Aging & Adult Services
OF COASTAL WASHINGTON

REQUEST FOR QUALIFICATIONS (RFQ)

Dementia Friendly Social Model Program

RFQ No. 2026-06, Dementia Outreach Program

Service Area: Clallam, Grays Harbor, Jefferson and Pacific Counties

Date of Issuance: June 15, 2026
Deadline for Submission: Open to December 31, 2026

Funding: Projects will be funded to a maximum of $10,000, depending on availability of funds and number of applications received.

Project timelines: Project applications will be reviewed for funding in the order received. Projects must be initiated prior to February 28, 2027.

Funding Source: State and Federal funding.

Contact Person: Bri Buchanan,
Dementia Program Manager
Brittnie.buchanan@dshs.wa.gov
Office: 360.417.8540

Request for Qualifications Purpose:
Aging & Adult Services of Coastal Washington (Coastal), formerly Olympic Area Agency on Aging, is seeking providers for a Dementia Friendly Social Model Program. The purpose of this RFQ is to promote and support the development of social model engagement programs for individuals living with dementia and their caregivers in rural areas by:

- Connecting organizations with social model programs designed for early-stage programming and to support the initial social model program development; and
- Supporting organizations in becoming sustainable in offering these critical community supports on an ongoing basis.

Social isolation of those living with dementia became a critical concern of the pandemic as access to in-person socialization and engagement programs became limited to none, especially in rural areas. "During Older Americans Month, Governor Jay Inslee proudly announced that Washington state has joined the AARP Network of Age-Friendly States and Communities and USAging's Dementia-Friendly America networks. This significant step is a testament to our state's commitment to helping our residents age gracefully and thrive in their communities. These designations are the result of a continuous and dedicated collaboration between Washington State's Department of Health, the Department of Social and Health Services, and the Health Care Authority." *(https://states.aarp.org/washington/washington-state-joins-age-friendly-and-dementia-friendly-networks)*

In alignment with this collaboration and to meet the needs of those living with dementia, we are encouraging rural organizations, churches, senior centers, community centers, and/or service clubs to add or expand services in the following programs that will reduce some of the impact of dementia related social isolation: social model engagement programs for people living with dementia. "By aligning with these global age- and dementia-friendly initiatives, Washington State is opening doors to a wealth of expert resources and technical support. This support will be instrumental in identifying and promoting policies and initiatives that enhance longevity, health, and engagement. From healthy food and transportation to culturally appropriate services, recreation, and social activities, these collaborations offer a promising future for our aging population." *(https://states.aarp.org/washington/washington-state-joins-age-friendly-and-dementia-friendly-networks)*

We encourage interested organizations in the Coastal four county region (Clallam, Jefferson, Grays Harbor and Pacific Counties) to respond to this RFQ with a proposal to support those living with dementia by offering a 4-hour social model engagement program once or twice a week on an ongoing basis. This RFQ is designed to support the development of the program in its start-up phase and initial operating months. This program will include 1 meal (lunch) during each 4-hour program. Interested organizations will be supported and guided in this venture by affiliation with one of the following social model programs:

- Respite for All: see website for general info: https://respiteforall.org/ or
- Old Friends Club: see website for general info: https://www.oldfriendsclub.org/

Qualified Participants:
The target populations for services under this RFQ are people with dementia of any age and unpaid family caregivers of persons with dementia residing in the Coastal service area.

Selection Criteria:
This is a noncompetitive grant, meaning as Coastal receives applications, if the application meets the criteria of this RFQ the RFQ will be accepted and a contract developed, assuming availability of funding. Project applications will be reviewed for funding in the order received. Projects must be initiated prior to February 28, 2027. Project applications must be received by December 31, 2026.

Applicants must:

- Be an individual, business, partnership, or legally incorporated entity eligible to do business in Washington State and be located or doing business within the Coastal service area.
- Preferably the applicant is currently offering similar services in the community.
- Pass a criminal history check. Some criminal convictions may disqualify an applicant from providing services. Refer to WAC 388-113. Coastal will run the background check on provider primary signatory prior to contract award; provider must ensure background checks are conducted on staff providing services funded by the project.
- Be able to perform services in advance of billing. Coastal will reimburse providers on an after-expense basis on submission of monthly invoices. Projects may request start-up funding.
- Provide proof of insurance to meet agency standards.
- Be prepared to begin project according to the timeline set forth in the proposal. Program events and/or start-up costs that will be billed to the program must take place by June 30, 2025. Coastal encourages projects to begin on the earliest possible date to address current local social isolation issues.

Fund Source:
Primary funding is from the Building Dementia Capable Communities Grant, Dementia Outreach Development Coordinator, DSHS Contract #2569-63758, in the anticipated total amount of $50,000 and is available through June 30, 2027. Coastal reserves the right in its sole discretion to designate additional funding to support projects on a case-by-case basis beyond identified grant funding to maximize community services depending on funding availability. These additional fund sources may be state, Federal, or agency reserves.

Technical Assistance:
Technical assistance is available from Coastal staff to develop your proposal; if you have a project idea but need help to further refine it, contact our office. Proposals received which on Coastal review require additional work to support a fundable project will also be contacted by Coastal to offer technical assistance. If an organization's needs change after the project has begun, the organization should contact Coastal to discuss changes.

Issuing Authority:
This RFQ is issued by Aging & Adult Services of Coastal Washington (Coastal). Coastal primarily receives federal and state funds through the Washington Department of Social and Health Services, Home and Community Living Administration, as well as funding awards from other state offices and grants. For more information visit our website: www.o3a.org.

