions (federal, state, or local) terminated for cause.

 This certification is a material representation of fact upon which the Agency has relied upon when this transaction was entered into. If it is later determined that Applicant knowingly rendered an erroneous certification, in addition to other remedies available, the Agency may pursue available remedies including suspension, debarment, or termination of the contract.

**Certification Regarding Registration, Collection, and Remission of Sales and Use Tax**

7. Pursuant to *Iowa Code sections 423.2(10) and 423.5(4) (2016)* a retailer in Iowa or a retailer maintaining a business in Iowa that enters into a contract with a state agency must register, collect, and remit Iowa sales tax and Iowa use tax levied under *Iowa Code chapter 423* on all sales of tangible personal property and enumerated services. The Act also requires Applicants to certify their compliance with sales tax registration, collection, and remission requirements and provides potential consequences if the certification is false or fraudulent.

By submitting an Application in response to the (RFA), the Applicant certifies the following: (check the applicable box)

* Applicant is registered with the Iowa Department of Revenue, collects, and remits Iowa sales and use taxes as required by *Iowa Code Chapter 423*; or
* Applicant is not a “retailer” or a “retailer maintaining a place of business in this state” as those terms are defined in *Iowa Code subsections 423.1(47) and (48)(2016)*.

Applicant also acknowledges that the Agencymay declare the Applicant’s Application or resulting contract void if the above certification is false. The Applicantalso understands that fraudulent certification may result in the Agency or its representative filing for damages for breach of contract in additional to other remedies available to Agency.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Name and Title of Authorized Representative Date**

**Attachment #2**

**Authorization to Release Information Letter**

**Alterations to this document are prohibited, see section 2.14.14.**

**[Date]**

Kathy Harper, Issuing Officer

Department of Administrative Services

Hoover Building, FLR 3

1305 E. Walnut Street

Des Moines, IA 50319

Re: RFA0619297017 **-** AUTHORIZATION TO RELEASE INFORMATION

Dear **Name of Issuing Officer**:

**[Name of Applicant]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant)** hereby authorizes the Iowa Department of Administrative Services ("Agency") or a member of the Evaluation Committee to obtain information regarding its performance on other contracts, agreements or other business arrangements, its business reputation, and any other matter pertinent to evaluation and the selection of a successful Applicant in response to RFA0619297017**.**

The Applicant acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The Applicant acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the State or may otherwise hurt its reputation or operations. The Applicant is willing to take that risk.

The Applicant hereby releases, acquits and forever discharges the State of Iowa, the Agency, their officers, directors, employees and agents from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting the undersigned that it may have or ever claim to have relating to information, data, opinions, and references obtained by the Agency or the Evaluation Committee in the evaluation and selection of a successful Applicant in response to the RFA.

The Applicant authorizes representatives of the Agency or the Evaluation Committee to contact any and all of the persons, entities, and references which are, directly or indirectly, listed, submitted, or referenced in the Applicant's Application submitted in response to RFA.

The Applicant further authorizes any and all persons and entities to provide information, data, and opinions with regard to its performance under any contract, agreement, or other business arrangement, its ability to perform, business reputation, and any other matter pertinent to the evaluation of the Applicant’s Application. The Applicant hereby releases, acquits and forever discharges any such person or entity and their officers, directors, employees and agents from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting the Applicant that it may have or ever claim to have relating to information, data, opinions, and references supplied to the Agency or the Evaluation Committee in the evaluation and selection of a successful Applicant in response to RFA.

A photocopy or facsimile of this signed Authorization is as valid as an original.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Name and Title of Authorized Representative Date**

**Attachment #3**

**Form 22 – Request for Confidentiality**

***SUBMISSION OF THIS FORM 22 IS REQUIRED***

***This Form 22 (Form) must be completed and included with your APPLICATION.*** ***ThIS Form 22 is required whether THE APPLICATION does or does not contain information for which confidential treatment will be requested. Failure to submit a completed Form 22 WILL result in the Application TO BE considered non-responsive and eliminated from evaluation. Complete PART 1 of this form 22 IF APPLICATION DOES NOT CONTAIN CONFIDENTIAL INFORMATION. Complete PART 2 of this form 22 if APPLICATION DOES CONTAIN CONFIDENTIAL INFORMATION.***

1. **Confidential Treatment Is Not Requested**

An Applicant not requesting confidential treatment of information contained in its Application shall complete Part 1 of Form 22 and submit a signed Form 22 Part 1 with the Application.

1. **Confidential Treatment of Information is Requested**

An Applicant requesting confidential treatment of specific information shall: (1) fully complete and sign Part 2 of Form 22, (2) conspicuously mark the outside of its Application as containing confidential information, (3) mark each page upon which the Applicant believes confidential information appears **and clearly identify each item for which confidential treatment is requested; MARKING A PAGE IN THE PAGE MARGIN IS NOT SUFFICIENT IDENTIFICATION**, and (4) submit a “Public Copy” from which the confidential information has been excised.

