



**TITLE III-C NUTRITION SERVICES  
REQUEST FOR PROPOSAL APPLICATION  
July 1, 2018 – June 30, 2021**

FOR SERVICES FUNDED UNDER TITLE III-C  
OLDER AMERICANS ACT OF 1965, AS AMENDED IN 2016  
910 KAR 1:190 Nutrition Program for Older Persons  
902 KAR 45:005 Retail Food Code

Kentuckiana Regional Planning and Development Agency (KIPDA)  
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Serving the counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble

**Mission Statement: *It is the mission of KIPDA Area Agency on Aging to promote and ensure meaningful and timely services are available for all seniors to improve their health, safety, and overall well-being, and to provide leadership to the aging network through planning and coordination.***

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**KIPDA**  
**REQUEST FOR PROPOSAL APPLICATION**  
**Title III-C Congregate/Home Delivered Meal Services**

**COVERSHEET**

**FY 2019 – FY 2021 Procurement Cycle**  
July 1, 2018 – June 30, 2019 – 1<sup>st</sup> Year of Cycle

**Legal Name of Organization:**

**Address:**

**Program Contact Person:**

**E-Mail:**

**Fiscal Contact Person:**

**E-Mail:**

**Phone Number:**

**Fax:**

**Website:**

**Legal Form of Organization**

**Non-Profit**

**Community-Based Organization**

**For-Profit**

**Faith-Based Organization (Non-Profit)**

**Other (Describe)** \_\_\_\_\_

**Federal Tax I.D.**

**Kentucky Tax I D**

**Services Bid**

**Congregate Services**  
(Component A)

**Home Delivered Service**  
(Component B)

**All Counties to be Served**

**Jefferson**

**Bullitt, Shelby, Spencer**

**Henry, Oldham, Trimble**

**Print and Signature of Authorized Official**

**Title and Date**

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**SECTION I**  
**NARRATIVE RESPONSE TO REQUEST FOR PROPOSALS**  
**CONGREGATE NUTRITION SERVICES AND/OR**  
**HOME DELIVERED MEAL SERVICES**

**SELECT THE SERVICE BID:**     Congregate Meal Services (Component A)  
   Home Delivered Meal Services (Component B)

**Organization Profile: (Complete this section once for both services.)**

1. Check all that apply to the organization's history of experience
  - Currently serving III C Meals                       Serving other senior meals
  - Previously served III C Meals                       Serving meals for other programs
  - Never served III C meals                               Never served meals for seniors
2. Attach a current organizational chart.
3.  Proposed locations have valid licenses to operate a food service facility  
 Organization is able to obtain valid licenses to operate food service facility.
4. Submit a copy of the most recent fiscal year financial statement as it relates to the organization as a whole and program specific for the service bid (nutrition services). Income and balance sheet or revenue and expenditure report will be necessary.
5. Organization is currently serving \_\_\_\_\_ meals daily.
6. Maximum number of meals organization can serve daily \_\_\_\_\_.

**CONGREGATE (III-C1) MEAL SERVICE – COMPONENT A**

**A. Staffing and Personnel**

1. Who will work in the program? (check all that apply)
  - Paid staff     Volunteers     Subcontractors

Explain how they will be recruited

Who will orient and train them (Job Title(s))

2. List employee orientation and in-service training topics:

\_\_\_\_\_

\_\_\_\_\_

3. Identify a contact person available to KIPDA for problem resolution.

**B. Location(s)**

1. Attach a list of the proposed meal site locations; list days and hours of operation for each location. Note: A site must operate four (4) hours at least two (2) days weekly; required sites operate five (5) days weekly. Required site list is available at bidder's conference.

2. Selection/approval process for meal sites is:

Formal      Informal      Requires an application form.

3. Meal services will be provided on alternate days or during alternate times of the day. For example evening and weekend programs.

Yes              No

4. Organization is willing to arrange and assist with transportation.

Yes              No

**C. Program Implementation**

1. Describe three to five activities designed to give special consideration to eligible individuals with greatest social and economic need.

