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**APPLICANT INFORMATION**

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1. \_\_\_\_\_ 2. \_\_\_\_\_  
Legal Name of Service Provider Submitting Proposal Federal Employer ID Number

3. \_\_\_\_\_  
d/b/a (if different from legal name)

4. \_\_\_\_\_  
Address of Administrative Offices

5. \_\_\_\_\_  
Mailing Address (if different from above)

6. \_\_\_\_\_ 7. \_\_\_\_\_  
Telephone Number Fax Number

8. \_\_\_\_\_ 9. \_\_\_\_\_  
Administrative Contact Person E-mail Address

10. \_\_\_\_\_ 11. \_\_\_\_\_  
Billing Contact Person E-mail Address

12. Indicate the Service Provider's Legal Status:

- Government Entity     For Profit     Corporation     Sole Proprietorship  
 Not for Profit\*     Partnership\*\*

*\*If Not for Profit, please attach a copy of the IRS Letter of Exemption 501 (c)(3) and IRS determination letter and a copy of the current roster of the Board of Directors.*

*\*\*If Partnership, attach names of all partners.*

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**BUSINESS ENTITY TYPE**

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**A copy of the Certification for any classification checked must be provided.**

- Check if this is a **MINORITY OWNED BUSINESS ENTITY (Certification attached)**
- Check if this is a **WOMAN OWNED BUSINESS ENTITY (Certification attached)**
- Check if this is a **DISADVANTAGED OWNED BUSINESS ENTITY (Certification attached)**
- Check if this is a **SMALL BUSINESS UNDER 25 IAC 1.5-3-4 & IC 5-22-14**  
**Small Business:** As used in this clause means a business, which is independently owned and operated, not dominant in the field of operation and qualified as a small business under the following size standards:
- **Wholesale Business:** Annual sales of four million dollars (\$4,000,000) or less during its last fiscal year.
  - **Service Business:** Average sales of five hundred thousand dollars (\$500,000) for the current and preceding three (3) fiscal years and who employs no more than twenty-five (25) persons.
  - **Retail Business:** (business selling services): Annual sales and receipts of five hundred thousand dollars (\$500,000) or less.
  - **Manufacturing Business:** Employs no more than one hundred (100) persons.

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**ORGANIZATIONAL DESCRIPTION**

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**Please attach a separate sheet with the title “Organizational Description” and answer each of the following questions. If the Organizational Description is more than one page long, please number the pages as Page 1 of 2, Page 2 of 2, etc. Please do not staple or clip pages.**

1. What programs are currently offered by the organization?
2. Please provide a brief description of the applicant organization. What year was the organization founded? What is the organization’s purpose? Describe its history and background.
3. Please describe the population served by the organization including the numbers and characteristics of people served.
4. What is the organization’s experience in providing services to low-income families and/or individuals who are elderly or disabled?

