

<p style="text-align: center;">Open Solicitation Plan For Open Solicitation #1177058 In-Home Health and Wellness Services for Seniors and Adults with Disabilities</p>

As required by Montgomery County Procurement Regulations, Code of Montgomery County Regulations (COMCOR), Section 11B.00.01, et seq., Section 4.1.6.3 (a), the Department of Health and Human Services (DHHS) / Aging and Disability Services is submitting this Open Solicitation Plan for approval by the Director, Office of Procurement.

Section 4.1.6.3 Procedure

- (1) Public Notice – Notice for this solicitation will be posted on the Montgomery County, Office of Procurement website. Additionally, DHHS will send a copy of the notice to current providers, whose contracts will be replaced by contracts awarded under this Open Solicitation.
- (2) Application Process – The DHHS Contract Management Team (CMT) will post a copy of the solicitation packet for this Open Solicitation at:
<https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>. The solicitation packet includes the following: 1) the Notice to Vendors that summarizes this Open Solicitation; 2) the Instructions and Minimum Qualifications document for this Open Solicitation; 3) the Application; and 4) the Pre-approved Form Contract including the Scope of Services and General Conditions of Contract Between County and Contractor and other attachments.
- (3) Criteria for accepting or rejecting applications – The solicitation packet contains the minimum requirements that applicants must meet. Applications will be reviewed by DHHS staff for acceptance or rejection, based on the solicitation criteria.
- (4) All applicants meeting the minimum qualifications listed in the Instructions and Minimum Qualifications document of the Open Solicitation and are found to be responsible will be eligible to receive a contract to provide the services described in the Open Solicitation. Referrals for services will be based on location, availability, and vendor's ability to perform the services in the given timeframe.
- (5) Pre-Approved Form Contract – A Pre-Approved Form Contract is included in the solicitation packet. The solicitation packet also contains a description of the requirements identified on the Pre-approved Form Contract (referred to as Scope of Services). Applicants will be required to execute a contract with the County using this Pre-Approved Form Contract, including the General Conditions of Contract Between the County and Contractor ("General Conditions"), without modification.
- (6) Cost – The cost of contracts must not exceed available appropriations. Prior to encumbrance of funds for contracts awarded under this Open Solicitation, the total available appropriation for the contracts will be verified by DHHS. Funds will be

encumbered under contracts via a purchase order. The County's Health Promotion Programmer will monitor expenditures for each executed contract against the purchase order and any subsequent delivery orders that the Office of Procurement authorizes.

- (7) Cancellation – The County reserves the option to cancel this Open Solicitation at any time. Award of a contract under this Open Solicitation is subject to appropriation of funding.
- (8) Changes to Forms – The County may update the Open Solicitation Form Contract with updated versions of the forms listed below without issuing an amendment to the Open Solicitation:
 - a. General Conditions of Contract Between County & Contractor (PMMD-45);
 - b. Minority Business Program & Offeror's Representation (PMMD-90);
 - c. Minority-Owned Business Addendum to the General Conditions of Contract between County and Contractor (PMMD-91);
 - d. Minority, Female, Disabled (MFD) Person Subcontractor Performance Plan (PMMD-65); and
 - e. Wage Requirements for Services Contract Addendum to The General Conditions of Contract Between County and Contractor, and Wage Requirements Law Certification (PMMD-177)
 - f. Business Associate Agreement

The updated forms will be applicable to new contracts entered into after the date they are added to the open solicitation; forms attached to previously executed contracts will remain in effect for these contracts unless formally amended by contract amendment.

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NOTICE TO VENDORS

Open Solicitation #1177058

In-Home Health and Wellness Services for Seniors and Adults with Disabilities

Montgomery County, Maryland (County), through its Department of Health and Human Services' (DHHS), Aging and Disabilities Service Area (A&D), is seeking applications from qualified providers to deliver health and wellness services, in-person or virtually, to seniors and adults with disabilities living independently, or in a group home setting, in the County.

