

LEGAL NOTICE
ATTENTION
Occupational Therapists

Lawrence County Community Action Partnership (LCCAP), inclusive of Allied Coordination Transportation Services, Inc., Lawrence County Social Services, Inc., and United Community Services of Lawrence County, Inc., all non-profit organizations, is accepting proposals for **Occupational Therapy Services** for the agency, with some specific programmatic needs including, but not limited to, the **Main Street Matters Access Grant**. **Applications can be obtained on LCCAP.org/RFP, in person at the Department of Healthy Homes, 1745 Frew Mill Road Suite 9 New Castle PA 16101 or via email: hwright@lccap.org**

The procurement for Occupational Therapy services hereunder shall comply with Office of Management and Budget's Super Circular 2 CFR 200 requirements for grants and nonprofits and shall be in accordance with LCCAP's Procurement Policy. It is the intent of LCCAP to retain professionals that will provide the necessary expertise to carry out the activities described within the proposal.

All interested parties are advised notice of requirements for affirmative action to ensure equal employment opportunity (Executive Order 11246)

Minority Business Enterprise and/or Women Business Enterprise owned firms and individual's minority and female professionals are encouraged to participate. Attention is called to the fact that employees and applicants for employment may not be discriminated against because of race, color, age, religion, sex, disability, or national origin.

LCCAP reserves the right to reject any or all applications or to waive any informalities or irregularities in the application process. Applications may be held for a period of up to 90 days from the date of submission for the purpose of their review. Occupational Therapy providers will be notified by email and / or postal mail of the acceptance into the program.

Applications **must be submitted** by email to hwright@lccap.org or in the office of LCCAP, before **2:00pm on June 18, 2025**. Applications being dropped off must be sealed and marked "**Occupational Therapy**" and be addressed to LCCAP – Department of Healthy Homes, Attention: Holly Wright, 1745 Frew Mill Road- Suite 9, New Castle, PA 16101. Any questions pertaining to this RFP should be directed to Holly Wright at 724-656-0090 ext. 5908.



Lawrence County Social Services, Inc.
United Community Services, Inc.
Allied Coordinated Transportation Services, Inc.
(A.C.T.S.)

www.lccap.org

Department of Healthy Homes

1745 Frew Mill Road; Suite 9
New Castle, PA 16101
P: 724.656.0090
F: 724.965.1434

May 31, 2025

To Whom It May Concern:

Through the **Main Street Matters Program**, Lawrence County Social Services, Inc. in the process of obtaining funding to administrate their **Accessibility Grant**. This program will benefit low-income individuals with a permanent physical disability and is designed to not only increase their ability to function effectively in their homes but also allow returning home if they have been institutionalized. Under the opportunity, a minimum of 28 individuals' homes will be modified based on their individual need.

Lawrence County Social Services is requesting from your agency/business, a quote that will provide a home evaluation with recommendations tailored to the individual's needs.

Please also find attached the Verification of Disability and Occupational Therapeutic Review Form. In providing the OT's recommendations, this form may be utilized to reference the Home Visit information.

Please feel free to call with any questions or concerns. Your immediate attention to the matter is greatly appreciated.

Sincerely,

Holly Wright

Holly Wright
Regional Healthy Homes Coordinator

Lawrence County Social Services, Inc.
On Behalf of
Mercer County Regional Planning Commission
Main Street Matters Accessibility Grant

Request for Proposal for
In-Home Occupational Therapist

The Lawrence County Social Services (LCSS) is requesting proposals for in-home occupational therapist services for the Main Street Matters Access Grant to take place within Mercer and Lawrence County, PA. By responding, your agency will provide services as identified within this proposal and attached appendixes during the contract period negotiated, if selected. All activities to be completed include (A) Review Consumers Physician Form, (B) Complete an In-home evaluation, (C) provide recommendations for accessibility within the home and prioritize need and (D) provide billing invoice to LCSS. Awards made to applicants responding may be as a contractor and not that of a sub-recipient, sub-contractor or sub-award agreement.

The procurement for services hereunder shall comply with Office of Management and Budget's Super Circular requirements for grants and cooperation agreements to state and local governments and shall be in accordance with LCSS's Procurement Policy for Professional Services. It is the intent of LCSS to retain the services of said agency that will provide the necessary expertise to carry out the activities described within attached appendixes.

INFORMATION REQUIRED:

Applicant must submit proposal via email to hwright@lccap.org by close of business on Wednesday, June 18, 2025

Proposals must contain responses to the following:

1. Qualifications and Experience
 - a. Demonstrate experience in conducting efforts of the nature and scope of the project required by this Request for Proposal.
 - b. Identify key personnel to be assigned to render the service required.
 - c. Identify the work plan to be utilized in completing the contract.
 - d. Demonstrate stability and continuity of both staff and management.
 - e. Describe knowledge of and engagement with the community programs and activities required.

