



1104 England Drive
Cookeville, TN 38501

**REQUEST FOR PROPOSAL (RFP)
TO PROVIDE TRANSPORTATION SERVICES
UNDER THE OLDER AMERICANS ACT**

RFP ISSUED: February 3, 2026

SUBMISSION PERIOD: February 11, 2026 - March 13, 2026 (4:30 P.M. CST)

BID OPENING: March 16, 2026 at 3:00 P.M. CST at the office of the UCDD.

Bids will be scored within 17 calendar days and posted afterwards at <https://ucdd.org/aaad/rfpa/>

AWARD PERIOD: July 1, 2026 - June 30, 2030

INTRODUCTION

The Upper Cumberland Area Agency on Aging and Disability (AAAD) is accepting bids for transportation services funded through the federal Older Americans Act and the Tennessee Department of Disability and Aging (DDA). The service delivery area includes: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, and White Counties.

Accessible transportation is an important component of community living for older adults. Area Agencies on Aging and Disability (AAAD) across the State of Tennessee contract to provide transportation services that assist adults age 60 and over with accessible rides primarily for medical appointments, senior center activities, meal sites, grocery stores, and pharmacies.

The Older American's Act (OAA), Title III, Part B, Section 321 (a) (2) provides for transportation services to facilitate access to supportive services or nutrition services, and services provided by an area agency on aging, in conjunction with local transportation service providers, public transportation agencies, and other local government agencies, that result in increased provision of such transportation services for older individuals.

CORRESPONDENCE & QUESTIONS

All correspondence and questions concerning the RFP are to be submitted via email to hwilliams@ucdd.org. Questions should reference the section of the RFP to which the questions pertain and all contact information for the person submitting the questions. All emailed questions will be answered and posted on the AAAD website at <https://ucdd.org/aaad/rfpa/> mostly within forty-eight (48) hours. In order to prevent an unfair advantage to any respondent, verbal questions will not be answered. These guidelines for communication have been established to ensure a fair and equitable process for all interested applicants.

PROPOSAL SUBMISSION & TIMELINE

All applications must be typed and submitted electronically via email to UCRFPA@ucdd.org between February 11, 2026 - March 13, 2026 (4:30 P.M. CST). Facsimile or mailed proposals will not be accepted. Late or incomplete proposals may not be considered for evaluation. Under no circumstances will this deadline be extended.

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PROPOSAL FORMAT

Response to this RFP must be in the form of a proposal package that must be submitted in the following format:

1. **Cover Page** – Submit on letterhead stationery, signed by a duly authorized officer, employee, or agent of the Applicant.
2. **Comprehensive Response** – The proposal must address all requirements outlined in this RFP document.
3. **Signature of Authorized Representatives** – Completed “Authorization for Submission”

PROPOSAL EVALUATION & SELECTION

Each responsive proposal application will be reviewed by a special Ad-Hoc Committee. The Committee shall review the responsive proposals and score points, per the completed scorecard included in this RFP. Each proposal response will be evaluated on the criteria outlined in this RFP document. Applicants who neglect to accurately complete and submit the RFP, including required signatures, certifications, and proof of licensure shall be disqualified.

The right is reserved, as the interest of the AAAD may require, to reject any and all applications and to waive any formality in applications received. The AAAD reserves the right to make an award on all items or on any of the items and for an item quantity less than the quantity proposed unless qualified by specific limitation of the Applicant. The contract shall be awarded to the best evaluated responsible Applicant that has submitted a proposal that conforms in all material aspects to the RFP and is scored by an evaluation team to be the best evaluated overall proposal. Responsible Applicant is defined as an applicant that has the capacity in all respects to perform fully the contract requirements, and the integrity and reliability, which will assure good faith performance.

After the evaluation applications and selection of the successful applications, all Applicants will be notified via email.

The Applicant is specifically advised that any person, firm, or other party to whom it is proposed to award a subcontract under this contract must be acceptable to and approved by the AAAD.

