SFY 2025

**Proposal Forms**

**And Instructions**

**CATERING AND PRE-PLATED FROZEN MEAL SERVICES**

# March 27, 2024

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# PROPOSAL COVER SHEET

|  |
| --- |
| **DATE:**  |

**TO: Aging and Adult Services Department**

 **Mid-America Regional Council**

 **600 Broadway, Suite 200**

 **Kansas City, Missouri 64105**

|  |
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| **SERVICE:**  |

**PERIOD: July 1, 2024 through June 30, 2025**

A. The undersigned, in compliance with your invitation for proposals, having examined the proposal instructions and specifications, hereby proposes to perform the service in accordance with the MARC requirements, specifications and standards at the price stated on the attached proposal form.

B. The undersigned further agrees as follows:

1. Upon receiving official MARC notification of approval, respondent shall, as of July 1st, begin work and carry on regularly and expeditiously thereafter (unless MARC specifically directs otherwise in writing) with such force as to ensure the full completion within the time specified in the Agreement guaranteeing the faithful performance of the services.

 2. That MARC has the right to reject any and all proposals.

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|  |  |  |
| (Signature of Authorized Individual) |  | (Date) |
|  |  |  |
| (Typed Name and Title) |  | (Telephone Number) |
| (Email Address) |  |  |
|  |  |  |
| (Agency) |  | (Address) |
|  |  |  |
| (City, State) |  | (Zip Code) |
|  |  |  |
| (Contact Person) |  | (Telephone Number) |
| (Email Address) |  |  |
| (Board Chair – nonprofit entities) |  | (Email Address) |
|  |  |
| **Federal Employer Identification Number:** |  | **System for Award, Unique Entity ID (UEI)** |  |

**E-VERIFY**

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,**

**AND AFFIDAVIT OF WORK AUTHORIZATION**

**BUSINESS ENTITY CERTIFICATION:**

**The contractor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.**

|  |
| --- |
| **BOX A:** To be completed by a non-business entity as defined below.**BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <http://www.uscis.gov/e-verify>.**BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing. |

**Business entity,** as defined in section 285.525, RSMo pertaining to section 285.530, RSMo is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term “**business entity**” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “**business entity**” shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term “**business entity**” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entities include Missouri schools, Missouri universities, out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

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| **Box A CURRENTLY NOT A BUSINESS ENTITY** I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below) * I am a self-employed individual with no employees; **OR**
* The company that I represent utilizes the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein this agreement and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Mid-America Regional Council with all documentation required in Box B of this exhibit.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Authorized Representative’s Name |  | Authorized Representative’s Signature |

 (Please Print)

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Company Name (if applicable) |  |  Date |

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***(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **BOX B – CURRENT BUSINESS ENTITY STATUS**I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorized Business Entity Representative’s Name(Please Print) |  |  Authorized Business Entity  Representative’s Signature |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Business Entity Name  |  |  Date |

As a business entity, the contractor must perform/provide the following. The contractor should check each to verify completion/submission:* Enroll and participate in the E-Verify federal work authorization program (Website: [https://www.e-verify.gov](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm); Phone: 888-464-4218) with respect to employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
* Provide documentation affirming said company’s/individual’s enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the contractor’s name and the MOU signature page completed and signed, at minimum, by the contractor and the Department of Homeland Security – Verification Division; (if the signature page of the of the MOU lists the contractor’s name, then no additional pages of the MOU must be submitted); AND
* Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.
 |

**AFFIDAVIT OF WORK AUTHORIZATION**

The contractor who meets section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Business Entity Authorized Representative) as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Position/Title) first being duly sworn on my oath, affirm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to this agreement for the duration of the contract, in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business Entity Name)does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to this agreement for the duration of the agreement.

***In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)***

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| --- | --- | --- |
| Authorized Representative’s Signature |  | Printed Name |
|  |  |  |
|  |  |  |
| Title |  | Date |

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am

 (DAY) (MONTH, YEAR)

commissioned as a notary public within the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of

 (NAME OF COUNTY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and my commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(NAME OF STATE) (DATE)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Notary |  | Date |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BOX C – AFFIDAVIT ON FILE – CURRENT BUSINESS ENTITY STATUS**I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMO, and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the Mid-America Regional Council (MARC). We have previously provided documentation to MARC that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following:\_\_\_\_ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the contractor’s name and the MOU signature page completed and signed by the contractor and the Department of Homeland Security – Verification Division.\_\_\_\_ A current notarized Affidavit or Work Authorization (must be completed, signed, and notarized within the past twelve months).Date of Previous E-Verify Documentation Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous Bid/Contract Number for Which Precious E-Verify Documentation Submitted: \_\_\_\_\_\_\_\_\_\_\_\_ (if known)