- f. Provide agency/company search from Federal and State disbarment website.
2. Small, Minority and Women Enterprise Participation and/or Participation by Labor Surplus Area, Section 3, and SERB Firms. (If the Contracted Partner qualifies under any of the categories listed below, the Contracted Partner shall set forth the basis so the procuring agency can determine which category(s) is applicable to the Contracted Partner.)
 - a. Small Business Firm
 - b. Minority Owned Business Firm
 - c. Women Owned Business Firm
 - d. Section 3 Business Firm
3. If the Proposer intends to use a sub-contractor for all or part of the work items, the proposal shall be so noted and shall comply with all applicable requirements.

BASIS FOR COMPENSATION:

Those responding to this request are accepting the fee for service associated within Appendix of Services (also complete Appendix A. Fee for Service). LCSS reserves the right to negotiate regarding services and costs, award any combination in the best interest of LCSS, and to reject all proposals. During negotiations, a Do Not Exceed Lump Sum Fee will be established. Applicants are encouraged to use examples of past projects in their proposals, including project budgets, meeting project costs, and letters/references.

EVALUATION CRITERIA:

LCSS will evaluate each written proposal and risk analysis results, determine if oral discussion with the applicant is necessary, then (based on the content of the written proposal and oral discussions) assign points for each segment of the proposal in accordance with the criteria hereinafter set forth. The points to be awarded are listed below. The maximum number of points attainable is 100. A minimum of 70 is required to be considered for contracting services.

LCSS is an affirmative action/equal opportunity employer, and all qualified applicants will receive consideration without regard to race, color, religious creed, handicap, ancestry, national origin, age or sex. LCSS will enter a contract with the successful applicants; the contract will contain all the required provisions as outlined in OMB Super Circular and strictest program requirements.

Answer these questions in comparison to requested home assessments/evaluations:

1. **Qualifications & Experience (50 points)**
 - a. Describe qualifications and experience of the organization applicable to the project. (10 points)
 - b. Describe experience and ability of the nature and scope of similar work. (10 points)
 - c. Chart of specifically named key personnel; Program Manager, Fiscal Administration, Occupational Therapist. Describe experience and ability to carry out the proposed assignment of the nature and scope of similar work. (10 points)

Lawrence County Social Services, Inc.
Request For Proposal-Main Street Matters Access Grant

- d. Describe the level of effort in the proposed work plan in terms of time commitment of the Project Manager and key personnel. (10 points)
- e. Demonstrate experience and capability providing stability, continuity and responsiveness of staff and management, and knowledge and familiarity with the programs. (5 points)
- f. Provide certifications and/or licenses of the nature and scope of work. (5 points)
 - o Upload copy of certifications, licenses, and current year W-9

2. Relevancy of work (30 points)

- a. Describe methods of in-home evaluations with occupational therapist and ability to complete evaluations and recommendations utilizing the Physician form provided. (15 points)
- b. Describe the timeliness of completing the recommendation and reporting back to LCSS. (10 points)
- c. Describe proposed number of clients/projects to be served within timeframe of programing. (5 points)

3. Capacity to Deliver Services (5 points)

- a. Describe the effectiveness of your agency's communication with LCSS to deliver services when requested. (5 points)

4. Minority, Women Owned, and/or Section 3 Firm Participation (5 points)

- a. When utilizing sub-contractors, describe level of efforts to use or seek out Minority or Women Owned Business Firms (2.5 points)
- b. When utilizing sub-contractors, describe level of efforts to use or seek out Section 3 Business Firms (2.5 points)

5. Technology (10 points)

- a. Describe knowledge and capability to upload documents to email (5 points)
- b. Describe knowledge and capability to utilize electronics (Laptop, Smartphone, iPhone, iPad, etc.) in the field (5 points)

APPENDIX A

Name of Practice:	_____
Address:	_____
Phone:	_____
Email:	_____
How long has your agency been in business:	_____
How many OTs are on staff:	_____
Cost for Home Visit Evaluation/Recommendation:	_____
Turnaround time to schedule visit:	_____
Turnaround time to provide evaluation:	_____
Turnaround time to provide recommendations:	_____
Professional Liability Insurance Coverage:	Please attach
Licensing:	Please attach
Certifications:	Please attach



Verification of Disability & Occupational Therapeutic Review

Lawrence County Social Services, Inc.
1745 Frew Mill Rd. New Castle, PA 16101

Client Information:

Client Name

Client Address:

Physician Information:

Physician Name:

Physician Address:

Physician Phone:

Fax number:

The above-named client is applying to the **Main Street Matters Accessibility Program** for assistance in making adaptive modification(s) to his/her place of residence. Your prompt attention of this information will help to assure timely processing for the requested assistance. The information you provide will be verified with the client's Occupational Therapist and/or the Occupational Therapist contracted through Lawrence County Social Services, Inc. To be eligible for accessibility modifications, the program beneficiary must have a permanent disability that limits access to, or limits use in their home.

What is the patient's diagnosed disability?

What would you suggest as modification to the home that would be a necessity to this patient?

Signature of Physician

Date

Occupational Therapist Information/Review –

Therapist Name: _____

Therapist Phone: _____

Therapist Address:

Occupational Therapist's Recommendations:

Occupational Therapist's Signature

Date

Please email form back to hwright@lccap.org, Questions? Call Holly Wright at 724-651-0820