All contract requirements will comply with the Tennessee Department of Disability and Aging Policies and Procedures manual. The manual can be accessed at the following link: [Aging Program and Policy Manual.pdf](#) The initial contract dates will be July 1, 2026 through June 30, 2027 with the option to renew for three (3) additional one-year periods subject to the availability of AAAD funds for each renewal period and satisfactory performance by the Applicant.

SERVICE DEFINITIONS

Assisted Transportation (one-way trip): Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort to other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity.

Transportation (one-way trip): Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. Does not include any other activity.

GENERAL REQUIREMENTS

The following general requirements apply to transportation services delivered under OAA:

1. All provider agencies will comply with all federal and state laws and regulations.
2. The service provider must provide a 10% local match for all Title III-B funds.
3. Services shall be provided only to consumers who meet eligibility criteria.
4. The service provider must ensure the Participant Registration Form (PRF) is completed on riders prior to being transported utilizing AAAD funds. The PRF shall be completed by senior center staff, the transportation provider, AAAD and/or other designated entity.
5. Service providers may expend federal and state funds only for those services for which they have received authorization through a contract with the AAAD.
6. Service providers receiving state appropriations or OAA funds must comply with DDA contracting guidelines, program standards and service descriptions.
7. No service provider agent shall solicit or accept gratuities, favors or anything of monetary value from a consumer, service provider, contractor, or potential contractor.
8. Each service provider must have procedures to protect the confidentiality of information collected about consumers. The procedures must ensure that no information about a consumer is obtained or disclosed by a service provider in a form that identifies the person without the “informed written consent” of that person or of his or her legal representative. Disclosure may be allowed by court order, or when securing client-related services, benefits, or rights. All consumer information must be maintained in controlled access files. (Exception: A written release of information when making a referral for Adult Protective Services is not required.)
9. Each service provider shall either provide a statement of self-insured status or procure and maintain payment of premiums on policies of insurance coverage to (A) adequately protect personal and real property whose acquisitions cost was borne in whole or in part as a direct charge to Title III or state funds from loss or damage; and (B) adequately cover all claims which may arise related to accidents involving personal injuries and/or use of products and services under the area plan.
10. All service providers must obtain sufficient bond coverage for protection of the AAAD and DDA from theft, forgery, embezzlement, and fraud losses by the service provider agency, any of its agents or employees, full or part-time.
11. All service providers shall comply with Tennessee Code Annotated § 52-2-1002 on completing background checks for employees and volunteers.
12. Quality Assurance will be an ongoing process in which all entities including DDA, AAAD, service providers and consumers will be involved.
13. Service providers will be monitored by the AAAD at least annually using monitoring tools approved by DDA that are based on DDA’s Aging Program and Policy Manual available at [Aging Program and Policy Manual.pdf](#)

14. Service Providers shall specify how they will satisfy the service needs of those identified as in greatest social need, isolated, residing in rural areas, disabled, and low-income minority individuals in the service area, as applicable
15. Service providers shall provide service recipients with an opportunity to contribute to the cost of their service. Services shall not be denied because the older individual or family caregiver will not or cannot make a voluntary contribution.
16. Service providers shall, where feasible and appropriate, make arrangements for the availability of services to older individuals in weather-related and other emergencies.
17. Service providers shall assist participants in connecting with other resources, as necessary.
18. Service providers shall assure that all services are coordinated with other appropriate services in the community, that OAA/AAAD funds are the payor of last resort, and that these services do not constitute an unnecessary duplication of services provided by other sources (i.e. TennCare eligible transportation).
19. Service providers shall be licensed in accordance with the regulations of the State prior to performing any services.
20. Service providers shall have methods and procedures in place for the collection and reporting of individual specific data, and invoices and provide to the AAAD by the fifth (5th) day of the month following the month being reported.
21. Service providers shall comply with all state laws relating to mandated reporting of abuse, neglect, and/or exploitation and shall immediately make a report to appropriate officials for follow-up, conditions or circumstances which place the individual, or the household of the individual, in danger.
22. Service providers, either private for-profit or not-for-profit organizations, must be incorporated under the laws of the state in which their principal place of business is located.