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorized Business Entity Representative’s Name(Please Print) |  |  Authorized Business Entity  Representative’s Signature |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  E-Verify MOU Company ID Number  |  |  E-Mail Address |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Entity Name Date |

**ASSURANCE OF CIVIL RIGHTS COMPLIANCE**

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF**

**HEALTH AND HUMAN SERVICES REGULATIONS UNDER**

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

|  |  |
| --- | --- |
|  | (hereinafter called the "subgrantee") |
| (Name of Subgrantee or Secondary Recipient “Subgrantee”) |  |

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (HHS) (45 CFR, Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no persons in the United States shall, on the grounds of race, color or national origin be excluded from participation in, be denied by benefits of, or be otherwise subjected to discrimination under any program or activity for which the Subgrantee receives Federal financial assistance from Mid-America Regional Council (hereinafter called "Grantor"), a recipient of Federal financial assistance from the US Department of Health and Senior Services through the Missouri Department of HHS and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Subgrantee by the Grantor, this assurance shall obligate the Subgrantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Subgrantee for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Subgrantee for the period during which the federal financial assistance is extended to it by the Grantor.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts or other federal financial assistance extended after the date hereof to the Subgrantee by the Grantor, including installment payments after such date on account of applications for federal financial assistance which were approved before such date. The Subgrantee recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Subgrantee, its successors, transferees, and assignees, and the person(s) whose signatures appear below are authorized to sign this assurance on behalf of the Subgrantee.

|  |  |  |
| --- | --- | --- |
| By:  |  | Title:  |
| (Authorized Signature) | (President, Chairman of Board, or comparable authorized official) |
|  |  |
| (Recipient’s Street Address) |  |
|  |  |
| Date:  |  |

**ASSURANCE OF ADA COMPLIANCE**

**ASSURANCE OF COMPLIANCE WITH THE REQUIREMENTS OF**

**THE AMERICANS WITH DISABILITIES ACT OF 1990**

|  |  |
| --- | --- |
|  | (hereinafter called the "subrecipient") |
| (name of subrecipient or subcontractor) |  |

HEREBY AGREES THAT it will comply with the provisions of the Americans with Disabilities Act (ADA) of 1990. The ADA makes it unlawful to discriminate in employment against a qualified individual with a disability. The ADA also outlaws discrimination against individuals with disabilities in state and local government services, public accommodations, transportation and communications.

The subrecipient assures that a self-assessment will be/has been made of employment/personnel procedures, facilities, and services to determine ADA compliance and, if needed, corrective actions will be/has been taken.

|  |
| --- |
| Date: |
| By:  |
| (Chief executive officer, President, Chairman of the Board, or comparable authorized official) |

**ASSURANCE OF COMPLIANCE REGARDING CRIMINAL BACKGROUND CHECKS**

Subrecipient/contractor shall maintain documentation in its files that verifies the adoption, implementation and enforcement of the following policies in recruiting, hiring and employing in-home direct care staff and volunteers, and to require the same of all subcontractors with respect to the provision of in-home and/or transportation services:

1. All service providers who contract with MARC to provide homemaker/personal care, site transportation-meals, mental health services, care management and/or family caregiver in-home respite shall require a completed employment application prior to direct client contact.

2. The application shall contain a question requiring disclosure of all criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere. Minor traffic offenses will be viewed as an exception to this rule.

3. Documentation, including copies of all screening information conducted in compliance with sections 210.900 – 210.936, 192.2490 and 192.2495.1 RSMo, shall be maintained by the subrecipient/contractor or their subcontractor.

4. Subrecipient/contractor, or its subcontractor, shall require disclosure of all aliases and social security numbers used by any person who provides or applies to provide direct in-home care. Family Care Safety Registry and Employee Disqualification List (EDL) checks shall be performed for all direct care workers and shall include all aliases and social security numbers utilized by each person. If the subrecipient/contractor, or its subcontractor, utilizes a private investigatory agency to conduct background screenings, the subrecipient/contractor, or its subcontractor, will utilize only those private investigatory agencies that are able to comply with the provisions of this Assurance and the requirements set forth in sections 210.900 – 210.936, 192.2490.1 and 43.530 – 43.540, RSMo. Subrecipient/contractor will maintain in its files copies of all documents provided to the private investigatory agency, all documents evidencing the screening that was conducted, including a copy of the request and search made by the private investigatory agency, and all documents received from the private investigatory agency.