Form 22 will not be considered fully complete unless, for each confidentiality request, the Applicant: (1) enumerates the specific grounds in Iowa Code Chapter 22 or other applicable law that supports treatment of the information as confidential, (2) justifies why the information should be maintained in confidence, (3) explains why disclosure of the information would not be in the best interest of the public, and (4) sets forth the name, address, telephone, and e-mail for the person authorized by Applicant to respond to inquiries by the Agency concerning the confidential status of such information.

**The Public Copy from which confidential information has been excised is in addition to the number of copies requested in Section 3 of this RFA.** The confidential information must be excised in such a way as to allow the public to determine the general nature of the information removed and to retain as much of the Application as possible.

**Failure to request information be treated as confidential as specified herein shall relieve Agency and State personnel from any responsibility for maintaining the information in confidence. Applicants may not request confidential treatment with respect to pricing information and transmittal letters. An Applicant’s request for confidentiality that does not comply with this form or an Applicant’s request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting Applicant’s Application as non-responsive. Requests to maintain an entire Application as confidential will be rejected as non-responsive.**

If Agency receives a request for information that Applicant has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such information, Applicant shall, at its sole expense, appear in such action and defend its request for confidentiality. If Applicant fails to do so, Agency may release the information or material with or without providing advance notice to Applicant and with or without affording Applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction. Additionally, if Applicant fails to comply with the request process set forth herein, if Applicant’s request for confidentiality is unreasonable, or if Applicant rescinds its request for confidential treatment, Agency may release such information or material with or without providing advance notice to Applicant and with or without affording Applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

**Part 1 – No Confidential Information Provided**

**Confidential Treatment Is Not Requested**

Applicant acknowledges that Application response contains no confidential, secret, privileged, or proprietary information. There is no request for confidential treatment of information contained in this Application response.

This Form must be signed by the individual who signed the Applicant’s Application. The Applicant shall place this Form completed and signed in its Application.

* ***Fill in and sign the following if you have provided no confidential information. If signing this Part 1, do not complete Part 2.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company RFA Number RFA Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (required) Title Date

*(Proceed to the next page only if Confidential Treatment is requested.)*

**Part 2 - Confidential Treatment is Requested**

***The below information is to be completed and signed ONLY if Applicant is requesting confidential treatment of any information submitted in its Application.***

**NOTE:**

* ***Completion of this Form is the sole means of requesting confidential treatment*.**
* ***AN APPLICANT MAY NOT REQUEST PRICING INFORMATION IN APPLICATIONS BE HELD IN CONFIDENCE.***

Completion of the Form and Agency’s acceptance of Applicant’s submission does not guarantee the agency will grant Applicant’s request for confidentiality. The Agency may reject Applicant’s Application entirely in the event Applicant requests confidentiality and does not submit a fully completed Form or requests confidentiality for portions of its Application that are improper under the RFA.

**Please provide the information in the table below. Applicant may add additional lines if necessary or add additional pages using the same format as the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RFA Section: | Applicant must cite the specific grounds in *Iowa Code Chapter 22* or other applicable law which supports treatment of the information as confidential. | Applicant must justify why the information should be kept in confidence. | Applicant must explain why disclosure of the information would not be in the best interest of the public. | Applicant must provide the name, address, telephone, and email for the person at Applicant’s organization authorized to respond to inquiries by the Agency concerning the status of confidential information. |
|   |   |  |   |   |
|   |   |  |   |   |
|   |   |  |   |   |
|   |   |  |   |   |

This Form must be signed by the individual who signed the Applicant’s Application. The Applicant shall place this Form completed and signed in its Application. A copy of this document shall be placed in all Applications submitted including the Public Copy.

* ***If confidentiality is requested, failure to provide the information required on this Form may result in rejection of Applicant’s submittal to request confidentiality or rejection of the Application as being non-responsive.***
* ***Please note that this Form is to be completed and signed only if you are submitting a request for confidential treatment of any information submitted in your Application. If signing this Part 2, do not complete Part 1.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company RFA Number RFA Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (required) Title Date

**Attachment #4**

**Response Check List**

|  |  |  |
| --- | --- | --- |
| **RFA REFERENCE SECTION** | **RESPONSE INCLUDED** | **LOCATION OF RESPONSE** |
| **Yes** | **No** |
| 3. 1 Original, 1 Digital, & **2** Copies of the Application |   |   |   |
| 3. One (1) Public Copy with Confidential Information Excised |   |   |   |
| 3. Transmittal Letter |   |   |   |
| 3. Requirements  |   |   |   |
| 3. Applicant Background Information  |  |  |  |
| 3. Experience  |  |  |  |
| 3. Personnel  |  |  |  |
| 3. Financial Information  |  |  |  |
| 3. Terminations  |   |   |   |
| 3. Acceptance of Terms and Conditions |   |   |   |
| 3. Certification Letter |   |   |   |
| 3. Authorization to Release Information |   |   |   |
| 3. Firm Application Terms |  |  |  |
| 6. Application Security  |   |   |   |
| 5. Mandatory Requirements |   |   |   |
| 5. Scored Requirements |   |   |   |
| 5. Optional Requirements |   |   |   |
| Form 22 – Request for Confidentiality |   |   |   |