This Open Solicitation contains three (3) scopes:

Scope 1: Physical Fitness Services

Scope 2: Therapeutic Art Services

Scope 3: In-Home Aging in Place Safety Evaluation Services

Qualified applicants may apply for a contract to provide services in one or more scopes.

The purpose of an Open Solicitation under Montgomery County's Procurement Regulations is to permit acceptance of applications on a continuing basis to meet service needs. Interested parties are encouraged to submit an application along with all required materials listed in the Open Solicitation to allow for processing of a Pre-Approved Form Contract.

A complete description of the Scope of Services required is listed in the Open Solicitation packet in the Pre-Approved Form Contract. You may obtain a packet by visiting DHHS – Contract Management Team website at: <https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>.

The County will enter into a contract with all applicants who meet the minimum qualifications as described in the Form Contract and are found to be a responsible organization. The County will sign the contract and return a copy to the applicant. The Form Contract with all Attachments will constitute the entire Contract. Please keep a copy of all these documents for your records. The applicant must sign the County's Form Contract which includes the General Conditions of Contract Between County and Contractor, as written with no modification.

Questions regarding this solicitation should be emailed to:
HHS.Open.Solicitations@montgomerycountymd.gov

INSTRUCTIONS AND VENDOR INFORMATION

The County will enter into a contract with all applicants who meet the minimum qualifications, are found to be responsible, and complete and submit the mandatory submissions described below in this document. After an applicant submits the required information and documents, the County will review the submissions and determine whether the applicant meets the minimum qualifications. If the County accepts an application, the contract will be executed, and a copy of the contract will be sent to the applicant. Please keep a copy of the entire Open Solicitation packet for your records. *Applicants are strongly encouraged to carefully review all the documents and information provided with this packet before completing and returning the Pre-Approved Form Contract. **Incomplete applications will not be processed.***

Please complete and attach all the below-listed mandatory submission/application documents and e-mail to: HHS.Inhomehaw-Admins@montgomerycountymd.gov

Applicants will not receive preference in the award process for offering to provide services under more than one scope, and the County makes no guarantee that any Contractor will receive programming assigned from the County under a contract resulting from this Open Solicitation. Contractor assignments will be based on service needs, geographic location, language, the Contractor's ability to provide the services needed, and availability to meet the Client's needs, as determined by the County. Contractors will be placed on a list of current providers for in-home health and wellness programs. The County will confirm the Contractor's availability prior to formally assigning or referring the Client to the Contractor for services. The County reserves the right to increase or decrease the number of hours specified in each scope based on the availability of funding. The County reserves the right to cancel this Open Solicitation at any time.

Questions related to open solicitation should be directed to:

HHS.Open.Solicitations@montgomerycountymd.gov

I. Submission/Application Documents - The following items must be submitted:

A. Application (Attachment D) and Program Proposal (Attachment E)

B. Insurance Certificate

A Certificate(s) of Insurance that provides evidence of meeting the insurance requirements set forth in Article VII. of the Pre-Approved Form Contract. Contact your insurance broker to obtain the Certificate.

C. Form Contract

The Form Contract must be filled out correctly and submitted. Please follow these steps:

1. Sign the Form Contract – If the applicant is a corporation, an officer of the corporation with authority to sign contracts for the corporation must sign the Form Contract.
2. On the signature page, PLEASE DO NOT PUT A DATE IN THE PARAGRAPH AT THE TOP OF THE PAGE. ENTER A DATE ONLY IN THE SIGNATURE BLOCK.
3. Submit all the pages of the Form Contract (not just the signature page), including all attachments.