5. In the event the subrecipient/contractor, or its subcontractor, decides to employ any direct in-home care worker whose criminal record violates this provision, subrecipient/contractor promises, agrees, and understands that such a worker may not provide any services to a client funded by any MARC funding, program income, or funds used to satisfy any MARC matching requirements. In the event such a worker does provide services funded by any of the aforementioned sources, it shall constitute a material breach of the contract between MARC and subrecipient/contractor. Payment for any services provided in breach of this provision, from any of the aforementioned sources, shall be considered an unallowable cost and shall be repaid to MARC.

6. No person shall be employed by subrecipient/contractor, or its subcontractor, in any capacity related to the provision of in-home services funded by MARC, who is, at the time of his/her employment, listed on the EDL maintained by the Missouri Department of Health and Senior Services pursuant to Chapter 192, RSMo, and subrecipient/contractor agrees to verify, and ensure all subcontractors verify, that all staff are not so listed at any time during their employment. The subrecipient/contractor, or its subcontractor, will maintain in its files verification of the EDL checks. Employment of an individual, or retaining an employee, who is listed on the EDL shall constitute a material breach of the contract between MARC and subrecipient/contractor. Any direct care services provided in breach of this provision shall be considered an unallowable cost, and any payment for such services, from any of the sources listed in paragraph 5, shall be repaid to MARC.

7. The term “person” as used in the paragraphs above includes employees, volunteers, interns, contact personnel and any other individual who may have contact with clients.

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|  |  |  |
| (Authorized Representative) | (Name of Organization) | (Date) |

**CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

The respondent to this RFP certifies to the best of its knowledge and belief that it and its principals:

A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department agency;

B. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or 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 Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery falsification or destruction of records, making false statements, or receiving stolen property;

C. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph B of this certification; and

D. Have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Where the respondent is unable to certify to any of the statements in this certification, he/she shall attach an explanation this proposal.

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| Typed Name & Title of Authorized Representative |
|  |  |  |
| Signature of Authorized Representative | Date |

**SINGLE AUDIT CERTIFICATION**

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|  |

 **(Organization’s Mailing Address)**

**Organization’s Fiscal Year:**

|  |  |  |
| --- | --- | --- |
|  | **to** |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorized Representative), hereby certify that the total expended from all federal awards from all funding sources during this agency’s preceding fiscal year was $\_\_\_\_\_\_\_\_\_\_\_. Amounts exceeding $750,000 require a single audit.

**THEREFORE,**

|  |  |
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|  | We are required to have a single audit ($750,000 or more). |
|  |  |
|  | We are not required to have a single audit (less than $750,000). However, we have included a copy of our independent auditor report and management letter with this certification. |

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|  | We are not required to have a single audit (for-profit organization). However, we have included a copy of our independent auditor report and management letter with this certification. |

We understand that if we are required to have a single audit in accordance with Subpart F Audit Guidance – 2 CFR Part 200.501, we must submit the following information to MARC:

1. A copy of the reporting package as defined in OMB Single Audit Requirements (2 CFR Part 200.501);
2. Any management letter issued by the auditor; and
3. Our corrective action plan addressing all findings and questioned costs pertaining to funding received from MARC.

We further understand this information must be submitted to MARC within thirty (30) days of receiving the Single Audit Report or nine months after the end of the audit period, whichever occurs earlier. We expect to complete the audit and have copies of the report(s) available by \_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Date)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Signature of Authorized Representative) | (Title of Authorized Representative) |
|  |  |  |
| (Typed or Printed Name of Authorized Representative) | (Date) |

**ANTI-DISCRIMINATION AGAINST ISRAEL ACT CERTIFICATION**

**Statutory Requirement:**

Section 34.600, RSMo, precludes entering into a contract with a company to acquire products and/or services “unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel.”

**Exceptions**:

The statute provides two exceptions for this certification: 1) “contracts with a total potential value of less than one hundred thousand dollars”; or 2) “contractors with fewer than ten employees.” Therefore, the following certification is required prior to any contract award.