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## INSURANCE AND BONDING

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1. The vendor shall provide **general liability insurance** coverage in a minimum amount of \$500,000 for bodily injury and property damage.
2. When the provider is a department or division of the state of Indiana or of a county or local government, the foregoing insurance coverage shall not be required; however, the vendor may elect to provide such coverage.
3. The vendor shall provide for **workers' compensation and unemployment compensation** as required by Indiana law.
4. The vendor shall provide a bond or insurance coverage for all persons who will be handling funds or property as a result of the contract or who may carry out the duties specified in the contract:
  - a. in an amount equal to one-half of the total annual funding provided to the vendor through the NWICA; or
  - b. in the amount of \$125,000, whichever is less, to be effective for the period of the contract plus three years for purposes of discovery.
  - c. provide protection against losses resulting from criminal acts and wrongful and negligent performance of the duties specified in the contract; and
  - d. This coverage may be referred to as **Crime, Fidelity, Surety or Employee Dishonesty**.
5. Sufficient vehicle insurance for all staff and vehicles utilized under the agreement.
6. The vendor shall immediately notify the NWICA if the amount of the bond or insurance is canceled or modified. In the event of cancellation, the NWICA shall make no further disbursements until certification is provided by a bonding or insurance company that the provisions set forth in this section have been satisfied.
7. In the event such verification is not received by the NWICA within 10 days of the notice of cancellation, the vendor shall agree to return to the NWICA the balance of all money paid to the vendor by the NWICA under the contract. The NWICA may at its discretion require the AAA to furnish additional or different bond or insurance coverage.
8. The following specific insurance requirement apply to the specified vendor types:
  - a. **Licensed Home Health Agencies**
    - i. Health Care Providers shall carry **professional liability** insurance with limits equal to minimum limits provided for the Indiana Medical Malpractice Act. (Applicable to licensed Health Care Providers only)
  - b. **Transportation Vendors**
    - i. In addition to standard insurance coverage, transportation vendors must have **Ambulatory coverage** in a minimum amount of \$1.5 million, **Wheelchair Accessible coverage** in a minimum amount of \$1.5 million and **General Vehicle Liability** in a minimum amount of \$1 million. Policies must list NWICA as an additional insured. Vendor is responsible for submitting updated Certificates of Insurance as applicable.
9. The Vendor must provide the NWICA with a certificate of insurance that illustrates the following, in regards to vendor insurance policies:
  - a. The Certificate of Insurance shall contain a provision that coverage afforded will not be **cancelled until at least thirty (30) days prior written** notice has been given to NWICA.
  - b. NWICA shall be the **Certificate Holder**.
  - c. The Certificate shall be prepared on **"Acord" Form 25 (2/84)** or an equivalent form.
  - d. The Certificate shall indicate that NWICA is an **Additional Insured**.
  - e. The Certificate shall indicate the **types** of coverage;
  - f. The Certificate shall indicate the **limits** of liability; and

- g. The Certificate of Insurance indicates the **expiration date** of each policy.
  - h. Service Providers are responsible to provide NWICA with **updated Certificates** with each policy renewal. Certificates of Insurance are to be submitted to NWICA Quality Assurance Department.
10. Please attach a Certificate of Insurance that meets the specifications above. Label the attachment as “Attachment A: Certificate of Insurance”.

**FINANCIAL DOCUMENTATION**

1. It is important to NWICA to have a sense of each provider’s financial capacity because our payment system operates on a reimbursement basis. That means, that once a vendor receives an authorization to serve one of our customers, the vendor will provide the service and pay all of the related expenses. After the service has been provided, the vendor will send NWICA an invoice according to NWICA’s Billing Schedule. NWICA compiles all vendor invoices and submits to the Indiana Division of Aging. The Division of Aging takes approximately 35 days to release funds to NWICA and following the receipt of funds, NWICA issues funds to vendors. That can mean that businesses are awaiting reimbursement for 60 days or longer. It is important to NWICA that potential vendors understand this process and demonstrate the financial capacity to work within this system. In order for us to evaluate this capacity, your proposal must contain at least one of the following:
- a. Audited Financial Statements
  - b. Financial Statements including at least an Income Statement and Balance Sheet
  - c. Business Plan including a set of pro forma Financial Statements

**TECHNOLOGY REQUIREMENTS**

1. NWICA utilizes Windows SharePoint to communicate and exchange documents with contracted vendors. In order to access our SharePoint site, vendors must have the following equipment/technology:

Component	Minimum Requirement
<b>Processor Type and Speed</b>	Intel I5/2.4 GHz
<b>RAM</b>	4GB RAM
<b>Operating System</b>	Windows 10/11
<b>Browser</b>	Chrome/Edge
<b>Internet Connection</b>	DSL
<b>Hard Drive space (C: Drive)</b>	2GB available Hard drive Space
<b>Antivirus Software</b>	Symantec Antivirus Version X.X (definitions up to date)
<b>Printer</b>	Printer <u>must</u> be HP LaserJet Compatible
<b>Scanner</b>	Scanner <u>must</u> be able to scan paperwork and save as .PDF format. Scanner must have a document feeder to scan multiple pages into one image. Scanner must be TWAIN compliant.

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## ATTACHMENTS

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The following documentation must be attached to the Applicant Information section of the proposal. Please label each attachment as indicated. If an attachment is more than one page long, please label each page as follows: Attachment B, page 1 of 12; Attachment B, page 2 of 12; etc. Please do not staple or clip pages or attachments.