- D. General Conditions of Contract Between County & Contractor (Attachment A)
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-45.pdf>
- E. Business Associate Agreement (Attachment B)
<https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>
- F. Minority, Female Disabled (MFD) Person Subcontractor Performance Plan
Please submit your MFD plan or request a waiver.
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-65.pdf>
- H. Wage Requirements for Services Contract Addendum to The General Conditions of Contract Between County and Contractor.
www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-177.pdf
- I. Proof of legal name
A copy of the current Maryland Business License displaying the appropriate legal name is acceptable.
- J. W-9 tax form or a copy of the Social Security card, if sole proprietorship.
- K. Proof of tax-exempt status
Determination letter from IRS, if applicable.
- L. Certificate of Good Standing from the Maryland State Department of Assessments and Taxation

I. BACKGROUND/INTENT

- A. Montgomery County, Maryland (County), through its Department of Health and Human Services' (DHHS), Aging and Disabilities Service Area (A&D), is seeking applications from qualified instructors to provide innovative health and wellness programs that address the evolving, diverse, and unique health needs for homebound seniors and/or adults with disabilities living independently, or in a group home setting, within the County (Clients).
- B. DHHS provides programming to support Clients who face challenges meeting health and wellness needs due to disability, isolation, and other difficulties creating barriers to access community health and wellness-based programs. This programming allows the target population, who are at higher risk of long-term care placement, to continue living independently in their communities, reduce social isolation, and improve health outcomes.
- C. The Contractor was selected under Open Solicitation #1177058 In-Home Health and Wellness Services for Seniors and Adults with Disabilities, to provide services in accordance with this Open Solicitation and this Contract to include at least one of the following service categories:

Scope 1: Physical Fitness Services

Scope 2: Therapeutic Art Services

Scope 3: In-Home Aging in Place Safety Evaluation Services

II. SCOPE OF SERVICES

- A. The Contractor must provide one or more of the following scopes of work. Services must be tailored to each Client's specific needs and abilities, and provided in the Client's home, communal environment (group home), or virtually. All service locations must be pre-approved by the County. The Contractor and DHHS must mutually determine the service schedule, including the date, time, and frequency of services for both individuals and groups. The Contractor must adjust the service schedule and location, as requested by the County.

1. **SCOPE 1: *Physical Fitness Services***

The Contractor must provide individualized and/or group fitness programs to promote physical activity and mobility for Clients. The Contractor must establish a curriculum, approved by DHHS, to provide the following:

- a) Personal Training – The Contractor must design a one-on-one fitness program(s) to accommodate Clients' health needs and limitations. The Contractor must provide an initial assessment to establish each Client's baseline physical fitness level and provide progress updates as outlined in Article IV. Records and Reports.
- b) Group Exercise: The Contractor must design a fitness program(s), with DHHS approval, for more than one Client in a communal or virtual setting that promotes social interaction and physical engagement. The Contractor must utilize the metrics from the

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Talk Test and Borg's Rate of Perceived Exertion (RPE) Scale. The Contractor must provide updates to the County as outlined in Article IV. Records and Reports.

2. SCOPE 2: *Therapeutic Art Services*

The Contractor must design cognitive, emotional, and creative engagement services on an individual basis. The Contractor must provide Client progress updates as outlined in Article IV. Records and Reports. The Contractor must establish a curriculum, approved by DHHS, to provide, but not be limited to, any of the following:

- a) Music Therapy - enhance emotional and cognitive well-being
- b) Art Therapy - facilitate creative art activities for emotional expression and cognitive stimulation
- c) Dance/Movement - promote body awareness, cognitive function, and social connection

3. SCOPE 3: *In-Home Aging in Place Safety Evaluation Services*

The Contractor must provide an individualized safety evaluation for Clients by conducting tailored home evaluations and developing Client-centered recommendations for home modifications. The Contractor must, at a minimum:

- a) Conduct a safety evaluation within the Contractor's scope of licensure, that includes, but is not limited to, the Client's name, date of service, recommendation(s) for modification, and clinical basis for recommendation(s).
- b) Provide Clients with the necessary tools, resources, skills, and knowledge to create safer living spaces and more accessible environments that support independence and longevity in their homes. If the Client opts to pursue the Contractor's recommendation, the Client is responsible for all costs associated with the home modifications. The County is not responsible for any costs or liable for any damages associated with home modifications.
- c) Conduct a follow-up visit for each Client to assess the effectiveness of changes, challenges, and/or setbacks.

