

Request for Proposals (RFP)

RFP Title & Number: Older Adult Home Modification Program

Due Date & Time: May 16, 2025, at 1:00 PM EST

Procurement Contact:

• Kayla Marinelli – kmarinelli@tves.org

• Lisa Prince — lprince@tves.org

Deadline for Questions: May 5, 2025, at 1:00 PM EST

Submit all questions by email to the procurement contacts above.

Bid Deposit/Bonding: Not required *Late submissions will not be considered.*

Tri-Valley encourages responses from minority-owned, women-owned, veteran-owned, small, and disadvantaged businesses.

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Attachments:

- Attachment A Proposal Affidavit
- Attachment B References (Minimum of two required)

1. Introduction

Purpose:

Tri-Valley is requesting proposals from qualified and experienced firms to act as subrecipients to manage and deliver services under HUD's Older Adult Home Modification Program.

The firm selected will provide **Licensed Contractors.** Work will be performed throughout the twenty-five-town service area of Tri-Valley, Inc.

RFP Timeline:

Task	Date
RFP Issued	April 18, 2025
Deadline for Questions	May 5, 2025
Proposal Due Date	May 16, 2025
Interviews (if needed)	May 19-20, 2025
Final Selection	June 2, 2025
Project Timeline	June 2, 2025-June 2, 2027, subject to HUD approval

2. General Information for Proposers

The overall purpose of the Older Adult Home Modification Program (OAHMP) is to assist experienced nonprofit organizations, state and local governments, and public housing authorities in undertaking comprehensive programs that make safety and functional home modification repairs and renovations to meet the needs of low-income seniors. The goal of the home modification program is to enable low-income elderly persons to remain in their homes through low-cost, low barrier, high impact home modifications to reduce older adults' risk of falling, improve general safety, increase accessibility, and to improve their functional abilities in their home. This will enable older adults to remain in their homes, that is, to "age in place," rather than move to nursing homes or other assisted care facilities. (Department of Housing and Urban Development, hud.gov)

The OAHMP model focuses on low-cost, high-impact home modifications. Examples of these home modifications include installation of grab bars, railings, and lever-handled doorknobs and faucets, as well as the installation of adaptive equipment, such as temporary ramp, tub/shower transfer bench, handheld shower head, raised toilet seat, risers for chairs and sofas, and non-slip strips for tub/shower or stairs. The OAHMP model primarily relies on the expertise of a licensed Occupational Therapist (OT) to ensure that the home modification addresses the client's specific goals and needs and promotes their full participation in daily life activities. The OT is trained to evaluate clients' functional abilities and the home environment and has knowledge of the range of low-cost, high-impact environmental modifications and adaptive equipment used to optimize the home environment and increase independence. To help maximize the breadth of the program, the OAHMP also supports using licensed OT Assistants and Certified Aging-in-Place Specialists whose work under the grant is overseen by licensed OTs. The OAHMP model also encourages a person-centered approach that motivates and supports older adults as they identify their goals and learn to function safely in their home.

Services made available under this grant must be for the benefit of eligible low-income senior homeowners and renters who are at least 62 years old for work within their primary residence. Because of the vulnerable nature of the persons served, awardees of an OAHMP grant are highly encouraged to ensure that the processes employed to qualify projects for home modifications avoid the potential for project implementation delays. One example of potential delay is enrolling a beneficiary whose home requires modifications beyond what HUD defines as maintenance. Proposed projects involving repair or rehabilitation above the maintenance level require an environmental review, either by the grant recipient, a non-recipient Responsible Entity, or by HUD. To the greatest extent feasible, awardees of OAHMP should select the home modifications identified in the "maintenance" column of the table in Appendix B, Home Modifications/Repairs at the web link below. Proposed projects that meet the definition of maintenance will not require an environmental review or approval by HUD.

Older Adults Home Modification FR-6800-N-69.pdf

Proposal Review Process:

Each proposal will be evaluated for:

- **Responsiveness:** Completeness, format, and adherence to requirements.
- **Responsibility:** Demonstrated ability, experience, and qualifications.

Incomplete, unsigned, or late proposals may be rejected. Tri-Valley may request additional information.

Tri-Valley Rights:

- Reject any or all proposals.
- Accept all or parts of any proposal.
- Cancel or reissue the RFP.
- Waive minor informalities.

