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**Area Agency on Aging, PSA 2**

40 W. Second Street, Suite 400, Dayton, OH 45402

937-341-3000 or 1-800-258-7277 FAX 937-341-3005

[www.info4seniors.org](http://www.info4seniors.org) Douglas McGarry, Executive Director

**PUBLIC NOTICE**

**TO:** Interested Parties

**FROM:** Nicole Khaner, Assistant Director

**SUBJECT:** Request for Bid Proposal

**DATE:** December 18, 2023

The Area Agency on Aging, PSA 2 is an independent, non-profit corporation assisting older adults in a nine-county region in west-central Ohio. We have federal Older Americans Act Title III funding available for education of family caregivers.

The goal of these trainings is to provide education to family caregivers to help them better understand their role, when and how to access assistance, how to utilize services/information to decrease stress, and how to better care for their loved ones and themselves. Agency staff will be responsible for scheduling and promotion of each event.

Interested applicants should submit a bid proposal that 1) describes their experience and qualifications for the project, 2) provides all information requested in the proposal, and 3) complies with the project specifications.

The Agency will award the bid(s) based on speaker expertise and availability, proposed topics, regional coverage, cost, and compliance with specifications. The Agency is not bound to commit to any bid proposal and reserves the right to reject any or all proposals.

Proposals are due at the Agency by **5:00 PM on Friday, January 26, 2024**. Selection will be made by February 23, 2024, and all bidders will be notified by mail. The mailing address is as follows:

Area Agency on Aging, PSA 2

Attn: Mary Hairston

40 W. Second Street, Suite 400

Dayton, OH 45402

Questions regarding the bid process may be addressed to Mary Hairston at 937-341-6944 or mhairston@info4seniors.org.

**AREA AGENCY ON AGING, PSA 2**

**PROPOSAL FOR FAMILY CAREGIVER EDUCATION**

| Name of Educator: |
| --- |
| Address: |
|  |
| Telephone: |
| Email:  |

**I.Project Specifications**

Presentations will be scheduled during the 2024 calendar year, with mutually agreed upon dates/times/locations to be determined later. Agency staff will be responsible for scheduling and promotion of each event.

Presentations will be 60 minutes in length to an audience of family caregivers; this is not a professional continuing education presentation.

Presentations will be offered online and in-person throughout the nine counties of our region: Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble, and Shelby. We are open to awarding bids to multiple presenters to ensure regional coverage. You may submit your proposal to present online or to travel to one county or multiple counties. Please be specific in your proposal regarding travel preferences.

Educator will provide title and brief synopsis of each proposed presentation. Multiple titles are encouraged to allow flexibility in review/selection by Agency and their site partners.

**II. Applicant Qualifications**

Please describe your qualifications for this project. **III.** **Proposal**

1. **Regional Coverage – circle all counties where you are interested in offering a presentation. If only interested in online, please circle Online.**

Champaign Clark Darke Greene Logan Miami Montgomery Preble Shelby Online

1. **Availability – circle all that apply.**

Weekdays Weekends Evenings

Additional notes about availability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Topics – attach separate sheet of proposed titles with brief synopsis of content for each.**
2. **Support Requirements:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Fee per 60 minute Presentation $\_\_\_\_\_\_\_\_\_\_\_\_** Mileage will not be reimbursed; please consider and include any necessary travel expenses in your fee.

**IV. Authorization**

I certify that I will comply with the Agency project specifications and the proposal as submitted above.

Signature Date\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit by **January 26, 2024** to the Area Agency on Aging, PSA 2, Attn: Mary Hairston, 40 W. Second Street, Suite 400, Dayton, OH 45402. (or mhairston@info4seniors.org, 937-341-6944)