



Preble County Council on Aging, Inc Homemaker Bid 2024-2026

Name of Agency: _____
Address: _____

Phone Number: _____
Fax Number: _____
Website: _____
Employer Identification Number: _____
Contact Person: _____
Title: _____
Email: _____
Alternate Contact Person: _____
Title: _____
Email: _____

Bid Rate and Performance Capability on Page 2

After Reviewing the Conditions of Participation through the Preble County Council on Aging, Inc., please respond to the following questions by checking if affirmative:

_____ Our Agency meets all qualifications listed in the Conditions of Participation.
(Supporting documentation will be submitted at time of bid submission.)
_____ Our Agency agrees to the proposed rate for a period of two(2) years commencing April 1, 2024.
_____ Our Agency will submit billing to PCCOA by the 10th of the month for the proceeding month services.
_____ Our Agency's governing body has reviewed and approved this competitive bid/proposal submitted for consideration of funding by contract with Preble County Council on Aging, Inc.
_____ Weekly client sheets will be available to the Manager of Housekeeping Services (Scanned or hard copy for pick up) on Monday of the week following service.

By: _____
Signature and Title of Authorized Signatory

Date: _____

Printed Name and Title of Above Signatory

Bid Rate: Per Hour

Bid Rate: _____
(Unit of Service equals one (1) hour of Direct Homemaking Services)

Bid Rate: _____
(Unit of Service equals one (1) hour of Direct Personal Care Services)

Bid Rate: _____
(Unit of Service equals one (1) hour of Direct Respite Care Services)

Bid Rate: _____
(Unit of Service equals one (1) hour of Direct Companionship/Friendly Visitor Services)

Performance Capability: (Maximum number of clients this agency can provide services)

Homemaking _____

Respite Care _____

Personal Care _____

Companionship/Friendly Visitor _____