- Attachment A: Certificate of Insurance as described above. *(Please ensure that this is in an "Acord" form 25 (2/84) or an equivalent form.)*
- Attachment B: Financial Documentation as described above. *(Please do not submit bound or stapled copies. Please do not clip pages. Please label pages as indicated in the instructions for this section.)*
- Attachment C: Current Certificate of Existence from the Secretary of State's Office (Not applicable to Sole Proprietorships or Government Entities)
- Attachment D: A current W-9 Request for Taxpayer Identification Number and Certification form
- Attachment E: Organization chart. *(Please include all parent and subsidiary organizations, if applicable.)*
- Attachment F: If Not for Profit, IRS Letter of Exemption 501 (c)(3) and IRS determination letter
- Attachment G: If Not for Profit, please attach a copy of the current roster of the Board of Directors.
- Attachment H: If Partnership, attach names of all partners.
- Attachment I: If certified as Minority Owned, Woman Owned or Disadvantaged Owned, please attach a copy of the certification.
- Attachment J: Completed "Documentation of Computer Hardware and Software" worksheet. (Worksheet can be found in the Request for Proposal zip file: Section 1 – Applicant Information downloaded from the NWICA web site at [www.nwi-ca.com](http://www.nwi-ca.com))
- Completed Service Proposals for each service your organization is applying to provide

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## ASSURANCES

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Please initial each individual item and sign indicating that all items have been implemented.

- Vendor must maintain books, records, documents and other evidence that follow generally accepted accounting procedures and practices which sufficiently and properly reflect all costs attributed to each service provided.
- Vendor must have a valid driver's license and sufficient vehicle insurance for all staff that transport clients.
- Personnel files must have documentation of the following: orientation/training; reference checks; criminal background checks; current job descriptions; certificate/licensing; proficiency testing; annual performance evaluations; in-service/staff training attendance; current Mantoux Test and physical exam (kept in separate file).
- The applicant attests that it has the following items, which must be kept on file by the Service Provider. **Do not include these items**, however they must be available for the NWICA Area Agency and/or Family and Social Services Administration (FSSA) review:
  - Written personnel policies
  - Written procedure for conducting reference, employment, and criminal background checks
  - Affirmative Action Plan/ equal opportunity employer policy
  - Written fiscal policies and procedures
  - Board Meetings/Board Minutes (non-profit organizations only)
  - Written grievance/complaint procedure for clients and employees
  - Written plan for staff training, which includes the method of documenting completion of training
  - Drug Free Workplace Policy
  - Conflict of interest policy (for staff and board)
  - Client termination procedure
  - Confidentiality policy (posted for client's accessibility)
  - Non-discrimination in service provision policy

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Signature

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Title

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**STATEMENT OF CERTIFICATION**

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**NON-DISCRIMINATION**

- A. Pursuant to Indiana Code § 22-9-1-10, Grantee and its subcontractors shall not discriminate against any employee or applicant for employment to be employed in the performance of this agreement, with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment because of race, age, color, religion, sex, disability, national origin or ancestry. The Grantee understands that the State is a recipient of federal funds. Pursuant to that understanding, the Grantee and its subcontractors, if any, agree that if Grantee employs 50 or more employees and does at least \$50,000 worth of business with the State and is not exempt, the Grantee will comply with the affirmative action reporting requirements of 41 C.F.R. § 60-1.7. Breach of this covenant may be regarded as a material breach of this contract. The state of Indiana shall comply with Section 202 of Executive Order 11246, as amended, 41 C.F.R. § 60-250, and 41 C.F.R. § 60-741, as amended, which are incorporated herein by specific reference.
- B. Grantee agrees to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Americans with Disabilities Act of 1990 (42 U.S.C. § 12.01 et seq. and 47 U.S.C. § 225), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), Executive Order 11246 and 41 C.F.R. Part 60-1 et seq., as applicable, and all other non-discrimination regulations of the United States Government, as applicable, to ensure that no person shall, on the grounds of race, age, color, religion, sex, disability, national origin or ancestry, be excluded from participating in or denied the benefit of Grantee's services, or otherwise subjected to discrimination under any program or activity for which Grantee or its subcontractors receive, directly or indirectly, federal or state financial assistance, and Grantee agrees to immediately take measures to effectuate this provision.
- C. The parties agree that any publicity release or other public reference, including media releases, informational pamphlets, etc., relative to the services provided under this agreement, will clearly state that all services are provided without regard to race, age, color, religion, sex, disability, national origin or ancestry. Or status as a veteran.

