



**P.O. Box 45811, Olympia, Washington 98504-5811**

**June 22, 2015**

**AMENDMENT #1**

**TO**

**REQUEST FOR PROPOSALS 1534-501**

**LIFESPAN RESPITE WASHINGTON HOST AGENCY SERVICES**

**AGING AND LONG TERM SERVICES ADMINISTRATION**

RFP 1534-501 is amended as follows:

1. **Exhibit A, Bidder Certifications and Assurances, is replaced with the attached Exhibit A, Bidder Certifications and Assurances Corrected. The corrected replacement Exhibit A reflects the correct procurement number, RFP 1534-501, rather than an incorrect number (RFQ 1534-501).**
2. **Attachments A, B and C to Exhibit B, Sample Contract, are added to the RFP and are attached to this Amendment #1.**

This Amendment #1 to RFP 1534-501, and any further amendments supplementing the RFP, will be posted on the DSHS website at <https://www.dshs.wa.gov/fsa/central-contract-services/procurements-and-contracting> and on WEBS at <https://fortress.wa.gov/ga/webs>

Thank you for participating in this RFP.

## **Exhibit A: Bidder Certification and Assurances**

RFP #1534-501: Lifespan Respite Washington Host Agency Services

*Bidders must print, sign and return both pages of this Attachment A with their Proposal.*

Under the penalties of perjury of the State of Washington, Bidder makes the following certifications and assurances as a required element of its Proposal for RFQ #1534-501. Bidder affirms the truthfulness of these facts and acknowledges current and continued compliance with these certifications and assurances as part of the Proposal and any resulting contract award with DSHS.

1. Bidder declares that all answers and statements made in Bidder's Proposal are true and correct.
2. Bidder's Proposal is a firm offer for a period of 180 days following receipt, and it may be accepted by DSHS without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period. In the case of a protest, the Bidder's Proposal will remain valid for 210 days or until the protest is resolved, whichever is later.
3. Bidder has not been assisted by any current or former DSHS employee whose duties relate (or did relate) to this procurement and who assisted in other than his or her official, public capacity. (If there are any exceptions to these assurances or Bidder has been assisted, Bidder will identify on a separate page attached to this document each individual by: (a) name, (b) current address and telephone number, (c) current or former position with DSHS, (d) dates of employment with DSHS, and (e) detailed description of the assistance provided by that individual.)
4. Bidder certifies that Bidder is currently not in bankruptcy proceedings or waiting for a summary judgment decision.
5. Bidder acknowledges that DSHS will not reimburse Bidder for any costs incurred in the preparation of Bidder's Proposal. All Proposals become the property of DSHS and Bidder claims no proprietary right to the ideas, writings, items or samples.
6. Bidder acknowledges that any resulting contract award will incorporate terms set forth in the Sample Contract(s), including its attachments and exhibits, set forth as Attachment B to the RFQ, or will be substantially similar to the Sample Contract(s) set forth as Attachment B to the RFQ. Bidder will comply the terms of any Contract that is awarded.
7. Bidder acknowledges that if awarded a contract with DSHS, Bidder is required to comply with all applicable state and federal civil rights and other laws. Failure to comply

Exhibit A, page 2

may result in contract termination. Bidder agrees to submit additional information about its nondiscrimination policies, at any time, if requested by DSHS.

8. Bidder certifies that Bidder has a current Washington Business License, and agrees to promptly provide a copy of the license if Bidder is awarded a contract.

9. Bidder made no attempt, nor will make any attempt, to induce any other person or firm to submit, or not submit, a Proposal for the purpose of restricting competition.

10. Bidder acknowledges and authorizes DSHS to conduct a financial assessment and/or background check of Bidder if DSHS considers such action necessary or advisable.

11. Bidder acknowledges its obligation to notify DSHS of any changes in the certifications and assurances above.

Bidder's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Bidders must print, sign and return both pages of this Attachment A with their Proposals.*

**ATTACHMENT A: Lifespan Respite Sustainability Contractual Budget Proposal**

	09/01/15-08/31/16				09/01/16-08/31/17			
	LRS Grant	Title 3E	10% Match	Total	LRS Grant	Title 3E	10% Match	Total
Salaries & Benefits Coordinator	29,994	29,994		59,988	30,294	30,294		60,588
Travel-Coordinator	1,120			1,120	1,120			1,120
Respite Vouchers	55,000			55,000	55,000			55,000
Other	320	4,042	15,401	19,763	1,954	-	14,909	16,863
Admin	15,422	2,715		18,137	13,388	2,130		15,518
<b>Total</b>	<b>101,856</b>	<b>36,751</b>	<b>15,401</b>	<b>154,007</b>	<b>101,756</b>	<b>32,424</b>	<b>14,909</b>	<b>149,089</b>
	101,856	36,751			101,756	32,424		

	Two Year Total			
	LRS Grant	Title 3E	10% Match	Total
Salaries & Benefits Coordinator	60,288	60,288	-	120,575
Travel-Coordinator	2,240	-	-	2,240
Respite Vouchers	110,000	-	-	110,000
Other	2,274	4,042	30,310	36,626
Admin	28,810	4,845	-	33,655
<b>Total</b>	<b>203,612</b>	<b>69,175</b>	<b>30,310</b>	<b>303,096</b>



## Local Match Certification

(This form must be submitted with final contract billing.)

I, \_\_\_\_\_ certify that local funds and/or in-kind items  
PRINT NAME

\_\_\_\_\_ were provided in the amount of  
TYPE AND SOURCE OF FUNDS/ITEMS

\$ \_\_\_\_\_ and were used to match federal funds paid during the time period

of \_\_\_\_\_ through \_\_\_\_\_ for

\_\_\_\_\_  
TYPE OF SERVICE/CONTRACT

NAME OF ENTITY			
NAME OF AUTHORIZED AGENT			CONTRACT/VENDOR NUMBER
AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE	TITLE OR POSITION	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE		TELEPHONE NUMBER	

### Instructions

**Name:** Printed name of the local entity's agent authorized to complete certification form.

**Type and source of funds:** The type and source of local funds used. In-kind sources need specific identification showing who donated the item(s) (e.g., volunteers, building use, etc.).

**Dollar amount:** Dollars that were used to match federal funds paid during the time period. Dollars reported must agree with amount on the final billing.

**Time frame:** Period of time the services were provided.

**Type of service/contract:** Services eligible for FFP.

**Name of entity:** Name of local entity that is providing the local funding match.

**Name of authorized agent:** Name of local entity that is authorized to act in behalf of local entity.

**Contract/vendor number:** The contract or vendor number of the local entity.

**Authorized representative's signature:** The signature of the local entity authorized representative.

**Date:** Date when form was completed.

**Title or position:** Title or position of local entity authorized representative

**Printed name:** Printed name of authorized representative.

**Telephone number:** Telephone number of authorized representative. Include the area code.

1. DATE ISSUED MM/DD/YYYY 08/26/2014  
 2. CFDA NO. 93.072  
 3. ASSISTANCE TYPE Cooperative Agreement

Department of Health and Human Services  
 Administration For Community Living  
 AOA - Lifespan Respite Integration Program

One Massachusetts Avenue NW  
 Washington, DC 20001

**NOTICE OF AWARD**  
 AUTHORIZATION (Legislation/Regulations)  
 42 USC 3001 et seq.

1a. SUPERSEDES AWARD NOTICE dated  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO. 90LI0017-01-00 Formerly	5. ACTION TYPE New
6. PROJECT PERIOD From 09/01/2014	Through 08/31/2017
7. BUDGET PERIOD From 09/01/2014	Through 08/31/2015

8. TITLE OF PROJECT (OR PROGRAM)  
 Lifespan Respite Washington (LRW)

9a. GRANTEE NAME AND ADDRESS  
 Washington State Dept of Social and Health Services  
 Po Box 45600  
 Aging & Long Term Support Admi  
 Olympia, WA 98504-5600

9b. GRANTEE PROJECT DIRECTOR  
 Hilarie Hauptman  
 PO Box 45600  
 Aging & Long Term Support Admi  
 Olympia, WA 98504-5600  
 Phone: 360-725-2556

10a. GRANTEE AUTHORIZING OFFICIAL  
 Ms. Marietta Bobba  
 PO Box 45600  
 Aging & Long Term Support Admi  
 Olympia, WA 98504-5600  
 Phone: 360-725-2618

10b. FEDERAL PROJECT OFFICER  
 Mr. Gregory Link  
 One Massachusetts Ave.  
 Administration for Community Living  
 Washington, DC 20201-1401  
 Phone: 202 357-3545

**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

II Total project costs including grant funds and all other financial participation

a. Salaries and Wages	21,233.00
b. Fringe Benefits	6,897.00
c. Total Personnel Costs	28,130.00
d. Equipment	0.00
e. Supplies	5,619.00
f. Travel	1,099.00
g. Construction	0.00
h. Other	5,771.00
i. Contractual	113,947.00
j. TOTAL DIRECT COSTS	154,566.00
k. INDIRECT COSTS	2,515.00
l. TOTAL APPROVED BUDGET	157,081.00
m. Federal Share	117,811.00
n. Non-Federal Share	39,270.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	117,811.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	117,811.00
13. Total Federal Funds Awarded to Date for Project Period	117,811.00

14. RECOMMENDED FUTURE SUPPORT  
 (Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2	120,000.00	d. 5	
b. 3	120,000.00	e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION	
b. ADDITIONAL COSTS	
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation  
 b. The grant program regulations.  
 c. This award notice including terms and conditions, if any, noted below under REMARKS.  
 d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)

This action is issued as a new award for the period identified in box 7, and federal amount on line 12d.