2. Name information/assistance services your organization will provide for nutrition program participants.

3. Attach a list of anticipated subcontracts, describe responsibilities of each, and projected cost per subcontractor.  Not Applicable.

4. Screening and intake, to determine client eligibility, is: (check all that apply)

Completed and Recorded at Meal Sites

Completed and Recorded at Administrative Offices

Completed at Meal Sites and Recorded at Administrative Offices

Other \_\_\_\_\_

5. Confidential client records are: (check all that apply)

Securely locked at the meal site (paper records)

Securely locked at the administrative office (paper records)

Password protected at the meal site (electronic records)

Password protected at the administrative office (electronic records)

6. Client demographic data and meals they eat are entered into the data system:

By meal site staff; checked by supervisory staff

By administrative staff; checked by supervisory staff

7. Meal service quality and quantity are monitored by (job title(s)):

How frequently is meal service monitored? (check all that apply):

Daily   Weekly   Monthly   Quarterly   Semi-Annually   As Needed.

8. Who is responsible for placing meal orders and adjustments (Job Title(s)).

9. Who is responsible for reconciling the number of meals ordered with the number of meals recorded as served in the data system (Job Title(s)):

List the source documents that will be used in the reconciliation process:

10. Can the organization guarantee safe temperatures and limit the holding time for meals to four (4) hours during the entire operation?

Yes            No

11. Who will provide nutrition education at the meal sites?

What materials will guide nutrition education at meals sites?

12. How is nutrition counseling provided at the meal sites?

Referral to appropriate medical professional(s)  
Medical professional(s) provide counseling sessions at meal sites  
N/A

13. Participant comments, compliments, and suggestions are: (check all that apply)

- Collected informally as offered by participants
- Solicited formally during regular participant meetings
- Collected annually from a survey

14. Check all that apply to the system used to solicit and collect client contributions.

- Voluntary contributions are collected anonymously at meal sites
- Voluntary contributions are collected anonymously at the administrative office
- Voluntary contributions are mailed to meal sites/administrative office
- Other \_\_\_\_\_
- A suggested contribution schedule is posted at meal sites

15. Client contributions are counted, recorded, and reported (check all that apply) and provide locations and titles of those conducting the activity:

- Daily \_\_\_\_\_
- Weekly \_\_\_\_\_
- Monthly \_\_\_\_\_

16. Attach a plan for services during emergencies and inclement weather.

17. Identify the primary staff person(s) responsible for implementing emergency procedures.

**D. Budget Planning Instructions**

Use the forms provided in the accompanying files(s) to complete staffing matrix and the line item annual budget. The period for which the budget shall be based is July 1, 2018 – June 30, 2019. The amount needed for any line-item shall be related only to preparation, packaging and delivery of meals as presented in this proposal.

Applicants are not to include additional costs (excess supplies or products) that are not related to the provision of the services requested by KIPDA for the eligible clientele.

## HOME DELIVERED (IIIC-2) MEAL SERVICES – COMPONENT B

### A. Staffing and Personnel

1. Who will work in the program? (check all that apply)

Paid staff    Volunteers    Subcontractors

Explain how they will be recruited

Who will orient and train those working in the program (Job Title(s))

2. List employee orientation and in-service training topics:

\_\_\_\_\_

\_\_\_\_\_

Will volunteers receive the same training?

Yes                  No

If not, how will volunteer training be different?

3. List qualifications/credentials of staff (and subcontractor staff) completing initial and annual assessment in the home delivered meal program.

4. Attach current license, registration, or certifications for professional staff. (Only one copy is necessary if same staff will complete work in component A).

5. Identify a contact person available to KIPDA for problem resolution.

### B. Location(s)

1. Attach a list of the locations where home delivered meal assembly, packaging and distribution will be performed. Include the locations where this service will be managed and coordinated (if separate from operational sites).



2. Proposed sites comply with state and local fire, health, sanitation, and safety regulations intended for food service operations.

Yes                      No

**C. Program Implementation**

1. Describe three to five activities designed to give special consideration to eligible individuals with greatest social and economic need.
2. Name four activities your organization will use to find eligible home delivered meal program participants.
3. Attach a list of anticipated subcontracts, describe responsibilities of each, and projected cost per subcontractor.  Not Applicable.
4. Screening and intake, to determine client eligibility, is: (Check all that apply)  
 Completed and recorded at meal sites  
 Completed and recorded at administrative offices  
 Completed at meal sites and recorded at administrative offices  
 Other \_\_\_\_\_
5. Who conducts initial in-home assessments? (Job title(s));

When are initial in- home assessments completed?

- Three to five days after screening is complete
- Seven days after screening is complete
- Two weeks after screening is complete
- One month after screening is complete
- Other \_\_\_\_\_

6. Who is responsible for the final determination of client eligibility? (Job title(s))

How are clients notified of eligibility?

- In person       phone       letter       email

7. When are eligible clients placed on the waitlist?

8. Confidential client records are : (check all that apply)

- Securely locked at the meal site (paper records)  
 Securely locked at the administrative office (paper records)  
 Password protected at the meal site (electronic records)  
 Password protected at the administrative office (electronic records)

9. Client demographic data and meals consumed are entered into the data system:

- by Meal Site staff; checked by supervisory staff  
 by Administrative Staff; checked by supervisory staff  
 by Other \_\_\_\_\_

8. Meal service quality and quantity is monitored by (Job Title(s)):

How frequently is meal service monitored? (check all that apply):

- Daily  Weekly  Monthly  Quarterly  Semi-Annually  As Needed.

9. Who is responsible for placing meal orders and adjustments (Job Title(s)).

10. Who is responsible for reconciling the number of meals ordered with the number of meals recorded as served in the data system (Job Title(s)):

List the source documents that will be used in the reconciliation process:

11. Can the organization guarantee safe temperatures and limit the holding time for meals to four (4) hours during the entire operation?

Yes                  No

12. How will nutrition education be provided to home delivered meal clients?

What materials will guide nutrition education provided?

13. How is nutrition counseling provided?

- Referral to appropriate medical professional(s)
- Medical professional(s) provide counseling sessions at meal sites
- N/A

14. Participant comments, compliments, and suggestions are: (check all that apply)

- Collected informally as offered by participants
- Collected annually from a survey

15. Check all that apply to the system used to solicit and collect client contributions.

- Voluntary contributions are collected anonymously at meal sites
- Voluntary contributions are collected anonymously at the administrative office
- Voluntary contributions are mailed to meal sites/administrative office
- Other \_\_\_\_\_
- A suggested contribution schedule is provided to clients

16. Client contributions are counted, recorded, and reported (check all that apply) and provide locations and titles of those conducting the activity:

- Daily \_\_\_\_\_
- Weekly \_\_\_\_\_
- Monthly \_\_\_\_\_

17. Attach a plan for services during emergencies and inclement weather.

18. Identify the primary staff person(s) responsible for implementing emergency procedures.

**D. Budget Planning Instructions**

Use the forms provided in the accompanying file(s) to complete staffing matrix and the line item annual budget. The period for which the budget shall be based is July 1, 2018 – June 30, 2019. The amount needed for any line-item shall be related only to preparation, packaging and delivery of meals as presented in this proposal.

Applicants are not to include additional costs (excess supplies or products) that are not related to the provision of the services requested by KIPDA for the eligible clientele.

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## CHECKLIST

The following items are included and signed where appropriate:

- Cover Page
- Application – COMPONENT A – CONGREGATE SERVICES**
- Staffing Matrix and Budget – Complete in prescribed format.
- Application – COMPONENT B – HOME-DELIVERED SERVICES**
- Staffing Matrix and Budget – Completed in prescribed format.