Section 34.600, RSMo, defines the following terms:

 **Company –** any for-profit or not-for-profit organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company, or other entity or business association, including all wholly-owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of those entities or business associations.

 **Boycott Israel** and **Boycott of the State of Israel –** engaging in refusals to deal, terminating business activities, or other actions to discriminate against, inflict economic harm, or otherwise limit commercial relations specifically with the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel, that are all intended to support a boycott of the State of Israel. A company’s statement that it is participating in boycotts of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel, or that it has taken the boycott action at the request, in compliance with, or in furtherance of calls for a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel shall be considered to be conclusive evidence that a company is participating in a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State Israel; or persons or entities doing business in the State of Israel;

1 of 3

provided, however that a company that has made no such statement may still be considered to be participating in a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel if other factors warrant such a conclusion.

**Certification:**

The Contractor must therefore certify their current status by completing either Box A, Box B, or Box C of this Exhibit.

|  |
| --- |
| **BOX A:** To be completed by a contractor that does not meet the definition of “company” above, hereinafter referred to as “Non-Company.”**BOX B:** To be completed by a contractor that meets the definition of “Company” but has less than ten employees.**BOX C:** To be completed by a contractor that meets the definition of “Company” and has ten or more employees. |

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| **BOX A – NON-COMPANY ENTITY**I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Entity Name) currently **DOES NOT MEET** the definition of a company as defined in section 34.600, RSMo, but that if awarded a contract and the entity’s business status changes during the life of the contract to become a “company” as defined in section 34.600. RSMo, and the entity has ten or more employees, then, prior to the delivery of any services and/or supplies as a company, the entity agrees to comply with, complete, and return Box C to the Mid-America Regional Council at that time.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Representative’s Name (please print) Authorized Representative’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entity Name Date 2 of 3  |
| **BOX B – COMPANY ENTITY WITH LESS THAN TEN EMPLOYEES**I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Name) **MEETS** the definition of a company as defined in section 34.600, RSMo, and currently has less than ten employees, but that if awarded a contract, and if the company increases the number of employees to ten or more during the life of the contract, then said company shall comply with, complete, and return Box C to the Mid-America Regional Council at that time.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Representative’s Name (please print) Authorized Representative’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name Date |
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|  |
| --- |
| **BOX C – COMPANY ENTITY WITH TEN OR MORE EMPLOYEES**I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Name) **MEETS** the definition of a company as defined in section 34.600, RSMo, has ten or more employees, and is not currently engaged in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel as defined in section 34.600, RSMo. I further certify that if the company is awarded a contract for the services and/or supplies requested herein, said company shall not engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel as defined in section 34.600, RSMo, for the duration of the contract.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Representative’s Name (please print) Authorized Representative’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name Date |
|  3 of 3 |

**Intent to Perform as a Women and/or Minority Owned Business (MBE/WBE)**

Project Title and Description:

The undersigned intends to perform work in connection with the above project as (check one):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Prime Subrecipient/Contractor |   | Subcontractor |  | Joint Venture |
|  | Other: (please specify) |  |
| If applicable, name of prime subrecipient or joint venture partner: |  |

The MBE/WBE status of the undersigned is confirmed by a Certification from one or all of the following (please provide copy of current certification certificate):

|  |  |
| --- | --- |
|  | MRCC (Missouri Regional Certification Committee)\***\*MARC will accept certified Disadvantaged Business Enterprise (DBE) firms as certified WBE/MBE.** |
|  |
|  | KDOT |
|  |  |
|  | MoDOT |
|  |  |
|  | City of Kansas City, Missouri |
|  |  |
|  | Kansas City Area Transportation Agency (KCATA) |
|  |  |
|  | Other (please specify): |  |
|  | (MARC may require additional certification documentation) |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date | Name of MBE/WBE Firm |
|  |  |
|  | By: |
|  | Signature of Firm’s Authorized Representative |
|  |  |
|  | Print Name and Title |

**REQUEST FOR WAIVER**

1. State precisely the requirement for which a waiver is needed and cite the proposal packet page and section.

1. Provide a narrative justification in support of the waiver request.
2. Provide alternative procedures that will be used to meet the intent of the requirement and ensure compliance.