Application and Instructions:
Please complete the following items and submit by email to Ingrid Henden, Ingrid.henden@dshs.wa.gov at Aging & Adult Services of Coastal Washington. Applications may also be mailed to or delivered in Port Townsend to Ingrid Henden, Contracts Management & Planning Director, Aging & Adult Services of Coastal Washington, 2500 W Sims Way, Suite 201, Port Townsend, WA 98368.

For questions contact: Ingrid Henden, Ingrid.henden@dshs.wa.gov or call 360.207.1025; or Bri Buchanan, Brittnie.buchanan@dshs.wa.gov or call 360.417.8540.

DEMENTIA RFQ APPLICATION

Applicant & Address:

Primary Contact Name, Email and Phone:

Federal Employer Identification No.: **State UBI No.:**

Unique Entity Identifier (SAMS):

Your Project Overview: *Include a short description of your project. You may include this as a separate document consisting of no more than one typed page (please state see attached if using this option).*

Project Goals: *List 1-5 goals you expect to accomplish with this project.*

Project Outcomes: How will you know you are successful? Think less about numbers served and more about what changes did your project produce. A simple Results Based Accountability set of questions may help with this: 1.) How much will we do? 2) How well will we do it? 3) Will anyone be better off?

Dementia Project Budget:

Line Item	Units	Rate	Sub Total	Total
Staff needed for project – list as #s of FTEs				
Supplies & Equipment				
Travel (IRS rate /mile)				
In-Kind Contributions*				
Volunteer Time				
Donated supplies				
Other staff time spent on project not part of project				
Start Up Costs up to $5,000.00				

*In-Kind Contributions are those items that the applicant donates toward the project – volunteer hours, other employees not billing time to the project but working on it, donated supplies (anything not billed to the project).

Application submitted by:

_____ _____

Signed by (print name): Date

Title / Connection to Applicant (owner, etc.): _____

Olympic Area Agency on Aging
Clallam, Grays Harbor, Jefferson & Pacific Counties

Contractor Application

Instructions: Please provide the following information.

1. Legal Name of Organization or Individual:	dba:

2. Legal Form of the Contractor:

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ Public (Government)
- ☐ Tribal Government
- ☐ Private Non-profit
  Specify Type: ☐ 501(c)(3)
  ☐ Other Non-profit

3. *Federal Employer Identification Number (EIN) or Social Security Number. (**Note:** Employers are required to have an EIN):

4. *State Uniform Business Identifier (UBI) Number:

5. *Unique Entity Identifier:

6. Are you a Women- or Minority-Owned business registered with the State of Washington Office of Women and Minority Business Enterprises? (Does not apply to community-based non-profit or governmental organizations.)

☐ No ☐ Yes **If Yes,** provide number:

7. Are you required by law or regulation to maintain a license or certificate to perform the service to be provided?

☐No ☐Yes **If Yes,** attach copy

8. Which counties do you plan on serving?
(Note: some programs require at least two counties to be served)

☐ Clallam ☐ Grays Harbor ☐ Jefferson ☐ Pacific

9. Name, Title, & Contact Information for <u>principal person</u> authorized to sign contracts:		
Name:	Title:	
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

*Required

10. Name, Title, & Contact Information for Fiscal Administrator/Chief Financial Officer:		
Name:	Title:	
Physical Address:		
City:	State:	Zip:
Mailing Address:		
Phone:	Fax:	
Email:		

11. Name, Title, & Contact Information for individual who will conduct day-to-day business and serve as the primary contact for O3A:		
Name:	Title:	
Physical Address:		
City:	State:	Zip:
Mailing Address:		
Phone:	Fax:	
Email:		

12. What services are you applying to provide?

The following documents are included with this application:

- ☐ W-9
- ☐ Background check authorization or
- ☐ Online background check authorization has been completed
- ☐ Business license
- ☐ Non-profit status
- ☐ Certificate of Insurance & Additional Insured Endorsement documentation
- ☐ Current rates
- ☐ Total program operating budget, including all anticipated revenue sources and any fees generated
- ☐ Most recent Financial Review or Audit report
- ☐ Organizational chart or staffing plan, including applicable credentials

ATTESTATIONS

1. Applicant has at least one year experience in Washington State providing the same or similar services for which they are applying.

2. Applicant has policies and procedures that meet the requirements of mandatory reporting procedures as described in Chapter 74.34 RCW, relating to the protection of vulnerable adults.

3. Applicant has no multiple cases of lost litigation related to service provision to medically frail and/or functionally disabled persons.

4. Organization has capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds and meet program expenses in advance of reimbursement, determined through evaluation of the agency's most recent audit report or financial review.

5. Applicant will meet insurance requirements written in the contract.

6. Organization staff, including those with unsupervised access to clients and those with a controlling interest in the organization, have no findings of abuse, neglect, exploitation, abandonment nor has the organization had any government issued license revoked or denied related to the care of medically frail and/or functionally disabled persons suspended or revoked in any state.

7. Organization meets staffing requirements written in the contract.

8. All employees and volunteers who may have unsupervised contact with vulnerable adults must have passed a criminal history background check, which must be conducted by the organization every two years and kept in personal files. The criminal history background check must at least include Washington State Patrol criminal conviction records.

9. No history of significant deficiencies as evidenced by monitoring, licensing reports or surveys.

10. Organization will follow requirements, policies, and procedures for the program written in the contract.

I certify that the statements and attestations provided on this Contractor Application and any attachments are true and correct to the best of my knowledge and belief.	
Printed Name:	Date:
X _____ Signature (Authorized Signatory)	Title: