SOUTHEAST TENNESSEE AREA
AGENCY ON AGING AND DISABILITY

Tennessee Aging Services Network

PUBLIC GUARDIANSHIP LEGAL COUNSEL APPLICATION

TO DELIVER

LEGAL SERVICES FOR PUBLIC GUARDIANSHIP PROGRAM FUNDED

WITH STATE FUNDS

Application Deadline: Friday, March 13, 2026

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

To apply, please observe the following instructions:

- *Type the RFPA.*
- *Before delivery, be sure the RFPA bears an original, authorized signature.*
- *Maintain a copy for your records.*
- *Submit the electronic copy via email to setaaad@sedev.org.*

Questions?
setaaad@sedev.org

The Southeast Area Agency on Aging and Disability (AAAD) is accepting applications for Public Guardianship Legal Counsel services funded through the Tennessee Department of Disability and Aging (TNDDA). The service area includes the following counties: Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea and Sequatchie.

All contract requirements must comply with the Tennessee Department of Disability and Aging (TNDDA) Policies and Procedures Manual, which is available upon request.

AAAD reserves the right to reject any or all applications and to waive minor informalities in the application process if it is in the best interest of the agency. AAAD may award a contract for all services, selected services, or for a lesser scope than requested unless the applicant specifies limitations in their application.

Contracts will be awarded to the best evaluated responsible applicant whose application meets all requirements of the RFPA and is scored by the evaluation team as one of the highest-rated proposals. A responsible applicant is defined as an applicant who has the capacity to fully perform the contract requirements and demonstrates integrity, reliability, and good faith performance.

Applicants are advised that any proposed subcontractor must be acceptable to and approved by AAAD.

Contracts are issued on an annual basis and may reflect updates to policies and procedures.

The selected Service Provider may not assign or transfer any part of this agreement, including obligations or rights, to another party, company, partnership, or corporation without prior approval from AAAD.

Purpose/Background of Public Guardianship for the Elderly Program

The Public Guardianship for the Elderly Program was created under Tenn. Code Ann. §§ 34-7-101 through 34-7-105 9-2. The purpose of this policy is to implement a statewide public guardianship program that is primarily available to disable adults age sixty (60) and over who: (1) Are unable to make personal decisions regarding their health and safety, manage their resources; (2) Have no family member, friend, bank, corporation, or other entity willing and able to act on their behalf; and (3) Does not have adequate resources for the compensation of a private conservator to pay legal and court costs. This policy applies to the Tennessee Department of Disability and Aging and grantee agencies in each of the nine (9) development districts.

REQUEST FOR PROPOSAL APPLICATION (RFPA)
Contract Period: July 1, 2026 – June 30, 2030

Applicant Organization Name:

Mailing Address:

Office Address:

Contact:

E-Mail Address:

Telephone:

Emergency Contact (Name & #):

Fiscal Contact (Name & #):

Date of Application:

Employer ID #

1. **Cover Letter**
   Applicant must provide a cover letter signed by an authorized individual submitting the proposal on behalf of their agency. This letter includes:
   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

2. **Organizational Structure and Information** (**Please provide a W-9)
   a. Indicate the entity type:

☐ Faith-Based Organization	☐ Non-Profit Organization
☐ For Profit Corporation	☐ Small business
☐ Government	☐ Women owned/operated
☐ Minority owned/operated	☐ None of the above

   b. Date Established:
   c. Place of Establishment:
   d. State where Licensed/Incorporated:

3. 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 (i.e., PSSA, etc.)
b. Any required business license (i.e., 501(c), etc.)
c. A copy of the Applicant's current Certificate of Insurances and Workers Compensation (i.e., Liability and Bond, etc.)
d. A copy of most recent PSSA or other licensing entity's monitoring report

4. History, Experience, and Mission

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 Home and Community-Based services.
b. Provide a list of current membership of governing body.
c. The number of years the Applicant has been in business.
d. Organization Chart [for overall agency and single organization unit responsible for delivering proposed service(s).] (including governing body, if applicable)
e. The Applicant's mission statement, values, and guiding principles
f. Describe organizational experience in working with older persons and/or adults with disabilities.

5. Personnel & Training

Provide the following information related to personnel and training:

a. Identify the key personnel who will be involved with the program. Please make available upon request a resume for each of the key personnel.
b. Identify the supervisory structure related to proposed service delivery.
c. Describe the qualifications and required competencies for persons who will serve as direct service workers. Include job descriptions.
d. Include the proposed training approaches and curriculum to be used to keep staff current in service delivery and best practices in services and supports.

6. 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

If an audited financial statement is not available, you must provide the following information:

a. IRS tax reporting forms / tax return is appropriate for the submitting organization.
b. A current written bank reference, in the form of a standard business letter, indicating that the applicant's business relationship with the financial institution is in positive standing.
c. 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.

7. Assurances & 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 RFPA.
- To certify that this RFPA 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 this provider application.
- To certify that your organization is in compliance 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	• Affirmative Action Policy
• Non-discrimination in Hiring Policy	• Confidentiality Policy
• Non-discrimination in Service Delivery Policy	• Civil Rights Compliance Policy *(Title VI and VII)*
• ADA Compliance Policy	• Drug Free Policy
• Certification Regarding Lobbying	• Prohibition on Illegal Immigrants Policy

- To certify that your organization has secured all required licenses, certifications, permits and accreditation (as required by the State and/or Federal governments).

8. Service Delivery

a. Provide a detailed narrative describing the applicant’s service delivery plan and how all previously listed provider requirements will be met.
b. 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.
c. 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.

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.

Governing Entity Information

Executive Director Name:

Email:

Chairman Name:

Email:

The Executive Director, governing body Chairman, or CEO listed above has authorized my signature on behalf of the organization/agency for submission of this application.
I affirm that I am duly authorized to execute this document on behalf of the organization. My typed name below constitutes my electronic signature.

Printed Name:

Authorized Representative Title:

Date:

LEGAL SERVICES FOR THE PUBLIC GUARDIANSHIP PROGRAM SCOPE OF WORK

The Service Provider Shall:

1. For the purposes of this contract, services can be provided for disabled persons who are aged sixty (60) or older who have no family members or other person, bank or corporation willing and able to serve as conservator. Services may be provided to disabled persons who are younger than aged (60), if the request is made through a court, the court has found on record no less intrusive alternatives, the disabled person have no family members or other person, bank or corporation willing and able to serve as conservator, and the executive director of the Tennessee Department of Disability and Aging (TNDDA) approves the district public guardian to serve as a conservator.

2. The Service Provider for the Public Guardianship for the Elderly Program shall comply with the administrative, program, and fiscal requirements contained in the Tennessee Department of Disability and Aging (TNDDA), *Program and Policy Manual,* Chapter 10 and any relevant state laws, regulations and rules.

3. The Service Provider shall comply with all portions of Tenn. Code Ann.§ 34-7-101 *et. seq.* governing guardianship and the provisions of Tenn. Code Ann. § 34-3-101 *et. seq.* governing requirements of conservatorships.

4. The Service Provider shall provide legal services to the SWTDD's Public Guardianship for the Elderly Program with the following overall duties and responsibilities:
    a. Represent the SWTDD's PG program as the attorney of record regarding matters of conservatorship.
    b. Prepare petitions, motions, orders, pleadings and notices related to clients of SWTDD Public Guardianship Program.
    c. Provide legal advice to SWTDD Public Guardianship staff regarding Tennessee law as it relates to Conservatorships, including but not limited to, authority and responsibility of the Fiduciary, individual rights and rights of interested parties.
    d. Make Court appearances on behalf of SWTDD Public Guardianship program in all county district service areas.
    e. Perform records research and view client's assets where necessary to determine value.

f. Provide professional liability insurance with sufficient coverage limits, including malpractice insurance.
g. Provide to SWTDD and/or State at any time all pertinent documents, reports petitions, motions, orders, pleadings and notices related to client.
h. Submit timely information and documentation in advance to the SWTDD Public Guardianship Program to allow for monthly reporting due to the State on the 15th day of each month.
i. Keep and maintain documentation of all contact and services provided with or on the behalf of the client.
j. Maintain and retain records for a period of five (5) years plus current year.
k. Comply with all state laws relating to mandated reporting of abuse, neglect, and/or exploitation of clients.
l. Observe strict confidentiality policies and procedures when handling all matters related to clients.

5. The Service Provider agrees to serve as legal counsel for the Public Guardianship Program for the Elderly Program, and shall:
    a. Provide all Program information, licenses and bonds necessary to properly and adequately represent the Program.
    b. Provide all client file information necessary to properly and adequately represent the client, including but not limited to, orders of appointment, inventory, property management plans, accountings, motions, petitions, affidavits and general correspondence.

6. The district public guardian shall not charge for services provided by the program if the client is indigent or otherwise meets the cost exemption guidelines set out in the sliding scale fee schedule established by DDA.

7. The Service Provider shall not act without SWTDD's consent regarding the filing of motions, orders, accountings, inventories, property management plans, petitions and affidavits.

This Section is completed by Area Agency Staff only.

RFPA EVALUATION AND SCORING

Applicant Name: _____ Date: _____

Name of Individual Scoring Application: _____

RFPA Requirement	Points Possible	Points Earned	Comments
Minority or Women Owned Business	2		
Documentation of all required licenses to provide services	1		
Organizational information provided	1		
Record of accurate and timely billing	1-3		Fiscal staff can provide documentation of record
Staff Adequacy (as measured by missed visit track record)	1		Sufficient trained staff available (credentialed)
Record of accurate reporting	1		QA /HCBS Staff can provide documentation
Customer Satisfaction rate has been measured and documentation that 80% or more of consumers are satisfied with services	2		
Organization has been providing services to consumers for more than 1 year	1-3		1 point per year up to 3 years
Multiple county proposal	1 point per county		1 point per county covered in district
Organization has the capacity to reach all areas of the county they are proposing to serve	1		
Proposal would fill existing gap in services	3		
Only RFPA to fill an existing gap in services	5		
Cost to provide services is less than the maximum allowable rate	5		
Total			