2026-035

In-Home Provider Services

Issue Date: 8/27/2026
Questions Deadline: 9/14/2026 05:00 PM (CT)
Response Deadline: 9/24/2026 02:00 PM (CT)

Purchasing

Contact Information

Contact: Mark Zack
Address: FMA, Purchasing Division
111 S. Cherry Street
Suite 2400
Olathe, KS 66061
Phone: 1 (913) 715-0590
Fax: Uni
Email: mark.zack@jocogov.org

Event Information

Number:	2026-035
Title:	In-Home Provider Services
Type:	Invitation for Bid
Issue Date:	8/27/2026
Question Deadline:	9/14/2026 05:00 PM (CT)
Response Deadline:	9/24/2026 02:00 PM (CT)
Notes:	

The Johnson County Area Agency on Aging (AAA), a unit of the Johnson County Aging & Human Services Department, is seeking bids from qualified and licensed Providers to offer in-home services in support of its mission “to provide a wide range of services that help older adults maintain independence and dignity in their own homes

Bid Activities

Question Cut Off Date 9/14/2026 5:00:00 PM (CT)

Close Date & Time 9/24/2026 5:00:00 PM (CT)

https://teams.microsoft.com/meet/295914775216474?p=RFGoeuwVJ2ysQGiY0T

Requested Attachments

Description of Services

(Attachment required)

Please provide a brief narrative of the related services your company offers

Kansas Home Health Agency Licensing

Please upload proof of current Kansas Home Health Agency Licensing

Certificate of insurance (COI)

If available of time of submission, please provide Certificate of insurance (COI). Ensure all requested amounts match the bid requirements according to attachment A.

Certificate of Good Standing from the State of Kansas

Please provide Certificate of Good Standing from the State of Kansas

Bid Attributes

1	**Bid Terms & Conditions** Bidder has read and fully accepts all terms & conditions as presented. If you object, please upload any exceptions you take under the response attachment tab, under "other". ☐ Acknowledged *(Required: Check if applicable)*

2 Binding Agent

Please indicate the agent who has authority to bind your company to a contract. Binding Agent's name, title, and email address are requested.

(Required: Maximum 4000 characters allowed)

3 Cooperative Procurement With Other Jurisdictions

If Johnson County, Kansas awarded you the proposed contract, would you sell under the prices and terms of the contract to any Municipal, County Public Utility, Hospital, Educational Institution or any other non-profit organization? All deliveries shall be FOB Destination and there shall be no obligations on the part of any member of said Council to utilize this contract). This section will not affect award.

☐ Yes ☐ No

(Required: Check only one)

4 Insurance

If awarded a contract, the successful firm is required to provide a certificate of insurance with stated amounts in the solicitation and contract agreement. Please acknowledge you understand and will meet this requirement.

☐ Acknowledged

(Required: Check if applicable)

5 Debarment Notice

Please certify your company has not been debarred, suspended or otherwise ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension", as described in the Federal Register and Rules and Regulations. Johnson County verifies this information through the use of the GSA System for Award Management prior to award of contract.

☐ Acknowledged

(Required: Check if applicable)

6 Litigation

Has your company been a party to any pending or concluded litigation that could effect the outcome of a contract with Johnson County?

☐ Yes ☐ No

(Required: Check only one)

7 Bankruptcy

Has your company ever declared bankruptcy?

☐ Yes ☐ No

(Required: Check only one)

8 **Purchasing Card**

Will you accept a County issued procurement credit card (VISA)? If so, please provide the associated fees and conditions if any.

(Required: Maximum 4000 characters allowed)

9 **Online Transactions**

Does your firm or agency allow for online purchasing at the prices stated in your bid?

☐ Yes ☐ No

(Optional: Check only one)

10 **Invoice Discount Terms**

Is a discount offered for prompt payment of invoices? If a discount is offered, please provide detailed information on terms, discount and days.

(Optional: Maximum 4000 characters allowed)

11 **CORE4 Tax Clearance**

I acknowledge the CORE4 Tax Clearance form RD-C3 and multi-jurisdictional forms will be completed and approved prior to award if contract is to exceed $150,000.

☐ Acknowledge

(Required: Check if applicable)

12 **Preference**

Effective January 1, 2026, when all factors are equal, a preference policy will be applied in the following order:

1. Local Preference: Business or physical office must be located in Johnson County.
2. Apprenticeship program registered with U.S. Department of Labor.
3. Individuals with disabilities and disabled veterans that align with K.S.A. 75-3740.

Please indicate if your firm qualifies for any of the preferences. If so, supporting documentation is required to be provided as an attachment to the submission. (i.e.: Letterhead with Johnson County address, Certificate of Apprenticeship Program issued by U.S. Department of Labor, Individuals with disabilities or disabled veterans a Certificate or a list with vendor name indicated from the Kansas Department of Administration)

☐ Local Preference - Location in Johnson County

☐ Apprenticeship Program - Registered with U.S. DOL

☐ Individuals with disabilities per K.S.A. 75-3740

☐ Disabled Veteran - Per K.S.A 75-3740

(Optional: Check all that apply)

13	**Authorization to Conduct Business in Kansas** By submitting a response to this solicitation, the Contractor certifies that, if registration with the Kansas Secretary of State is required per applicable law, the entity is currently registered and in good standing or will obtain such registration and good standing prior to execution of any resulting contract. The Contractor shall provide proof of registration and good standing prior to contract execution. ☐ Acknowledged *(Required: Check if applicable)*

14	**Qualifications** The firm/bidder meets the qualifications set forth in the solicitation. Additional documentation confirming qualifications are met shall be provided upon request within 10 business days. ☐ Acknowledge *(Required: Check if applicable)*

15	**Contract Renewal** The County reserves the sole right to renew said contract for four (4) additional twelve-month period(s) at the same specifications, terms and conditions of the original contract that may be derived from this bid request. ☐ Contract Renewal *(Required: Check if applicable)*

Bid Lines

1 Homemaker – Urban $36 per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a “No Bid” designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

2 Homemaker – Non-Urban - $37.00 Per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a “No Bid” designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

3 Chore Program – Urban - $55.00 Per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a "No Bid" designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

4 Chore Program – Non-Urban - $55 Per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a "No Bid" designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

5 Attendant Care – Urban - $38.00 Per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a "No Bid" designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

6 Attendant Care – Non-Urban - $39.00 Per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a "No Bid" designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

7 Homemaker / Attendant Care – Self Direct - $35.00 Per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a "No Bid" designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

8 Companion Care - $36.00 Per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a "No Bid" designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

9 Respite Care – Urban - $38.00 Per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a "No Bid" designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

10 Respite Care – Non-Urban - $39.00 Per Hour
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a "No Bid" designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

11 Medication Management - $75.00 Per Hour
(Response required)

Quantity: 1 UOM: Flat Rate Price: $ Total: $

Item Notes: The County has established fixed, non-negotiable reimbursement rates for all services listed in this Invitation for Bid. Vendors shall not submit alternate pricing. Providers may respond to one (1) or more of the services listed.
All line items must contain either (a) a completed response for services offered with pricing unchanged or (b) a “No Bid” designation for services not offered.

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

12 Holiday Upcharge (1.5 X Standard Rate as stated above)
(Response required)

Quantity: 1 UOM: Per Hour Price: $ Total: $

Item Notes: Holiday Upcharge (1.5 X Standard Rate as stated above)

☐ No bid
☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

Supplier Information

Company Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature