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## **Request for Proposals (RFP) Public Process**

**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](mailto:kmarinelli@tves.org)
- Lisa Prince – [lprince@tves.org](mailto: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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- Attachment A – Proposal Affidavit
  - Attachment B – References (**Minimum of two required**)
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# 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 selected firm will provide a **Program Manager** and **Occupational Therapist(s)**. Work will be performed throughout the twenty-five-town service area of Tri-Valley, Inc.

## **RFP Timeline:**

<b>Task</b>	<b>Date</b>
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

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# 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 people 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. 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 sent electronically to proposers. It's the proposer's responsibility to monitor 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 the award recipient based on written proposal alone.
- The 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.

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## **3. Scope of Services**

### **Overview:**

Under minimal supervision, the contractor will lead in the development and pursuit of a community engagement process that fosters the meaningful creation of an allocation plan that will serve one or more of HUD's specified qualifying populations and activities identified in the OAHMP program. The consultant will be involved in and responsible for overseeing the development of the OAHMP program and for a variety of deliverables. The contractor will maintain compliance with HUD guidelines and the expectations of Tri-Valley, Inc. as the primary grant holder. The consultant will work with Tri-Valley to develop a marketing strategy, community participation and stakeholder involvement.

### **Key Roles & Responsibilities:**

#### **Program Manager**

The Program Manager (PM) will be responsible for the development of day-to-day processes to meet the achieved outcomes of the OAHMP program. The PM must have knowledge of the older adult population, community resources, management experience and the ability to interpret and implement all HUD requirements for this program. A Bachelor's degree is preferred but not required.

- Consult with community partners to develop marketing materials and gain participation
- Manage program operations
- Manage Occupational Therapists
- Identify OAHMP activities
- Manage OAHMP production goals and outcomes
- Coordinate subcontracted work and ensure work is completed within budget restrictions
- Ensure documentation is complete and data is stored securely
- Participate in all required trainings assigned by HUD
- Complete all reporting required by HUD or Tri-Valley
- Participate in regular communication with Tri-Valley related to referrals, assessments, completed projects, payments and customer satisfaction to ensure the success of the OAHMP program

### **Occupational Therapist**

Occupational Therapist (OT) is a licensed clinical practitioner who provides client-focused interventions to adapt to the environment in order to increase independence, promote health, and prevent further decline or injury. An OT assesses a person's ability to do the things he or she wants and needs to do, and provides personalized recommendations to increase safety, ease, and ability now and in the future. The OT works with the individual to ensure that the recommended changes to the home are consistent with the client's wants and needs, skills, and environment. For the purposes of the OAHMP, to help maximize the breadth of the program, licensed OT Assistants who undertake work to implement the findings of a licensed OT under the licensed OT's oversight, may be used where a provision of the grant specifies a requirement to be performed by an OT. For this program, the OT can also act to fill the role of PM.

- Complete initial interview and in-home assessment with client and caregivers; assess the home for safety and hazards, including the client's fall risk, general mobility, existing adaptive equipment, and/or the client's functional abilities with ADLs and IADLs. During this in-home visit, the OT will conduct a "baseline" evaluation health interview with clients and a home hazard visual assessment of the home using required evaluation forms.
- With the client's consent, the OT will prioritize the necessary home modifications and complete a work order and any additional specifications. The work must be performed by a licensed contractor qualified to perform the required work.
- The OT will conduct an in-home follow-up assessment within one month following services, accompanied by appropriate education and training for the client in the safe and proper use of adaptive equipment.
- The OT will inspect the work of the licensed contractor to ensure that it meets the requirements and complete a work order for any required adjustments before services are paid in full.
- OT shall use the standardized OAHMP Evaluation forms and protocols to collect information before (i.e., baseline) and after the home modification intervention (i.e. six-to

nine-months follow-up). At a minimum, the assessment tool(s) shall cover the functional abilities of the client and the safety and hazards in the home and an analysis/ summary of the assessment findings.

- OT's will attend required trainings assigned by HUD

### **Community Engagement:**

The contractor will lead a robust community engagement and outreach process to inform program development. They will work together with Tri-Valley to develop 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.

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## **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):**
  - 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.

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## **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 copy):**

- 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

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## **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.

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# **Attachment A Proposal Affidavit**

## **AFFIDAVIT OF PROPOSAL SUBMISSION (For Bids on Public Contracts)**

I, [Your Full Legal Name] \_\_\_\_\_, of [Your Address] \_\_\_\_\_,  
being duly sworn, do hereby depose and state as follows:

1. I am the [Title/Position] \_\_\_\_\_ of [Business Name] \_\_\_\_\_, with a principal place of  
business at [Business Address] \_\_\_\_\_.

2. I am duly authorized to submit this proposal on behalf of the business entity named above in response to the bid  
issued by [Name of Public Agency or Entity] \_\_\_\_\_, for the Older Adult Home  
Modification Program (OAHMP).

3. I affirm that [Business Name] \_\_\_\_\_ FEIN \_\_\_\_\_ is a business  
organized and existing under the laws of the Commonwealth of Massachusetts and is currently in good standing  
with the Massachusetts Secretary of the Commonwealth.

4. I have personally reviewed the contents of the attached proposal and certify that the proposal is accurate,  
complete, and submitted in good faith.

5. I further affirm:

- That this proposal is made without collusion, fraud, or any other illegal or unethical conduct;
- That no other person, firm, or corporation has any interest in this proposal or the contract that may be awarded;
- That neither the proposer nor any of its principals are presently debarred, suspended, proposed for debarment,  
declared ineligible, or voluntarily excluded from doing business with any governmental entity.

6. I understand that this affidavit is made under the pains and penalties of perjury and may be used in the evaluation  
of the attached proposal.

Signed under the pains and penalties of perjury this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared [Name],  
who proved to me through satisfactory evidence of identification, which was [Type of ID], to be the person whose  
name is signed above, and acknowledged to me that they signed it voluntarily for its stated purpose.

Notary Public Signature: \_\_\_\_\_

Notary Name (Printed): \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

[Seal]

## **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:

\_\_\_\_\_

## 7. Price Proposal

**From:** \_\_\_\_\_

Discipline/Staff Name	Hourly Rate	Est. hours	Frequency (Daily, weekly, monthly)	Total price
			<b>TOTAL</b>	

\*A budget proposal is also acceptable, either pdf or Excel spreadsheet. Modifications to pricing/budget will be made within the limits of the grant. **MAX BUDGET** \$250,000 for duration of project timeline.

**Proposal Submitted By:**

Signature	
Printed Name- Authorized Representative/Title	
Date of Submission	
Entity Name	
Address	
Phone	
Fax	
Email	