**PART B**

1. **ADMINISTRATIVE REQUIREMENTS AND SUPPORTIVE DOCUMENTATION**

**All tentatively selected providers must be able to meet the following administrative requirements:**

 Refer to the Policies & Procedures Manual, Programs Funded by Older Americans Act (OAA) for additional information regarding:

 **A.** Fictitious name registration (Section 4)

 **B.** Subcontracts & minimum requirements of a subrecipient/contractor (Section 4)

 **C.** Insurance (Section 15)

 **D.** E-Verify (Section 4)

 **E.** Reports and Records (Program Requirements)

 **F.** Training of Staff and Volunteers (Section 16)

 **G.** Project Income/Contributions (Section 4)

 **H.** Audits (Section 11)

 **I.** Disaster Plan/Emergency Assistance/Inclement Weather (Section 7)

 **J.** Lobbying Certification (Section 4)

 **K.** Clean Air/Clean Water Acts/EPA Regulations (Section 4)

 **L.** Patent and Copyrights Rights (Section 4)

 **M.** Tax-Exempt Organizations and the filing of Form 990 (Section 4)

 **N.** United States v. Windsor, 133 S.Ct. 2675 (June 26, 2013); section 3 of the Defense of Marriage Act, codified at 1 USC § 7(Section 4)

1. **All tentatively selected providers must adhere to the following**
2. **AMERICANS WITH DISABILITIES ACT OF 1990**

 ADA makes it unlawful to discriminate in employment against a qualified individual with a disability. The ADA also outlaws discrimination against individual with disabilities in state and local government services, public accommodations, transportation and communications. All respondents must include with their proposal a **signed** Assurance of ADA Compliance form.

 Refer to Section 4 of the Policies & Procedures Manual, Programs Funded by Older Americans Act (OAA) for details regarding the specifications and standards regulating a contractor's compliance with these regulations.

1. **E-VERIFY**

Pursuant to the State of Missouri’s RSMO 285.530 (1), no business entity or employer shall knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri. As a condition of the award of any contract or grant in excess of five thousand dollars ($5,000.00) by the State or a political subdivision of the State (e.g., MARC) to a business entity, the business entity (Company) shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Every such business shall sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services (RSMo 285.530 (2)).

Those respondents awarded a contract providing services to MARC in an amount over $5,000 shall comply with Sections 285.525 through 285.550 R.S.Mo.:

1. Enroll and participate in the E-Verify federal work authorization program.
2. Provide to MARC a notarized Affidavit of Work Authorization affirming said company’s/individual’s enrollment and participation in the E-Verify federal work authorization program.
3. Provide documentation evidencing current enrollment and participation in a federal work authorization program (e.g., electronic signature age from E Verify program’s Memorandum of Understanding (MOU).

For respondents that are not already enrolled and participating in a federal work authorization program, E-Verify is available through <http://www.sam.gov>.

1. **The respondent must submit the following supportive documentation regarding all proposed services.**

1. The respondent is required to provide a complete listing of the members of the Board of Directors for the years 2022, 2023 and 2024. Municipalities that administer transportation systems are exempted from this requirement.

1. **The respondent is required to, if a tax-exempt organization, submit its most recent IRS Form 990. Any new not-for profit organizations to the MARC system will be required to also include its most recent A-133 audit report.**
2. **Annual Registration Report and Fictitious Name Registration** - Each respondent, except a governmental entity, must submit with the proposal a copy of its most recent Annual Registration Report filed with the Secretary of State, and each respondent must submit with the proposal evidence of any and all Fictitious Name Registration(s) that the respondent currently has on file with Secretary of State. **A Certificate of Good Standing will not suffice.**
3. **Insurance and Licenses –** All respondents awarded contracts will be required to forward to MARC copies of all insurance certificates and appropriate licenses prior to the beginning of the program year. Please refer to Section 15 Insurance and Bonding of the Policies & Procedures Manual, Programs Funded by Older Americans Act (OAA) for types and coverage amounts of insurance that is required of MARC contractors. <https://www.marc.org/aging-health/aging-and-adult-services>
4. **Current W9** - required for reimbursement.

1. **Civil Rights Compliance** - All respondents are required to provide assurance of compliance with the Civil Rights Act of 1964, as amended. (Form below)

The funds that will be contracted as a result of this solicitation are public funds and are therefore subject to the restrictions and conditions contained in law and regulations. The Civil Rights Act of 1964, as amended, contains precise conditions that are applicable to the expenditures of governmental funds and must be adhered to by MARC contractors.