Addenda:

Updates or changes will be posted online. It's the proposer's responsibility to check for updates and acknowledge them in the proposal.

Oral Presentations:

Tri-Valley may request oral presentations to clarify proposal details.

Proposal Costs:

All costs for preparing and submitting proposals are the responsibility of the proposer.

Acceptance of Terms:

Submission of a proposal indicates acceptance of all RFP terms and conditions.

Public Records Notice:

Clearly identify confidential or proprietary content. Tri-Valley follows public records laws.

Other Key Provisions:

- Tri-Valley may determine award recipient based on written proposal alone.
- Proposer must identify and address any actual or potential conflicts of interest.
- Selected proposals must comply with all applicable federal and state laws.
- Tri-Valley reserves the right to extend contract terms to other agencies (piggybacking).
- Tri-Valley is the primary grant holder and will issue subcontracts as needed to meet all required grant standards.
- Proposals must remain valid for 30 calendar days unless otherwise agreed.

Billing & Payment:

Payments will issue on a Net 30 basis upon receipt of invoices. Detailed records are required to be maintained and available for audit purposes.

Insurance Requirements:

Contractors must maintain appropriate liability insurance and provide proof before work begins. Tri-Valley must be listed as a certificate holder.

3. Scope of Services

Overview:

The contractor will help develop and implement a community-informed home modification program to serve older adults in compliance with HUD guidelines and the expectations of Tri-Valley, Inc. as the primary grant holder.

Key Roles & Responsibilities:

Licensed Contractor

All contractors must meet the requirements of the Occupational Safety and Health Administration (OCHA) and the state/local occupational safety and health regulations.

- Contractors must participate in an on-boarding process designed by the grantee before performing work. This process will reflect the program's desired approach to interacting with older adults and their caregivers and families
- Must be licensed, bonded, and insured in accordance with state and local requirements
- For mobile homes and manufactured homes, must follow state licensing requirements for repair/modification of mobile homes and manufactured homes, as applicable

• Must provide a warranty period acceptable to the grantee for all home modifications (e.g., one year)

Scope of Home Modifications. The allowable modifications are defined as low-cost changes to the home environment that are directly related to reducing the risk of falling and improving general safety, accessibility, and functional abilities of the client. The resulting home environment is expected to make tasks easier, reduce accidents, and lengthen the amount of time the client can continue to live in their primary residence. The cost of home modifications per housing unit that is **inclusive of labor, contractor services, materials and supplies** associated with structural modifications and adaptive equipment, is capped at \$5,000. This capped amount excludes the salary for the OT, licensed OT Assistant, or Certified Aging-in-Place Specialist. A list of in-scope and out-of-scope modifications is expected as part of this RFP. (See Appendix B at web link provided for examples of Home Modifications/Repairs)

Structural modifications are physical changes to the primary residence requiring puncturing walls, ceilings, floors—such as adding grab bars or railings—or involving exterior modifications such as adding ramps. All structural modifications must be performed by a licensed, bonded, and insured residential contractor, or in accordance with your local and state regulations. For purposes of this grant, functional home modifications may also include structural modifications.

Community Engagement:

The contractor will participate in community engagement and the outreach process to inform program development. They will work together with Tri-Valley to distribute promotional materials, engage stakeholders and work to develop partnerships in order to achieve all project goals.

Additional Roles excluded from this proposal:

Tri-Valley will employ a **Program Director** who will:

- Develop internal processes for the identification of older adults that may benefit from home modifications as allowed in this grant; train internal staff on the assessment process to determine preliminary eligibility
- Engage in the development and implementation of media and outreach processes to highlight program availability across the Tri-Valley service area
- Participate in regular communication with subcontractors related to referrals, assessment, projects underway and completed, payments and customer satisfaction to ensure the success of the OAHMP program.

Tri-Valley's **Chief Financial Officer** and fiscal team will receive and manage all grant funds, issue appropriate payments and retain records as required by HUD and state regulations.

4. Evaluation & Selection Criteria

Scoring Breakdown:

- Technical Criteria (50 points):
 - Experience with similar programs 25 points
 - Staff qualifications & capacity to meet timeline 25 points
- Price Proposal (10 points):
 - o Lowest price receives full points; others scaled accordingly

Evaluation Process:

Proposals will first be evaluated for technical merit. Top-scoring proposals will then have price proposals reviewed.

Best Value Selection:

The contract will be awarded to the proposal offering the **best value**, not necessarily the lowest cost.

Interviews:

Tri-Valley may conduct interviews with top candidates before making a final decision.

5. Proposal Submission Requirements

Submission Format:

Technical Proposal (1 PDF copy):

- Cover letter (signed)
- Completed Proposal Affidavit (Attachment A)
- References (Attachment B)
- Firm qualifications and relevant experience
- Resumes of key staff
- Statement on ability to meet funding deadlines

Price Proposal (1 PDF or Excel spreadsheet):

• Completed outline with detailed pricing and estimated hours

Proposals must be received by 1:00 PM on May 16, 2025

By Mail:

Tri-Valley
Attn: OAHMP

10 Mill Street, Dudley, MA 01571

By Email:

Subject: (your company name)-OAHMP kmarinelli@tves.org lprince@tves.org

6. Basis of Award

Tri-Valley will award the contract to the proposer offering the most advantageous combination of qualifications, experience, and cost. Consideration will include the quality of services, ability to meet timelines, innovation, and overall value.

7. Price Proposal

From: _____

Discipline/Staff Name	Hourly	Est. hours	Frequency	Total price
1	Rate		(Daily	1
	Tuic		(Daily, weekly,	
			weekly,	
			monthly)	
			TOTAL	

Proposal Submitted By:

r roposai Subilitieu by:	
Signature	
Printed Name-	
Authorized Representative/Title	
Date of Submission	
Entity Name	
Address	
Phone	
Fax	
Email	

^{*}A budget proposal is also acceptable, either pdf or Excel spreadsheet. Modifications to pricing/budget will be made within the limits of the grant.

Attachment A Proposal Affidavit

AFFIDAVIT OF PROPOSAL SUBMISSION (For Bids on Public Contracts)

I, [Your Full Legal Name]	, of [Yo	our Address]	,
being duly sworn, do hereby depose and sta			
1. I am the [Title/Position]business at [Business Address]	of [Business Name]	·	_, with a principal place of
2. I am duly authorized to submit this proposition of Public Agency or Entity Modification Program (OAHMP).			
3. I affirm that [Business Name] organized and existing under the laws of th with the Massachusetts Secretary of the Co	e Commonwealth of Mass		
4. I have personally reviewed the contents complete, and submitted in good faith.	of the attached proposal a	nd certify that the	e proposal is accurate,
 5. I further affirm: That this proposal is made without collu That no other person, firm, or corporation That neither the proposer nor any of its declared ineligible, or voluntarily excluded 	on has any interest in this principals are presently de	proposal or the c ebarred, suspende	ontract that may be awarded; ed, proposed for debarment,
6. I understand that this affidavit is made us of the attached proposal.	nder the pains and penaltic	es of perjury and	may be used in the evaluation
Signed under the pains and penalties of per	jury this day of	, 20	
Signature:Printed Name: Title:Business Name:			
On this day of, 20, who proved to me through satisfactory evid name is signed above, and acknowledged to	dence of identification, wh	nich was [Type of	f ID], to be the person whose
Notary Public Signature:			

Attachment B References

REFERENCE REQUEST FORM For Older Adult Home Modification Program (OAHMP) Contractors

To be completed by the Applicant/Proposer:
Proposer Name:
Business Name:
Project/Bid Title: Older Adult Home Modification Program
I authorize the individual(s) or organization(s) below to provide a reference in connection with the above-referenced project or contract proposal.
Signature of Proposer:
Date:
(A minimum of two references must be provided, third is optional)
Name of Reference Provider:
Organization/Company:
Title/Position:
Phone Number:
Email Address:
Project Name or Description:
Contract Value: \$
Contract Dates: From To
Nature of Work/Services Provided:

Name of Reference Provider:	
Organization/Company:	
Title/Position:	
Phone Number:	_
Email Address:	
Project Name or Description:	
Contract Value: \$	
Contract Dates: From To	
Nature of Work/Services Provided:	
Name of Reference Provider:	
Organization/Company:	
Title/Position:	
Phone Number:	_
Email Address:	
Project Name or Description:	
Contract Value: \$	
Contract Dates: From To	
Nature of Work/Services Provided:	