TRANSPORTATION PROVIDER REQUEST FOR PROPOSAL APPLICATION

Award Period: July 1, 2026 – June 30, 2030

Applicant Organization Name: _____

Mailing Address: _____

Office Address: _____

Contact (Name & Title): _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Fiscal Contact: _____ Phone: _____

Date of Application: _____

Employer ID Number: _____

I. Cover Letter

Applicant must provide a cover letter signed by an authorized individual submitting the proposal on behalf of their agency. This letter shall include:

- a. A statement that the accompanying application is in response to this RFP.
- b. A statement that the applicant is willing, if selected, to execute a contract with the Area Agency on Aging and Disability (AAAD).
- c. A statement identifying the individual(s) authorized to finalize a contract with the AAAD on behalf of the Applicant

II. Organizational Structure and Information

Indicate the entity type / ownership characteristics (check any / all that apply):

- Minority Business Enterprise (MBE)
 - African American
 - Asian American
 - Hispanic American
 - Native American
- Woman Business Enterprise (WBE)
- Tennessee Service Disabled Veteran Enterprise (SDVBE)
- Disabled Owned Business (DSBE)
- Tennessee Small Business Enterprise (SBE)
- Government
- Non-Minority/Disadvantaged
- Other: _____

Date established: _____

Place of establishment: _____

State where licensed/incorporated: _____

III. License, Certification, Permits, and Accreditation

Provide copies of all required licenses, certifications, permits, and accreditation required by the state or federal governments, including the following:

- a. A copy of any licensures related to the proposed services
- b. A copy of the W-9
- c. Proof of the organization's business status (i.e., 501(c), business license, etc.)
- d. A copy of the Applicant's current Certificate of Insurance & Workers Compensation (i.e. liability and bond, etc.)

IV. History, Structure and Experience

Provide the following information about the Applicant's history, experience, and mission:

- a. A brief history of the Applicant and its service delivery system for any proposed Transportation services.
- b. The Applicant's Organization Chart [for overall agency and single organization unit responsible for delivering proposed service(s)].
- c. The Applicant's mission statement, values, and guiding principles
- d. Describe organizational experience in working with older persons and/or adults with disabilities. Include the number of years in business.
- e. A description of the structure and responsibilities of the Applicant's governing body. Include a list of the current membership.
- f. If not a current AAAD provider, provide reference letters from at least two (2) current contractors indicating a history of accurate and timely billing and reporting.

V. Personnel & Training

Provide the following information related to personnel and training:

- a. A description of the supervisory structure and identification of the key personnel to be involved with proposed service delivery. Include job descriptions for each position that will serve as direct service workers, including the required qualifications and competencies.
- b. Proposed training and curriculum to be used to keep staff current with respect to service delivery requirements and best practices in services and supports.

VI. Financial Capacity

Provide the following documentation to show the Applicant's financial management capacity:

- a. If available, the most recently completed audited financial statements of Applicant
- b. If an audited financial statement is not available, please provide the following:
 1. IRS tax reporting forms/tax return for the most recently concluded fiscal year.
 2. A current written bank reference, in the form of standard business letter, indicating that the Applicant's business relationship with the financial institution is in positive standing.
 3. Two (2) current written positive credit references in the form of standard business letters from vendors with which the applicant has done business, or documentation of a positive credit rating determined by an accredited credit bureau within the last six (6) months.

VII. Assurance & Certifications

By signing this application, the Applicant agrees:

- To certify that, under penalty of perjury, your provider organization has completed this Provider Application independent of any outside influence which may result in your receiving privileged information about this RFP.