**RELIGIOUS ACTIVITIES**

Grantee agrees that activities conducted with funding obtained through this agreement shall be non-sectarian in nature and that religious activities shall not be included in any activities to be conducted hereunder.

**POLITICAL ACTIVITY**

Grantee certifies that the funding provided by State through this agreement shall not be used to provide voters and prospective voters with transportation to the polls or provide similar assistance in connection with any election or voter registration activity.

**DRUG-FREE WORKPLACE**

- A. Grantee hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. Grantee will give written notice to the State within ten (10) days after receiving actual notice that an employee has been convicted of a criminal drug violation occurring in Grantee's workplace.
- B. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract payments, termination of the contract or agreement and/or debarment of Grantee from doing further

business with the State of Indiana for a period of up to three (3) years.

- C. In addition to the provisions of Paragraph A above, if the total contract amount set forth on any Attachment is in excess of \$25,000, Grantee hereby further agrees that this agreement is expressly subject to the terms, conditions and representations of the following certification.
- D. This certification is required by Executive Order No. 99-5, April 12, 1990, issued by the Governor of Indiana. Pursuant to its delegated authority, the Indiana Department of Administration is requiring the inclusion of this certification in all contracts with and grants from the State of Indiana in excess of \$25,000. No award of a contract or grant shall be made, and no contract, purchase order or agreement, the total amount of which exceeds \$25,000, No award of a contract or grant shall be made, and no contract, purchase order, or agreement, the total amount of which exceeds \$25,000.00, shall be valid, unless and until this certification has been fully executed by the Grantee and made a part of this agreement as part of the grant documents.

The Grantee certifies and agrees that it will provide a drug-free workplace by:

- a. Publishing and providing to all of its employees a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- b. Establishing a drug-free awareness program to inform employees (1) the dangers of drug abuse in the workplace; (2) the Grantee's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace.
- c. Notifying all employees in the statement required by subparagraph (a) above that as a condition of continued employment the employee will (1) abide by the terms of the statement; and (2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- d. Notifying in writing the contracting state agency and the Indiana Department of Administration within ten (10) days after receiving notice from an employee under subparagraph (c)(2) above or otherwise receiving actual notice of such conviction.
- e. Within thirty (30) days after receiving notice under sub-paragraph (c)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) taking appropriate personnel action against the employee, up to and including termination; or (2) requiring such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.
- f. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (a) through (e) above.

#### **LOBBYING ACTIVITIES**

- A. Pursuant to 31 U.S.C. § 1352, and any regulations promulgated there under, including 10 C.F.R. Part 601, Grantee hereby assures that no federally appropriated funds have been paid, by or on behalf of Grantee, to any person for



influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress, in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.

- B. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member or Congress in connection with this agreement, Grantee shall complete and submit 'Standard Form-LLL,' 'Disclosure Form to Report Lobbying.' If Grantee is required to submit Standard Form LLL,' the form and instructions for preparation may be obtained from State.
- C. Grantee shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.
- D. The foregoing certification is a material representation of fact upon which reliance was or will be placed when entering into this agreement and any transactions with State. Submission of this certification is a prerequisite for making or entering into any transaction as imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **DEBARMENT AND SUSPENSION**

Grantee certifies, by entering into this agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from entering into this agreement by any state department or agency. The term 'principal' for purposes of this agreement is defined as an officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of Grantee.

#### **CONFLICT OF INTEREST**

Grantee agrees to comply with applicable provisions of the Office of Management and Budget Circulars A-110 and "The Common Rule," regarding conflicts of interest. Grantee further acknowledges and agrees that no employee, agent representative, or subcontractor of Grantee who may be in a position to participate in the decision-making process of Grantee or its subcontractors may drive an inappropriate personal or financial interest or benefit from any activity funded through this agreement, either for himself or for those with whom he has family or business ties.

#### **BUY AMERICAN ACT**

Grantee acknowledges the intent of the Congress of the United States that only American made equipment and products should be purchased with funds provided through this agreement. Therefore, in expending the funds provided hereunder, Grantee agrees to comply with 41 U.S.C. §§ 10a-10d, known as the "Buy American Act".

