

APPENDIX V

**Notice of Intent to Submit a Proposal *for*
Older Americans Act Program Funding
*Title III-B, III-C1, III-C2, or III-E***

Date: _____

Applicant Name: _____

Title(s) Applying for: _____

Address: _____

Telephone Number:
Fax Number: _____

Contact Person: _____

E-Mail Address: _____

ALLIANCE FOR AGING USE ONLY.

DATE RECEIVED: _____

TIME RECEIVED: _____

RECEIVED BY: _____

APPENDIX VI

Acceptance of Contract Terms and Conditions

In the event,

(Name of Applicant)

should be awarded a contract for the provision of services funded under Title III-B, III-C1, III-C2, or III-E of the Older Americans Act Program

Name of Applicant: _____

agrees to abide by the terms and conditions specified in this RFP, including, but not limited to, the model contract in Appendix IV of this RFP. The applicant will also follow the rules, regulations and guidelines set forth in the July 2009, Department of Elder Affairs Programs and Services Handbook.

Signature of Authorized Representative

Date

APPENDIX VII

Statement of No Involvement

I, _____, as an authorized representative of _____, certify that no member of this firm or any person having interest in this firm has been awarded a contract by the Alliance for Aging, Inc., on a noncompetitive basis to:

- (1) develop this RFP;
- (2) perform a feasibility study concerning the scope of work contained in this RFP; or
- (3) develop a program similar to what is contained in this RFP.

Signature of Authorized Representative

Date