PRESCREENING AND ELIGIBIL	LITY C	HEC	KLIST	
General	Yes	No	Additional Requirements	
In existence for a minimum of three (3) years (must submit a proof of	х		Submit article of incorporation	
Incorporation except for local units of governments)?				
Financially viable with a current financial report and as demonstrated by			Submit audited or unaudited financial	
having a positive fund balance or retained earnings?			statements (e.i., Balance sheet, Income	
			Statement, Profit & Loss Statement, etc)	
Current with all local, state and federal taxes?			Submit most recent Tax return and form 941	
Debarment and Background check	<u> </u>			
Does your company do the mandatory background check?				
Does your company do the mandatory monthly OIG and SAM checks on				
every employees and management team?				
Does your company meet ADA standards for accessibility and				
accommodations for Persons with disabilities and provide evidence of				
compliance?				
Are you able to meet and provide proof of Liability Insurance requirement			Submit proof of insurance. (Additional copy with DAAA as additionally insured	
as listed below?				
Commercial General Liability			will be required once proposal is accepted)	
Each occurrence \$1,000,000				
Personal & Adv. Injury \$2,000,000				
General Aggregate \$2,000,000				
Auto Liability - \$1,000,000				
Professional Liability				
Each occurrence \$1,000,000				
General Aggregate \$2,000,000				
Worker Compensation - Each employee \$500,000				
Umbrella or Excess Liability - \$2,000,000				
Dishonesty Bond \$100,000				
NOTE: if you answer "No" to any of the above questions, you do not qualif	iy to app	oly for	the proposal.	
Do you complete client satisfaction surveys periodically? (if yes, how often?)				
Do you provide the below minimum in-service training to new program Staff, volunteers and/or independent contractors?				
Introduction to the program and the aging network				
The aging process (may include, though are not limited to, cultural				
diversity, dementia, cognitive impairment, mental illness, abuse and				
exploitation.)				
Code of Conduct and Ethics				
Emergency procedures	İ			
Confidentiality/HIPPA				
Is your company in compliance with the below?				
Americans with Disabilities Act				
Civil Rights Act of 1964	1			
Equal Employment				
Family Medical Leave Act				
Family Medical Leave Act Drug-Free Workplace Act of 1988				
Family Medical Leave Act Drug-Free Workplace Act of 1988 Occupational Safety and Health Act (OSHA)				
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