#### **FEDERAL PARTICIPATION**

Pursuant to Pub. L 103-333, 18 Stat. 2573 when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing the activities funded through this agreement, Grantee shall clearly state:

- A. The percentage of the total costs of the program or project which will be financed with federal funds;
- B. The dollar amount of federal funds for the project or program; and
- C. The percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

**ENVIRONMENTAL TOBACCO SMOKE**

Grantee certifies that it will comply with applicable provisions of the Pro-Children Act of 1994 (20 U.S.C. § 6081 *et seq.*), which require that smoking not be permitted in any portion of any indoor facility owned, leased, or contracted for by Grantee and which is used routinely or regularly for the provision of health, day care, education, or library services to children under the age of eighteen (18) years if the services are funded by federal programs either directly or through states or local governments by federal grant, contract, loan, or loan guarantee. This provision shall not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities under for inpatient drug or alcohol treatment

**AUTHORITY TO BIND**

Notwithstanding anything in this agreement to the contrary, the signatory for the Grantee represents that he/she has been duly authorized to execute this agreement on its behalf.

**ORDER OF PRECEDENCE**

Any inconsistency or ambiguity in this agreement shall be resolved by giving precedence in the following order: (1) this agreement, (2) attachments to this agreement prepared by the State, (3) any proposal, program narrative, plan, or budget, submitted by Grantee.

**SEVERABILITY**

The invalidity of any section, subsection, clause, or provision of this agreement shall not affect the validity of the remaining sections, subsections, clauses, or provisions of the agreement.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996**

Grantee certifies that it will comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title III), which addresses the security and privacy of health data. This privacy policy must be posted in a conspicuous place within the business.

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**CERTIFICATION**

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I \_\_\_\_\_ have read the federal and state laws and regulations and Northwest Indiana Community Action Corporation requirements. My initials indicate our agreement to comply:

- \_\_\_\_\_ Non-discrimination
- \_\_\_\_\_ Religious Activities
- \_\_\_\_\_ Political Activities
- \_\_\_\_\_ Drug Free Workplace
- \_\_\_\_\_ Lobbying Activities
- \_\_\_\_\_ Debarment and Suspension
- \_\_\_\_\_ Conflict of Interest
- \_\_\_\_\_ Buy America Act
- \_\_\_\_\_ Federal Participation
- \_\_\_\_\_ Lead-Based Paint
- \_\_\_\_\_ Environmental Tobacco Smoke
- \_\_\_\_\_ Authority to Bid
- \_\_\_\_\_ Order of Precedence
- \_\_\_\_\_ Severability
- \_\_\_\_\_ Health Insurance Portability and Accountability Act of 1996

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Printed or Typed Name

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Title

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Signature

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Date



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**CERTIFICATION STATEMENT AND VERIFICATION OF INTENT**

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I have read the the Request for Proposals and related materials. I understand the intent, limitations, and requirements of the services I am proposing to provide and the contractual requirements of Northwest Indiana Community Action Corporation (NWICA).

I hereby certify that all information in the Proposal is true and correct, and accurately reflects the operations of \_\_\_\_\_ . I understand and certify that \_\_\_\_\_ will comply with the programmatic and contractual requirements placed upon \_\_\_\_\_ as a service provider receiving funds from NWICA.

I hereby certify that all financial information in this Request for Proposals is true and correct and accurately reflects the revenue, expenses, and units of service to be delivered. I certify that no collusion has occurred with other individuals or agencies who submitted proposals with regard to requested allocation. I understand and certify that \_\_\_\_\_ can and will comply, with the financial contractual requirements placed upon the service provider receiving funds from NWICA.

Should applicant receive funding, applicant agrees to site monitoring by NWICA and agrees that the NWICA, the Indiana Family and Social Services Administration and/or their designees will have access to all records (e.g., payroll, performance evaluations, employee grievance) applicable to activities funded under an awarded contract. I also certify that I am authorized by my Board of Directors/Owners/Stockholders to prepare and submit this proposal.

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**VERIFICATION OF INTENT**

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This application has been developed in accordance with all rules and regulations specified by NWICA.

Applicant's Legal Name \_\_\_\_\_

1) Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_