

Registered Dietician Nutritionist Services **Request for Quotes- Small Purchase Contract Opportunity**

Introduction

The Area Agency on Aging and Disabilities of SW WA (AAADSW) is seeking to contract with a licensed Registered Dietician Nutritionist. One qualified provider will be selected to contract for September 1, 2026 through September 30, 2028, with the option to renew the contract thereafter.

Scope of Services and Contract Deliverables

The contractor will regularly review meal menus and provide some in person technical assistance (such as staff training and nutrition education) to program staff at meal sites in Cowlitz, Wahkiakum, Skamania, and Klickitat counties in SW Washington.

Technical assistance may include:

- 1) Nutrition education presentations to AAADSW clients;
- 2) Nutrition outreach activities;
- 3) Assisting nutrition contractors to comply with program standards.

The contract requires completion of a semi-annual “activity” report, summarizing site visits, any steps taken to follow-up after a site visit, and any other activities to support meal sites.

Contractor shall maintain a monthly technical assistance/communication log that includes the agency/person contacted, the date, topic(s), assistance rendered, and time spent. AAADSW’s Senior Nutrition program is funded mainly by the federal Older Americans Act, as well as USDA pass-through funds, and funding secured by AAADSW’s nutrition contractors.

Submission Instructions, Conditions, Deadlines, and Selection

After reviewing this document in its entirety, add your business information on page 3 and sign the provider qualification attestation. Send this signed page, with the required documentation listed in the minimum qualifications section to the Area Agency on Aging and Disabilities of SW Washington (AAADSW) at aaadswcontracts@dshs.wa.gov, no later than July 1, 2026.

Eligible submitters must meet all qualifications and submit all required documents to be considered for contract. Organizations that have been debarred, suspended, proposed for debarment, declared ineligible or excluded from participating in a contract by any Federal or Washington State agency will not be considered.

As funding for this service is limited, only one qualified entity will be selected for contracting. AAADSW must consider a submitter’s ability to perform successfully under the terms and conditions of the contract. This includes contractor integrity, compliance with public policy, record of past performance, and financial and technical resources. Selection will be based on these factors, as well as timeliness of response, quality of experience, and rates.

AAADSW makes no representations as to the conditions of the contract other than those representations made herein, and no employee or any other representative of AAADSW has the authority to make any oral or written representations as to the conditions of the contract.

Minimum Qualifications and Required Documentation

Providers must meet the following minimum qualifications and provide the required documentation to be considered for contract:

	Minimum Qualifications:	Required Documentation to Send:
1	At least one year of demonstrated experience and ability to provide services per the specifications in the contract.	<ul style="list-style-type: none"> • Copy of Washington State Master Business License demonstrating one year or better of existence, Articles of Incorporation demonstrating one year or greater of business, or other demonstrated experience providing this service.
2	Current and valid holder of a Washington State Business License.	<ul style="list-style-type: none"> • Copy of Washington State Master Business License or proof of exemption.
3	Current and valid licensed Registered Dietician Nutritionist through the WA State Department of Health.	<ul style="list-style-type: none"> • Copy of Current and valid Registered Dietician Nutritionist license through the WA State Department of Health.
4	Demonstrated 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 evaluations of agency's most recent financial documents.	<ul style="list-style-type: none"> • Total program operating budget, including all anticipated revenue sources and any fees generated. • List of Current Rates • Copy of W9 or Taxpayer Identification Number and Certification.
5	Insurance requirements listed in the contract. Local areas may require higher minimum coverage.	<ul style="list-style-type: none"> • Copy of Certificate of Insurance.
6	The agency owner / contract signatory must pass a DSHS criminal history background check.	<ul style="list-style-type: none"> • Completed Background Check Authorization Form for the owner/contract signatory.
7	Policies and Procedures meeting the requirements of Mandatory Reporting procedures as described in Chapter 74.34 RCW , relating to the protection of vulnerable adults.	<ul style="list-style-type: none"> • Copy of your Policies and Procedures.
8	Owners, managing employees, and anyone with a controlling interest (board of directors) of the agency have not been convicted of a criminal offense related to that person's involvement in any state or federal programs, nor have they been placed on a Federal exclusion list or otherwise suspended or debarred from participation in these programs.	<ul style="list-style-type: none"> • Signed contract attesting to meeting this requirement.

9	Current 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 agency 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.	• Signed contract attesting to meeting this requirement.
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Business Information and Attestation

Please list your Business Name and Address:

Please provide point of contact Information:

Name(s): _____

Phone Number(s): _____

Email Address(es): _____

By signing below, I attest that I have reviewed and understand the requirements for this contract, and that the organization meets all of the qualifications and requirements listed in the minimum qualifications section. I **further attest that the organization has submitted all required documentation.**

Signature Title Date