1. **Equal Access to Services** - All respondents must include with their proposal a **signed** assurance of Civil Rights Compliance.

B**. Equal Employment Opportunity** - Each contractor, with 50 or more employees that is awarded contracts for $50,000 or more, must submit documentation of an approved Affirmative Action Plan for the implementation of the goals of Title VII of the Civil Rights Act of 1964, as amended. Recipients of federal funds are prohibited from employment discrimination on the basis of race, sex, color, national origin, age or handicap.

Refer to Section 4 of the Policies & Procedures Manual, Programs Funded by Older Americans Act (OAA) for details regarding the specifications and standards regulating a contractor's compliance with civil rights regulations.

1. **Suspension and Debarment Certification** - All respondents are required to certify that their organizations and its principals are not suspended, debarred or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

All respondents must include with their proposal a **signed** Certification Regarding Debarment and Suspension. MARC, as a non-federal entity utilizing federal funds, is prohibited from contracting with or making sub-awards under covered transactions to parties that are suspended, debarred or otherwise excluded from, or ineligible for, participation in Federal assistance programs or activities, or whose principals are suspended, debarred or otherwise excluded from, or ineligible for, participation in Federal assistance programs or activities. Covered transactions include procurement contracts for goods or services equal to or in excess of $25,000 (e.g., sub-awards to sub-recipients).

1. **Single Audit Certification -** All governmental and non-profit respondents are required to certify to MARC the total federal awards expended from all funding sources during the respondent’s most recently completed fiscal year.

 Successful governmental and non-profit organizations receiving a contract from the Mid-America Regional Council as a result of submitting a proposal to this solicitation, that expend $750,000 or more annually in federal financial assistance, must have a single audit performed in accordance with Subpart F Audit Requirements, of the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal, dated December 26, 2013. Successful organizations that expend less than $750,000 annually are exempt from federal audit requirements for that year.

1. **ADA Assurance** - All respondents are required to provide assurance of compliance with the Americans with Disabilities Act of 1990.

1. **Assurance of Compliance Regarding Criminal Background Checks for All Drivers**

All respondents proposing to provide meal delivery services are required to provide assurance of compliance with regulations regarding criminal background checks for all meal delivery workers.

1. **Drug-Free Policy Statement and Program** - Each respondent must submit a copy of its Drug-Free Workplace Statement and documentation of a Drug-Free Workplace Programfor all employees in compliance with the Drug-Free Workplace Act of 1988.

Each subrecipient/contractor must submit documentation of a Drug-Free Workplace Program for all employees that comply with the Drug-Free Workplace Act of 1988.

Refer to Section 4 of the Policies & Procedures Manual, Programs Funded by Older Americans Act (OAA) for details regarding the specifications and standards regarding a subrecipient’s/contractor’s compliance with the Drug-Free Workplace Act of 1988.

1. **Intent to Perform as a MBE/WBE Firm –** To confirm the intent to perform as a primary contractor, subcontractor, in a joint venture or any other specified situation, this form must be completed and submitted in the proposal. A copy of the organization’s current certification certificate must be included as well.
2. **Anti-Discrimination Against Israel Act Certification –** Section 34.600, RSMo, precludes entering into a contract with a company to acquire products and/or services “unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel.”
3. **Proposals containing sub-contractual arrangements** must include certification forms of compliance, completed by the proposed sub-contractor.
4. **Equal Employment Opportunity and Affirmative Action Plans** - Each subrecipient/contractor, with 50 or more employees that is awarded contracts for $50,000 or more, must submit documentation of an approved Affirmative Action Plan for the implementation of the goals of Title VII of the Civil Rights Act of 1964, as amended. Recipients of federal funds are prohibited from employment discrimination on the basis of race, sex, religion, color or national origin.
5. **Request for Waivers** - If, in the respondent's opinion, some requirements contained in this proposal packet are impossible, impractical, or uneconomical to uphold, a request for waiver may be included with the proposal. **Only one waiver request should be contained on a page. There is no limit to the number of waiver requests that may be submitted.**

**Each waiver request will be reviewed on its own merits. No waiver will be granted for state mandated requirements. Each request must include the alternative procedure that the respondent will implement to meet the intent of the procedure, process or compliance requirement.**

**MEAL PREPARATION SERVICES**

**UNIT COST FORM**

A form must be completed showing the total unit rate amount. A proposal must include proposed unit rates for congregate and home delivered meals, where applicable. Please detail and justify all costs associated with each line item below on a separate sheet of paper.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **STANDARD CONGREGATE MEALS** | **STANDARD HOME DELIVERED MEALS** | **AVERAGE NSIP UNIT COST** |
| **Raw Food Cost** |  |  |  |
| **Supplies (center)** |  |  |  |
| **Supplies (general)** |  |  |
| **Labor** |  |  |
| **Other:** |  |  |
|  |  |  |
|  |  |  |
| **TOTAL UNIT**  |  |  |

**NSIP FUNDS JUSTIFICATION**

MARC receives an amount of National Service Incentive Program (NSIP) funds for each meal served to age-eligible clients during each program year. The value of this cash is subject to change as determined by the U.S. Department of Health and Senior Services. Currently, MARC receives approximately $.75 per meal served to age-eligible clients. It is up to the contractor to ensure that, for each meal served to MARC participants, at least $.75 is used to purchase **United States-produced** foods.

NSIP funds shall be spent for **United States-produced** foods only. The contractor shall maintain on its premises for a period of not less than five (5) years documentation verifying that the amount of reimbursement received by the contractor from NSIP funds was used to purchase food produced in the United States.

Please demonstrate below your ability to provide **United States-produced** foods to MARC’s nutrition program recipients. All milk and bread products are automatically considered U.S.-produced. Vegetables, fruits and meats must be documented as **United States-produced**, as opposed to U.S. inspected.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **TOTAL** |
| **Milk** |  |  |  |  |  |  |
| **Bread** |  |  |  |  |  |  |
| **Vegetables** |  |  |  |  |  |  |
| **Fruits** |  |  |  |  |  |  |
| **Meats** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL**  |  |  |  |  |  |  |

**MENU FORM**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|                                             | Menu #  | Menu #  | Menu #  | Menu #  | Menu #  |
| **Meal Pattern**  | Serving Utensil  | Dates to be served  | Serving Utensil  | Dates to be served  | Serving Utensil  | Dates to be served  | Serving Utensil  | Dates to be served  | Serving Utensil  | Dates to be served  |
| Protein Foods (Or combination entrée) (2 to 3 oz. protein equivalent)  |   |   |   |   |   |   |   |   |   |   |
| Vegetables (2) (3/4 to 1 cup equivalent total)  |   |   |   |   |   |   |   |   |   |   |
| Fruit (1/2 to 2/3 cup equivalent total)  |   |   |   |   |   |   |   |   |   |   |
| Grains (2 oz. – half whole grains)  |   |   |   |   |   |   |   |   |   |   |
| Dairy (1 cup equivalent)  |   |   |   |   |   |   |   |   |   |   |
| Oils & Fats (when appropriate)  |   |   |   |   |   |   |   |   |   |   |
| Dessert Or Discretionary (Reference food group)  |   |   |   |   |   |   |   |   |   |   |
| Condiments (as appropriate)  |   |   |   |   |   |   |   |   |   |   |
| Comments  |   |   |   |   |   |   |   |   |   |   |

 **MENU ANALYSIS FORM**

|  |
| --- |
| **MARC Nutrition Program Menu Analysis** |
|  |
| Caterer: | **1/3 DRI** | MARC RD#: |  |
| Program Year/Quarter: | MARC RD Name: |  |
| RD Signature: | MARC RD Signature: |  |
| RD #: | Date: |  |
| **Meal Pattern** |   | **Calories** 600 to 750\* | **Protein** 27 gm  | **Vit C**  30 mg | **Vit A** 1000 IU | **Iron**  2.7 mg | **Calcium** 400 mg | **Fiber** 7-10 gm | **Sodium**  800-1000 mg\* | **Fat**  24-30 mg\* |  |
|  |
|  |
|  |
| Entrée |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |  |
| Vegetable |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |  |
| Fruit |   |   |   |   |   |   |   |   |   |   |  |
| Grains |   |   |   |   |   |   |   |   |   |   |  |
| Fat |   |   |   |   |   |   |   |   |   |   |  |
| Optional Item |   |   |   |   |   |   |   |   |   |   |  |
| Dairy |   |   |   |   |   |   |   |   |   |   |  |
| Meal #\_\_\_\_\_\_\_\_ | **Meal Total** |   |   |   |   |   |   |   |   |   |  |
|  |
| \*Based on weekly average. No menu below 600 calories.  |  |

**Excel version of Menu Analysis Form available upon request**