- B.** The Contractor must provide documentation that all service providers meet the minimum qualifications as required within this Open Solicitation, upon County request.
- C.** The Contractor must be responsive to the County's needs and collaborate with County program staff to ensure that services are adequate for Clients.
- D.** The Contractor must allow the County to perform unannounced, on-site monitoring visits to evaluate the provision of services in accordance with the terms of the Contract and provide the County access to all program files and materials.

- E.** The Contractor must comply with the U.S. Department of Health and Human Services Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services (CLAS), which can be found at:
<https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>
- F.** The Contractor must comply with all federal, State, and local laws and regulations governing privacy and the protection of health information, including but not limited to, the Health Insurance Portability and Accountability Act (HIPAA). The Contractor must also sign a Business Associate Agreement (BAA) with the County prior to execution of the Contract and must comply with its provisions (Attachment B).
- G.** The Contractor must comply with the Department of Health and Human Services Background Clearance Policy requirements for staff as stated in the link listed below. At a minimum, any and all staff and volunteers having unsupervised contact with a vulnerable population, including children and/or the elderly, must be appropriately screened prior to providing services under this Contract. The Contractor must check the link for updates to the policy. The Background Check Policy is located here:
<http://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>

III. MINIMUM QUALIFICATIONS

The Contractor's specific service providers must meet the following minimum qualifications for each scope of work.

A. SCOPE 1: *Physical Fitness Services*

1. Minimum of one (1) year of experience providing personal training and/or group exercise programs to seniors and/or adults with disabilities.
2. Bachelor's degree in a health-related field, such as kinesiology, exercise physiology, health science, public health, or related discipline (or four (4) year equivalent experience).
3. Current personal training or group fitness certification and at least one sub-certification for aging or special populations (e.g., American College of Sports Medicine (ACSM), National Academy of Sports Medicine (NASM), Senior Fitness, or similar certification).
4. Current cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certification.

B. SCOPE 2: *Therapeutic Art Services*

1. Minimum of one (1) year of experience providing art therapeutic services to seniors and/or adults with disabilities.
2. Bachelor's or master's degree (preferred) in art therapy.

3. Professional licensing/credentials in the respective therapeutic field (e.g., Licensed Clinical Professional Art Therapist (LCPAT), Registered Dance/Movement Therapist (R-DMT), Board-Certified Music Therapist).
4. Current CPR/AED certification.

C. SCOPE 3: *In-Home Aging in Place Safety Evaluation Services*

1. Minimum of one (1) year of experience as licensed occupational therapist providing home assessment services to the aging population and/or adults with disabilities.
2. Master's degree from an Accreditation Council for Occupational Therapy Education (ACOTE) accredited college or university.
3. Professional licensing/credentials in the respective therapeutic field (e.g., Occupational Therapist from the Maryland Board of Occupational Therapy, National Association of Home Builders Certified Aging-in-Place (CAPSIII) certification: Details and Solutions for Livable Homes and Aging in Place).

IV. RECORDS AND REPORTS

The Contractor must provide reports to the County, in a format approved by the County, no later than fifteen calendar days following the last day of the month in which services were provided. These reports must accompany the monthly invoice and must include the following information, at a minimum, as applicable to the services provided:

A. SCOPE 1: *Physical Fitness Services*

1. Personal Training:
 - a. Client's name, date, location, timeframe, and duration for each program held
 - b. Modifications made to accommodate the Client
 - c. Baseline and progress updates in the following, at a minimum:
 - i. Strength, mobility, balance, and endurance
 - ii. Physical well-being, motivation, and engagement level
 - d. Challenges, changes, or setbacks
 - e. Contract number and purchase order number
2. Group Exercise:
 - a. Date, location, timeframe, and duration for each program held
 - b. Number of Clients registered and attendance
 - c. Modifications made to accommodate Clients
 - d. Group progress updates in the following, at a minimum:
 - i. Physical well-being, motivation, and engagement level
 - ii. Group cohesion, interaction, and overall participation
 - e. Challenges, changes or setbacks for the group
 - f. Contract number and purchase order number