### APPLICATION FORMS – SIGN AND RETURN

- Title III-C Local Resource Match Page
- Service Funding Summary
- Certification of Assurances
- Certification of Prohibited Employee Activities
- Minimum Office Requirement/Computer Equipment Certification
- Certification of Cost or Pricing Data
- Evaluation Criteria Form (available at Bidder's Meeting)

**TITLE III-C LOCAL RESOURCES MATCH FORM**

**Matching Funds: C1**

Source of Match (Who is contributing Match)	Items of match (Service Provided)	Cash Match	In-Kind Match	Total
<b>Total</b>				

**Matching Funds: C2**

Source of Match (Who is contributing Match)	Items of match (Service Provided)	Cash Match	In-Kind Match	Total
<b>Total</b>				

**Program Income: C1**

**Program Income: C2**

Source of Match (Who is contributing Program Income)	Total	Source of Match (Who is contributing Program Income)	Total
<b>Total</b>		<b>Total</b>	

I certify that all items of match included in this budget have been reviewed and have determined these items are allowable according to Federal and State laws and regulations. As the applicant, I am aware of Federal and State match requirements and certify that the match presented is allowable.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**SERVICE FUNDING SUMMARY**  
**ANTICIPATED FUNDING TO SUPPORT SERVICES**  
**FY 2019**

Complete the following information that will provide an overall summary funding available to support proposed services funded, in part, by KIPDA. Title III-C Organizations are cautioned to only represent the resources that may be used to support the proposed service. This information is not intended to be a representation of all funding your organization receives to operate (all programs and services). It is intended to represent all parties and resources that will support the proposed effort.

<b>Funding Source</b>	<b>Identify Amount Projected FY 2019</b>	<b>Used as Match Yes or No</b>	<b>Services and Costs to be Funded with the Projected Funding.</b>
KIPDA Funding			
Applicant Resources			
Other:			
Other:			
Total Funding Available			

Note: Identify if there are special provisions to a source of funding that would require use of funds for special purposes only. Example: funding source requires entity to use grant for senior transportation for medical transportation only.

\_\_\_\_\_  
**Signature of Authorized Official**

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

## **CERTIFICATION OF ASSURANCES AND COMPLIANCE WITH GENERAL PROVISIONS**

*Bulleted items are requirements of all organizations awarded a contract.*

By submission of a proposal, the applicant agrees, if awarded, to the following provisions:

- Continuation as a provider of services is contingent upon satisfactory performance of services.
- The organization understands that more than one agency may be awarded a contract for service delivery. The agency is not assured of a specific amount of units or funding.
- The organization will provide KIPDA with a certificate of insurance for public liability insurance, automobile liability, workers compensation, property insurance, and when applicable, volunteer insurance.
- A fidelity bond will be properly executed. The bond shall be sufficient to cover maximum sums handled quarterly under the contract with KIPDA.
- Applicants may be required to have an audit of services and funds received completed annually, per Cabinet and/or provisions of Federal @ CFP, Part 200.
- The applicant will collect, account for and expend Program Income in accordance with 45CFR, Part 74, Policy, 45 CFR 1321.67 and 1321.73, and other pertinent law and regulation.
- The price(s) negotiated will remain as funded through June 30, 2018, contingent upon continued availability of funding and delivery of services as contracted.
- The applicant possesses the legal authority to apply for the contract. As appropriate, the organization certifies that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application to provide such additional information as may be required.
- The applicant agrees to assure compliance with the applicable Federal and State Laws, regulations, KIPDA policies and procedures and the executed contract to be realized if awarded funds to operate proposed services.
- The applicant agrees to adhere to appropriate federal and/or state guidelines pursuant to the program of services for which the contract is awarded, particularly, the Older Americans Act of 1965 as Amended, and its regulations. Kentucky Administrative Regulations pertaining to aging services. Modifications to the Law and Regulations over the course of the procurement period will be implemented by the provider as specified by KIPDA.
- The applicant agrees to adhere to the *KIPDA Policy and Procedures Manual* and fire, health safety, sanitation standards prescribed in law or regulation, and the Department of Aging and Independent Living.
- The applicant is solely responsible for outreach and recruitment, of employees for all services.