- To certify that this RFP factually represents your administrative capabilities and proposed services, and that if your organization is approved, you agree to abide by the terms and conditions of the Provider Contract.
- To certify that if your organization is approved, you agree to contract with the AAAD for services at your usual and customary charges not to exceed the maximum charges outlined in Attachment 2 of this provider application.
- To certify that your organization complies with the specific Service Description and Standards required by the State for each proposed service activity.
- To certify that your organization has written policies regarding the following:
 - Personnel Policies
 - Confidentiality
 - Affirmative Action
 - ADA Compliance
 - Drug Free Workplace
 - Non-Discrimination in Hiring
 - Non-Discrimination in Service Delivery
 - Civil Rights & Compliance (Title VI & VII)
 - Certification Regarding Lobbying
 - Prohibition on Illegal Immigrants

VIII. Organizational Conduct

Answer the following questions (if any answer is yes, please provide an explanation):

- a. Has the organization and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to any contracted crime involving a public contract? _____
- b. Has the organization and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to a felony? _____
- c. Has the organization and/or any of the organization's employees, agents, independent contractors been civilly liable in an action that involved fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion? _____
- d. Has the organization and/or any of the organization's employees, agents, independent contractors been relieved of responsibility by a court, employer, or client for actions involving fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion? _____
- e. Is your organization currently under Federal or State debarment? _____

IX. Service Delivery

- a. Explain, in detailed narrative format, the applicant's plan for service delivery including daily operations, quality assurance measures, providing services during inclement weather, emergencies, etc.
- b. OAA funds are used to serve individuals 60 years of age and older throughout the region; however, its focus should be on serving persons with the greatest social or economic need. If responsible for determining rider eligibility, explain how the applicant will reach those in all of the areas of the region as well as those who are low income, low income minority, and Limitation English Speaking.
- c. Explain the organization's policy process for conducting and maintaining documentation on criminal background checks for staff and volunteers involved in service delivery related to this application.
- d. Explain the organization's policy process for conducting Customer Satisfaction Surveys and attach the results of your most recent Customer Satisfaction Survey Report showing the percentage of satisfied customers for the period.
- e. Answer the following questions regarding the proposed transportation services:
 1. Is individual assistance provided? (i.e., stop-to-stop, door-through-door)
 2. Describe any limitations regarding trips to be provided.

3. What is their average wait time for pick up/drop off?
 4. What is the advance notice timeframe for a ride (3 days, 2 weeks, 1 day, etc.)?
 5. Will travel be provided outside of the service area at an additional fee? (i.e., larger metropolitan area for specialized treatment)
 6. What is the complaint process?
 7. What is the customer service process?
 8. What is the screening process of drivers?
- f. Complete Scope of Work (Attachment 1) indicating services covered under this RFP. In the Service Delivery Area(s) section, check the names of those counties you are interested in serving during the contract period.

X. Proposed Service Reimbursement Rate

In order to be approved as a Service Provider, the applicant must provide a unit rate for each service proposed. For OAA services, including Transportation, the Federal Reimbursement Rate for each authorized service will be agreed upon by the AAAD in your proposed service area. Complete the Assurance and Certification of Usual and Customary Charge (Attachment 2).

AUTHORIZATION FOR SUBMISSION

Legal Name of Applicant Agency

Submits this application as part of its response to the Request for Proposals solicited by the AAAD. This application and all materials provided in response to the RFP will become part of any contract should the Applicant's proposal be selected.

Authorized Signatory

Date

Printed Name & Title of Signatory

Signature of Chairman, Governing Body (if applicable)

Date

Printed Name of Chairman

SCOPE OF WORK

APPLICANT AGENCY: _____

SUMMARY OF DIRECT SERVICE ACTIVITIES

Check services to be provided:

	Service	Applicable Funding Program
<input type="checkbox"/>	Assisted Transportation (one-way trip)	OAA Title III
<input type="checkbox"/>	Transportation (one-way trip)	OAA Title III

PROVISION OF SERVICE

A. SERVICE AVAILABILITY:

Days of Service Availability: _____

Hours of Service Availability: _____

If the applicant agency has multiple offices, please attach a list to the application

B. SUB-CONTRACTOR (if any):

Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

(For each additional sub-contractor, attach listing with above information)

C. QUALITY OF SERVICE:

The Provider shall ensure that quality services are provided to eligible consumers. The determination of quality must be based on an established quality assurance process.

D. TRAINING:

The Provider will attend meetings or workshops sponsored by the Agency and the Tennessee Department of Disability and Aging (TNDDA), where appropriate and indicated.