B. SCOPE 2: *Therapeutic Art Services*

1. Client's name, date, location, timeframe, and duration for each program held
2. Modifications made to accommodate each Client
3. Baseline and progress updates in the following, at a minimum:
 - a. Creative expressions
 - b. Improvements in cognitive function
 - c. Emotional well-being or social interaction
4. Challenges, changes, or setbacks
5. Contract number and purchase order number

C. SCOPE 3: *In-Home Aging in Place Safety Evaluation Services*

1. Client name, date, location, and timeframe initial safety evaluation was conducted
2. Summary of safety evaluations conducted
3. Specific recommendations made for safety improvements in the Client's home and clinical justification
4. Documentation outlining the extent to which a Client pursued the recommended safety modifications. Include the challenges/barriers, if no modification was made.
5. Client name, date, location, and timeframe of follow-up visit to assess the effectiveness of the home modifications. If no modifications, document the Client's reasoning.

IV. COMPENSATION

The County will compensate the Contractor for services provided under this Contract at the fully-burdened, fixed hourly rate in effect at the time the services are provided. The hourly rate will be established via a Fixed Rate Schedule for Contracts awarded as a result of Open Solicitation #1177058, Attachment C, which will be posted on the DHHS website at <https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>. The County will compensate the Contractor only up to the amount stated in the purchase order(s) issued to the Contractor. The maximum amount payable under this Contract must not exceed the total amount shown on the purchase order(s) issued to the Contractor for that fiscal year that is based on the rates set forth on the DHHS website.

Price increase request beyond the County's set forth Fixed Rate Schedule, posted on the DHHS website at <https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>, will not be approved. In the event these rates change, within 30 days of the effective date, the Department of Health and Human Services' Director or her/his designee will promptly notify the Director, Office of Procurement, and the Contractor and forward the updated Rate Schedule, indicating the effective date of the new rates.

No services will be performed or compensated under this Contract prior to the execution of a County Purchase Order and the Contractor's receipt of said County Purchase Order containing a maximum compensation amount.

V. INVOICES

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The Contractor must submit invoices electronically via email to HHS.Inhomehaw-Admin@montgomerycountymd.gov with all required supporting documentation in a format approved by the County no later than 15 days following the end of each month. Upon receipt, acceptance, and approval of the Contractor's invoice, the County will make payment, net 30 days, at the established current Contract term rate, Attachment C, which can also be found at the DHHS website, <https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>, for services provided by the Contractor.

VI. TERM

This Contract is effective on the date indicated on the signature page and is effective until the second September 30th following the effective date of the Contract. Before the Contract term ends, the Director may (but is not required to) renew this Contract, if the Director determines that renewal is in the best interest of the County. The Contractor's satisfactory performance does not guarantee renewal of this Contract. The Director may exercise this option to renew the Contract for two (2) additional two-year terms.

VII. GENERAL CONDITIONS AND INSURANCE

The General Conditions of Contract Between Contractor and County ("General Conditions") are incorporated by reference and made part of this Contract as Attachment A. The following insurance requirements supersede those outlined in Provision 21, Insurance, of the General Conditions:

Prior to the execution of the Contract by the County, the Contractor must obtain, at their own cost and expense, the following minimum (not maximum) insurance coverage with an insurance company/companies licensed to conduct business in the State of Maryland and acceptable to the Division of Risk Management. This insurance must be kept in full force and effect during the term of this Contract, including all extensions. The insurance must be evidenced by a certificate of insurance, and if requested by the County, the Contractor shall provide a copy of the insurance policies and additional insured endorsements. The minimum limits of coverage listed below shall not be construed as the maximum as required by contract or as a limitation of any potential liability on the part of the Contractor to the County nor shall failure to request evidence of this insurance in any way be construed as a waiver of Contractor's obligation to provide the insurance coverage specified. The Contractor's insurance shall be primary with the County's being non-contributory.