- The services shall be available throughout the contract year(s) and provided in a manner consistent with provisions of Title III-C of the Older Americans Act, its corresponding regulations and State Regulations.
- Comply with all provisions of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794) in providing services to older handicapped individuals.
- Comply with Title VI of the Civil Rights Act of 1964 (Public Law 88-352) and, in accordance with Title VI of that act, no person in the United States shall, on the grounds of race, color, religion, sex or national origin, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal and state financial assistance and will immediately take any measures necessary to effectuate this agreement.
- Comply with the provisions of the Federal Fair Labor Standards Act.
- Comply with the requirements that safeguards be established to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
- Assure maintenance of such accounts and documents as will serve to permit expeditious determination to be made at any time of the status of funds within the contract, including the disposition of all monies received from KIPDA and the nature and amount of all charges claimed to be against such funds.
- Assure the maintenance of records and reports as outlined in the *KIPDA Policy and Procedures Manual*. Reports shall be submitted in a format prescribed by KIPDA if awarded a contract.
- The organization agrees to participate with KIPDA in the gathering of uniform statistical data regarding services delivered through all funded services.
- Assure that KIPDA and the Department of Aging and Independent Living (DAIL) and representatives will be permitted to conduct formal monitoring. Client, personnel, financial, and service delivery records will be monitored.
- Assure that KIPDA, the Commonwealth and/or authorized representatives shall have access to and the right to examine all financial and programmatic records, books, papers or documents related to this program at any time during the contract period and such records will be available for review until three years after all matters pertaining to the contract (i.e. audit, settlement of audit exceptions, disputes) are resolved in accordance with the applicable federal and/or state laws. Participant records, either randomly selected or those filing a grievance, may be visited by DAIL or KIPDA staff as part of the monitoring process.
- Assure that a mechanism exists for providing a backup in the event staff assigned to provide services are unable to work.
- Assure that each older person will be given an opportunity to voluntarily contribute to the cost of the service.
- Assures that it will follow the federal, state, and local procurement laws, regulations, policies and procedures as pertaining to this program.
- Assure that formal complaint procedures are available for applicants/participants of services in accordance with policies and procedures of KIPDA.

- Assure that a client satisfaction survey will be completed to obtain the views of participants about the services requested or received, and a summary report submitted to KIPDA. KIPDA will establish timeframes for submission of survey results.
- Assure that personal information obtained from individuals in conjunction with the project shall not be disclosed in any form identifying the individual without written consent of the individual concerned.
- Assure that the organization will employ and train persons in the administration and delivery of the applicable services. Assurance that the delivery of service shall be only by staff and volunteers trained to deliver those services. New staff shall receive an orientation and shall be trained prior to assuming responsibilities or receive on-the-job training from qualified agency staff. Existing staff shall receive training on job-related topics at minimum of once per year.
- Assure that a Criminal Records check will be completed for all staff, both paid and voluntary in compliance with KRS 216.793 Criminal Records Check and other background checks as specified by DAIL and the Cabinet.
- Assure compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C.1857 (h), Section 508 of the Clean Air Act 1368), Executive Order 11738, and environmental Protection Agency regulations (40 CFR Part 15). This applies to contracts in excess of \$100,000.
- Assure compliance with the mandatory standards and policies relating to energy efficiency contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163).
- KRS 45A.485 requires the contractor to reveal to the Commonwealth, prior to the award of a contract, any final determination of a violation by the contractor within the previous five (5) year period of the provisions of KRS Chapters 136,139, 141, 337, 338, 341, 342. These statutes relate to the state sales and use tax, corporate and utility tax, wages and hours laws, occupational and safety and health laws, unemployment insurance laws, and workers' compensation insurance laws.
- The applicant assures and certifies that neither it nor its principals and or/or subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- Assures that the organization will comply with the computer hardware and software standards described in this proposal and have employed sufficiently trained staff to operate computer software applications.
- Assures that the organizational audit has not identified questioned cost(s) in the last three (3) years or if identified, all questioned costs have been appropriately resolved. Provide an explanation of questioned costs and resolution to the findings as a part of this application. ***Include as a separate attachment to this proposal.***

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**Signature of Authorized Official**

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**Date**

## **PROHIBITED EMPLOYEE AND VOLUNTEER ACTIVITIES**

Agencies receiving funds for any service shall clearly prohibit their staff and volunteers from involvement in any of the following activities:

- Direct service employees shall not be accompanied in the home of the client. The only exceptions are the service provider's supervisory or training personnel or KIPDA personnel.
- Employees/volunteers shall not seek or accept personal gifts and/or favors of a significant value (\$25 or more) from a client.
- Employees/volunteers shall not operate a client's personal vehicle.
- Employees/volunteers shall not borrow money or personal property from a client.
- Employees/volunteers shall not loan or accept money from or on behalf of a client.
- Employees/volunteers shall not consume or take client's belongings.
- Employees/volunteers shall not charge KIPDA programs for time spent on political activities.
- Employees/volunteers shall not be under the influence of intoxicating beverages, drug(s) or chemicals, other than those prescribed for the employee by a licensed physician, while acting on behalf of a KIPDA program.
- Employees/volunteers shall not transport a client using KIPDA funds without program authorization.
- Employees/volunteers shall not perform financial management for a client including, but not limited to, completing tax returns, transacting banking business, balancing check books, issuing and/or cashing personal checks, acting under a power of attorney, or selling and/or buying personal and/or real property, unless specifically funded or approved by KIPDA.
- Employees/volunteers shall not accept payment for services performed for a client that would normally be provided as a family member (such as receiving payment from a service provider for providing respite services to your parent).
- Employees/volunteers shall not violate client confidentiality by disclosing client specific information to any party not entitled or related to the funded service.
- Employees/volunteers shall not propose and/or participate in any illegal, unethical or unprofessional behavior with a client.
- Employees/volunteers shall not take part or have an interest in any award of any client referral or other client transaction if a conflict of interest, real or apparent, exists. A conflict of interest occurs when the employee or their immediate family member has a financial or other interest in any of the competing firms.
- Employees/volunteers shall not commit theft of a client's belongings, including prescription drugs.
- Employees shall not administer prescription or over-the-counter medication to a client.
- Comply with State provisions for conducting case management and assessments as applicable to the service being bid.

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**Signature of Authorized Official**

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**Date**

**MINIMUM OFFICE EQUIPMENT AND SOFTWARE REQUIREMENTS  
Fiscal Year 2019**

\*KIPDA may increase its computer requirements as technology advancement needs dictate.

**ORGANIZATION:** \_\_\_\_\_

**MINIMUM REQUIREMENTS**

At least one (1) computer at site with the following capabilities:

IBM Compatible  
Intel Core i3 3.30 GHz Processor  
4 GB RAM  
250GB Hard Drive  
DVD RW  
Windows 7 Professional  
Office 2007 or 2010 (new purchases)

**Additional Provisions:** Anti-Virus Software (specify): \_\_\_\_\_;  
High Speed Internet Access; KIPDA Approved Printer (local but networkable);  
Facsimile equipment (ink jet quality).

Providers must comply with number one and two or check number three for consideration of award.

1. The organization owns the minimally required hardware and software.
2. The organization agrees to have Fast Internet Access capability (where available) and to maintain on-line status throughout the contract period.
3. The organization agrees to have at least the above minimally required hardware and software available.

**A.** Does the applicant currently possess a client tracking (data) system?

**Yes**                      **No**

**B.** If yes, please provide the System name and describe the system:

**C.** Describe plan to ensure all computers are equipped with up-to-date anti-virus software and critical Operating System (OS) patches/updates.

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**

\*KIPDA may increase its computer requirements as technology advancement needs dictate.

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**KENTUCKIANA REGIONAL PLANNING AND DEVELOPMENT AGENCY  
KIPDA  
11520 COMMONWEALTH DRIVE  
LOUISVILLE, KY 40299**

**CERTIFICATION OF CURRENT COST OR PRICING DATA**

As an authorized representative and signatory official of \_\_\_\_\_, I certify that, to the best of my knowledge and belief, the cost or pricing data submitted in this proposal, either actually or by specific identification in writing, are accurate, complete, and current as of the date of submission of this proposal. This certification includes the cost or pricing data supporting any advance information provided to KIPDA to be included in this proposal, if applicable.

This application for the services described in this proposal is accurate and prices contained herein will not increase from the date of proposal submission through the execution of an agreement, if funded.

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**Signature of Authorized Official** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Authorized Official – Name Typed** \_\_\_\_\_ **Title** \_\_\_\_\_