GRANTS MANAGEMENT OFFICER: Rimas T Liogys, Director, OGM

17. OBJ CLASS 41.45	18a. VENDOR CODE 1916001088A7	18b. EIN 916001088	19. DUNS 127347115	20. CONG. DIST. 10
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 4-299999J	b. 90LI001701	c. ACLAOA	d. \$117,811.00	e. 75140142
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

PAGE 2 of 4	DATE ISSUED 08/26/2014
GRANT NO. 90LI0017-01-00	

## Standard Administrative Terms

### 1. Standard Administrative Terms

1. This award is paid by DHHS Payment Management System (PMS). Please go to <http://www.dpm.psc.gov/> for payment and reporting information.
2. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award. This includes requirements in Parts I and II (available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf> of the HHS GPS).
3. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to [http://www.acl.gov/Funding\\_Opportunities/Grantee\\_Info/Victims.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/Victims.aspx). This grant is subject to the requirements set forth in 45 CFR Part 74 (for non-profit organizations and educational institutions) or 45 CFR Part 92 (for state, local, and federally recognized tribal governments).
4. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 74 or 92, directly apply to this award apart from any coverage in the HHS GPS. The general provisions from The Consolidated Appropriation Act, 2014 (P.L. 113-76) enacted on January 17, 2014, for all awards funded with FY14 appropriations issued on or after January 17, 2014 can be found on the AoA website: <http://www.aoa.gov/AoARoot/Grants/Terms/CAA.aspx>.
5. Initial expenditure of funds by the grantee constitutes acceptance of this award. Any future support is subject to the availability of funds and programmatic priorities.
6. Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award. The effective date is for all grants and contracts issued on or after July 1, 2013, through January 1, 2017.
7. All grantees are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as "marriage," "spouse," "family," "household member" or similar references to familial relationships to reflect inclusion of same-sex spouse and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

### Special Conditions

1. Financial Reporting - The following award term is specific to this award. It overrides references in the HHS Grants Policy Statement and in 45 CFR 74.52 or 45 CFR 92.41, as applicable, regarding the Financial Status Report (SF-269) and Federal Cash Transactions Report (SF-272). All other provisions concerning financial reporting remain in effect.

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 4	DATE ISSUED 08/26/2014
GRANT NO. 90LI0017-01-00	

Effective March 1, 2011, the Department of Health and Human Services requires all grantees use the Federal Financial Report (SF-425) form at: [http://www.acl.gov/Funding\\_Opportunities/Grantee\\_Info/Reporting.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/Reporting.aspx). The SF-425 form is downloadable as PDF or on Excel. Complete all lines as appropriate.

Grantees are required to complete the federal cash transactions portion of the SF-425, lines 10 a through c within the Payment Managements System for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of the award.

The annual report for this project period is cumulative and covers the identified budget period. The report is due 30 days after the budget period end date. For each subsequent report, the end date should be extended by one year retaining the original start date. You must reconcile your cash accounts with your expenditures for the reporting period and submit a cumulative report each year. A final report is due 90 days after the expiration date of the project period. This report must be submitted as a "note" using an authorized GrantSolutions account.

2. Program Progress Reporting - Program Progress Reports are due semi-annually (within 30 days following each six month period), effective with the start date of the award. This report must be submitted as a "note" using an authorized GrantSolutions account.

3. Cooperative Agreement -This award is issued as a cooperative agreement, a financial assistance mechanism in which substantial ACL programmatic involvement is anticipated. This award is subject to the grantee and collaborative requirements and responsibilities set forth in the Cooperative Agreement outlined in the agency funding opportunity as announced. Those responsibilities are hereby incorporated by reference as special terms and conditions of this award.

4. FFATA and FSRS Reporting -The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System located at <http://www.FSRS.gov> for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations. Additional guidance is located at: [http://www.acl.gov/Funding\\_Opportunities/Grantee\\_Info/FFATA.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx)

5. GrantSolutions - ACL discretionary grantees are required to use GrantSolutions (GS) for their end to end grants management services (tracking and receiving various award actions, submitting financial and progress reports, general correspondence, requests etc.). The grantee authorizing official identified in box 10a., and grantee project director identified in box 9b., must ensure they are registered with GS and have the appropriate role assigned to them by their organization. Please follow the GS grantee account registration information located at the following URL: <https://www.grantsolutions.gov/support/registration.html>. If you are unable to register or have questions associated with registration, contact your Grants Management Specialist (GMS).

6. Closeout Requirements – A final Federal Financial Report (SF-425), a Property Inventory and Disposition Statement, and a final Project Report are due within ninety (90) days after the expiration of the project period in box 6 of the Notice of Award. Submit all reports as a "note" using an authorized GrantSolutions account.

**Staff Contacts**

1. Please direct questions related to award negotiation, interpreting the fiscal or administrative requirements, policies or provisions to the Grant Management Specialist, (Christine Ramirez) (202) 357-3465 or email at ([Christine.Ramirez@acl.hhs.gov](mailto:Christine.Ramirez@acl.hhs.gov)).

NOTICE OF AWARD (Continuation Sheet)

PAGE 4 of 4	DATE ISSUED 08/26/2014
GRANT NO.	90LI0017-01-00

2. Please direct questions related to program requirements or technical assistance to the Program Officer listed in box 10b of the Notice of Award.