Commercial General Liability

A minimum limit of liability of one million dollars (\$1,000,000), per occurrence, and two million (\$2,000,000) in the aggregate, for bodily injury, personal injury and property damage coverage per occurrence including the following coverages:

Contractual Liability

Premises and Operations

Independent Contractors & Subcontractors

Products and Completed Operations

Sexual Molestation and Abuse – \$1,000,000 limit required

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Crime Policy – Broad Form

A policy for Crime coverage, to include acts of Employee Dishonesty shall be carried for the benefit of the County and the contractor in the following amounts:

\$30,000

Contractor will be responsible for the deductible.

Workers' Compensation/Employer's Liability

Meeting all statutory requirements of the State of Maryland Law and with the following minimum Employer's Liability limits:

Bodily Injury by Accident - \$100,000 each accident

Bodily Injury by Disease - \$500,000 policy limits

Bodily Injury by Disease - \$100,000 each employee

Subcontractor Requirements

Unless otherwise stated below the proposed awardee/contractor shall require all subcontractors to obtain, and maintain, insurance with limits equal to, or greater, than those limits required within the contract.

Additional Insured

Montgomery County, Maryland, its elected and appointed officials, officers, consultants, agents and employees, must be included as an additional insured on an endorsement to Contractor's commercial general and contractor's excess/umbrella insurance policies, if used to satisfy the Contractor's minimum insurance requirements under this contract, for liability arising out of contractor's products, goods and services provided under this contract. The stipulated limits of coverage above shall not be construed as a limitation of any potential liability of the contractor. Coverage pursuant to this Section shall not include any provision that would bar, restrict, or preclude coverage for claims by Montgomery County against Contractor, including but not limited to "cross-liability" or "insured vs insured" exclusion provisions.

Policy Cancellation

Should any of the above policies be canceled before the expiration date thereof, written notice must be delivered to the County in accordance with the policy provisions.

Certificate Holder

Montgomery County, Maryland
Department of Health and Human Services
401 Hungerford, Dr.
Rockville MD 20852

VIII. CONTRACT ADMINISTRATOR

The Contract Administrator for this Contract is: Phil Royston, Team Lead, Contract Management Team, 401 Hungerford Drive – 6th Floor, Rockville, MD 20850; Telephone #: 240-777-1333.

IX. Priority of Documents

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The following documents are incorporated by reference and made a part of this Contract and are listed in the following order of precedence to be applied in the event of a conflict in their term:

1. This Contract Document;
2. The General Conditions of Contract Between County and Contractor (Attachment A);
3. Business Associate Agreement (Attachment B);
4. Fixed Rate Schedule (Attachment C); and
5. Application (Attachment D).

SIGNATURE PAGE FOLLOWS

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Signature Page

This Contract, which incorporates the approved Form Contract, General Conditions of Contract Between County and Contractor and all required forms under Priority of Documents, copies of which have been provided to the Contractor, is effective this ___ day of _____, 20____, by and between _____, hereinafter referred to as the "Contractor" and Montgomery County, Maryland, hereinafter referred to as the "County". This Contract will become effective upon signature by the Director, Office of Procurement. This Contract and any renewals or extensions of this Contract are subject to the appropriation of funds.

Part A: Contractor's Offer to Provide Services:

(Prospective Contractor Must Complete)

Contracting Corporation, Partnership Limited
Liability Company OR Proprietorship

Agency Name

Signature

Typed

Title

Date

Part B: County Acceptance:

MONTGOMERY COUNTY, MARYLAND

Avinash G. Shetty, Director
Office of Procurement

Date

RECOMMENDATION

James C. Bridgers, Jr., Ph.D., MBA, Director
Department of Health and Human Services

Date

This form has been approved as to form
by the Office of the County Attorney.

Attachment D

APPLICATION

Legal Name of Applicant:				
Phone (Home/Cell):		Business:		
Email Address:				
Address (Home)				
	Street	City	State	Zip
Address (Business)				
	Street	City	State	Zip

Please complete the following fields below to indicate the scope of services for which you are applying.

Scope 1: Physical Fitness Services - Individualized and group fitness programs to promote physical activity and mobility for homebound seniors and adults with disabilities. The scope emphasizes physical fitness.

I am interested in offering the following services:

- | | |
|--|--|
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Group Exercise (Must complete Program Proposal) |
|--|--|

Scope 2: Therapeutic Arts Services - Therapeutic programs like art, music, and dance therapy, designed to provide cognitive, emotional, and creative engagement for seniors and adults with disabilities.

I am interested in offering the following services:

- | | |
|--|--|
| <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Art Therapy |
| <input type="checkbox"/> Dance Therapy | <input type="checkbox"/> Other (Must complete program proposal): |

Scope 3: In-Home Aging in Place Safety Evaluations - Tailored home evaluations and client-centered recommendations for modifications to enhance safety, reduce fall risk, and promote independence for aging individuals, particularly those with chronic conditions. The goal is to transform living spaces into accessible environments, supporting long-term health and well-being.

I am interested in offering the following services:

- | |
|---|
| <input type="checkbox"/> In-home safety evaluations |
|---|

A COMPLETE RESUME MUST BE ATTACHED, IN ADDITION TO COMPLETING THE FOLLOWING INFORMATION ON EDUCATION, EXPERIENCE, OR SKILLS

EDUCATION/LICENSES/CERTIFICATIONS (list all relevant)

School/Organization	City, State	From	To	Major/Field	Degree/License/Certification
CPR/AED Certificate(s)					

WORK EXPERIENCE (list all relevant)

Position	Employer	City, State	From	To

Please list any special skills, honors, awards, publications, or other information which you feel would be helpful in judging your qualifications for the selected scope indicated above:

LANGUAGE PROFICIENCY & EXPERIENCE

Please list each language you speak, read, or write, and provide the following details:

Language	Years of Use	Proficiency Level (select one per skill)
		Speaking: Basic / Conversational / Fluent / Native
		Reading: Basic / Conversational / Fluent / Native
		Writing: Basic / Conversational / Fluent / Native
		Speaking: Basic / Conversational / Fluent / Native
		Reading: Basic / Conversational / Fluent / Native
		Writing: Basic / Conversational / Fluent / Native
		Speaking: Basic / Conversational / Fluent / Native
		Reading: Basic / Conversational / Fluent / Native
		Writing: Basic / Conversational / Fluent / Native

Proficiency Levels:

1. **Basic** – Can understand and use common words and phrases in familiar situations.
2. **Conversational** – Able to handle basic conversations with some assistance on complex topics.
3. **Fluent** – Can communicate effectively on most topics without assistance.
4. **Native** – Demonstrates full proficiency equivalent to a native speaker.

REFERENCES (Please give the contact information for three professional persons to whom we may contact regarding your qualifications and abilities)

Name	Organization	Position	Phone Number	Email Address

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I am interested in providing services to the following groups *(select all that apply)*:

☐ Senior Citizens

☐ Adults with Disabilities

Days and hours available for work: _____

Available start date: _____

Signature of Person Authorized to Sign Application

Date

Printed Name of Person Authorized to Sign Application

Please attach additional descriptive literature you may have available relating to the program you wish to offer, (i.e., outline of courses, materials, etc.)

**THIS APPLICATION AND ATTACHMENTS ARE INCORPORATED AND MADE PART OF ANY
CONTRACT RESULTING FROM THIS SOLICITATION.**

Please return this application to: HHS.Inhomehaw-Admins@montgomerycountymd.gov

ATTACHMENT E

PROGRAM PROPOSAL

Legal Name of Applicant: _____

Phone (Home/Cell): _____ Business: _____

Email Address: _____

Address (Home) _____

Street City State Zip

Address (Business) _____

Street City State Zip

Program Title: _____

Program Description: _____

Day & Time Preference: _____

Location Preference: _____

Please provide any further information regarding this program: _____
