BEAR RIVER ASSOCIATION OF GOVERNMENTS AREA AGENCY ON AGING
ALTERNATIVES AND CAREGIVER SUPPORT PROGRAMS

Provider Application

PROVIDER INFORMATION

Organization _____

Address _____

Telephone _____ Contact Person _____
Name / Title

FAX # _____ Phone _____

Federal ID # _____ State License # _____

Type of Agency: Public _____ Private Non-Profit _____ Private for Profit _____

State and Date of Incorporation: _____
State Date

Number of years of providing application services _____

CONTACT INFORMATION

LOCAL OFFICE

Contact Person _____

Email _____

Address _____

Telephone _____ FAX # _____

CONTRACT COMPLIANCE

Contact Person _____

Email _____

Address _____

Telephone _____ FAX # _____

BILLING

Contact Person _____

Email _____

Address _____

Telephone _____ FAX # _____

BACKGROUND

State the mission and purpose of the applying provider agency, history of providing the proposed service, and number of and qualifications of staff available to provide the service, not to exceed (1) 8 ½ x 11 page, 1" margins, double spaced.

DIRECT SERVICES AVAILABLE FOR BID

(Please check only the services for which you are bidding)

_____ Adult Companion Services

_____Adult Day Health Services

_____ Chore Services

_____ Emergency Response Systems

_____ Home Health Aide

_____ Homemaker Services

_____ L.P.N. Services

_____ Medication Reminder Systems

_____ Personal Care Aide

_____ R.N. Services

_____Respite Care Services (In Home)

_____ Respite Care Services (LTC Facility)

SERVICE AND BIDDING INFORMATION – (May use additional pages if needed.)

1. Service: _____
   A. Service Cost Per Unit $ _____
   B. Geographic Boundaries of Service Area _____

2. Service: _____
   A. Service Cost Per Unit $ _____
   B. Geographic Boundaries of Service Area _____

3. Service: _____
   A. Service Cost Per Unit $ _____
   B. Geographic Boundaries of Service Area _____

4. Service: _____
   A. Service Cost Per Unit $ _____
   B. Geographic Boundaries of Service Area _____

EFFECTIVE DATE OF AGREEMENT

July 1, 2015 Through and Including June 30, 2016

CONTRACT RENEWALS

Contract May Be Renewed For One (1) Additional Year Beginning July 1, 2016 and Contract May Be Renewed For One (1) Additional Year Beginning July 1, 2017.

IN WITNESS WHEREOF, the parties sign and cause this contract effective July 1, 2015 to be executed:

_____	_____
Signature of Authorizing Official Date Provider/Contractor	Val Potter, Chair Date Bear River Association of Governments

_____
Name of Authorizing Official & Title
(please print or type)