The provider shall provide a comprehensive training guide that is used for direct care workers.

E. SPECIAL CONTRACT CONDITIONS:

Attach a schedule of approved holiday or other planned closings.

Note: The scope of work for delivery of agreed upon services is a part of the contract and must be attached to both the Provider and the AAAD copy of the contract.

SERVICE DELIVERY AREA(S)

UPPER CUMBERLAND AAAD	
<input type="checkbox"/> Cannon	<input type="checkbox"/> Overton
<input type="checkbox"/> Clay	<input type="checkbox"/> Pickett
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Putnam
<input type="checkbox"/> Dekalb	<input type="checkbox"/> Smith
<input type="checkbox"/> Fentress	<input type="checkbox"/> Van Buren
<input type="checkbox"/> Jackson	<input type="checkbox"/> Warren
<input type="checkbox"/> Macon	<input type="checkbox"/> White

Comments: _____

ASSURANCE & CERTIFICATION OF USUAL AND CUSTOMARY CHARGE

By signing below, the Organization agrees:

- To certify the unit cost rates charged to the Area Agency on Aging and Disability (AAAD) do not exceed those usual and customary charges applied to persons not served under services authorized through the Tennessee Department of Disability and AAAD.
- To certify that your organization shall notify the AAAD of any changes to the usual and customary charges and that those usual and customary charges will be provided on request.

Service	Applicant's Usual & Customary Rates	Rates Charged to the AAAD
Assisted Transportation (one-way trip)		
Transportation (one-way trip)		

**For providers who have not established usual and customary charges, the charge should be reasonably related to the provider's cost for providing the service.*

Name of Applicant Organization

Name and Title of Authorized Signatory

Date

RFPA CHECKLIST

- Cover Letter
- W-9
- History, Structure and Experience
- Reference letters from at least two (2) current contractors indicating history of accurate and timely billing and reporting (if not current AAAD provider)
- Mission Statement, Values/Guiding Principles
- Personnel – Organizational chart, supervisory structure, qualifications/job descriptions, proposed training and curriculum
- Business License/Business Status and other required licenses and/or certifications
- Valid certificate of liability and workers compensation insurance
- Audited financial statement or other requested financial information
- Service Delivery responses and related attachments explanation
- Scope of Work
- Assurance and Certification of Usual and Customary Charges
- Policies and Procedures sections requested in Assurances and Certifications (VII) and Service Delivery (IX)
- Signed Authorization for submission

*This Section is
completed by Area
Agency Staff only.*

RFP EVALUATION AND SCORING

Total Points Earned: _____

Applicant Name: _____ Date: _____

Name of Individual Scoring Application: _____

RFP Requirement	Points Possible	Points Earned	Comments
Documentation of all required organizational information	5		Review RFPA Checklist
Years that organization has been providing services to consumers	3		0-1 year: 0 points 1-5 years: 1 point 6-10 years: 2 points 11+ years: 3 points
Multiple county proposal	14		1 point per county covered in district
Proposal would fill existing gap in services	5		
If current AAAD provider, history of accurate and timely billing and reporting -- If new provider, reference checks from at least two current contractors of history of accurate and timely billing and reporting.	5		Consult appropriate AAAD staff regarding billing/reporting for current providers
Customer Satisfaction rate has been measured and documentation that 80% or more of consumers are satisfied with services	2		Applicant to provide sample of customer satisfaction surveys results / analysis
Monitoring reports from AAAD or other regulatory entity with evidence of timely plan of correction implementation	5		zero findings: 5 points few findings, resolved timely: 4 points many findings and/or not resolved timely: 0-3 points
Proposed reimbursement rate is below usual and customary rate	3		
Acceptable rates per ride within county and district	3		
Able to offer on-on-on assistance (stop-to-stop or door-through-door)	5		
Average wait time for drop off/pick up	5		Based upon 10-minute increments

# of days advance notice is required	3		1 day: 3 points 2 days: 2 points 3 days: 1 point 4+ days: 0 points
Ability to transport outside of district	5		
Total			