

**BID FORM
FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATION
CONSTRUCTION CONTRACTS**

For

Medicaid Aged and Disabled Waiver, State of Idaho

Please send completed form with coversheet to:

Kent Knigge, EAA Manager
Idaho Department of Health and Welfare
Division of Medicaid
Bureau of Long Term Care
PO Drawer B
1118 F Street
Lewiston, Idaho 83501

Phone: (208) 799-4429

FAX: (208) 799-5167

Email: Kent.Knigge@dhw.idaho.gov



Idaho Department of Health and Welfare Division of Medicaid Aged and Disabled Waiver Environmental Accessibility Adaptation CONTRACTOR'S BID PROPOSAL	Contractors Name	
	Contractors Address	
	Contractors Phone	
Proposal Date		Participant Name

Acknowledgements by Bidder

I, the undersigned bidder for this environmental accessibility adaptation project for the Aged & Disabled Waiver participant, (identified above), acknowledge the following:

I UNDERSTAND the bidding and award for this project shall be in accordance with IDAPA16.03.10.320; IDAPA 16.03.10.322; IDAPA16.03.10.326.12 and IDAPA 38.05.01.044.08.

IN PREPARING THIS PROPOSAL, I HAVE:

- Examined the Plans and Specifications and the site of the proposed project and am satisfied as to the conditions to be met and the work to be accomplished and the bid prices specified in this bid proposal is for a complete and finished project.
- Assured that all construction and work will be made in accordance with state and local building codes, and when applicable, home modifications will be built to American with Disabilities Act Accessibility Standards.
- Indicated in this BID PROPOSAL whether a building permit is required before work can commence.
- Insured that all supplies and materials listed in this BID PROPOSAL meet new and mid-level to high quality material standards.
- Agreed not to perform any work for which I am not qualified or licensed to perform and have listed qualified sub-contractors in this BID PROPOSAL for work which requires special qualifications or licensing.
- Have the necessary equipment and facilities to complete the required work.
- Accurately estimated the time in which to complete the required work.
- Assured that this bid proposal reflects work and adaptations authorized by the Department.

IF THIS PROPOSAL IS ACCEPTED AND I AM AWARDED THE CONTRACT, I AGREE TO:

- Commence work within 14 days after the award date. I will complete the work in accordance with the time stated in the project Specifications.
- Accomplish the work on the project in accordance with the Plans and Specifications, at the prices named in this proposal.
- Furnish all labor, machinery, equipment, materials, and supplies necessary to accomplish the work on the project.

Environmental Accessibility Adaptation Project Specifications:

This page to be completed by Division of Medicaid

Participant Name		Phone			
Street Address		City		Zip	
Directions to Home					

Home Modification	Portable	Permanent	Description
<input type="checkbox"/> Ramp	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Lift	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Widening of Doorways	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric / Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	(The installation of electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the participant. <u>Please provide description</u>)
<input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Information and Instructions	
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Nurse Reviewer Signature		Date	
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****Nurse Reviewer refer to page 6, Section B for additional signatures****

Environmental Accessibility Adaptation Bid Proposal

This page to be completed by Contractor

Contractor Business Name		Phone		
Name of Person Completing Bid		Medicaid Provider #		
Mailing Address		City	Zip	

General Description of Work Plan	
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Question	Yes	No	If "Yes"	Details
Will this project require a Building Permit?	<input type="checkbox"/>	<input type="checkbox"/>	What jurisdiction will issue the permit?	
Will this project require you to employ Sub-Contractors (licensed plumbers, licensed electricians, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	List Sub-Contractor type.	
Does this modification require compliance with American Disability Act Accessibility Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	Describe how compliance will be met.	
Attach a detailed drawing of the proposed modification <u>in a separate sheet.</u>			This project can be completed in	(Days)

Materials/Labor Costs

This page to be completed by Contractor

Use sheet if necessary

The Contractor, in submitting this bid, guarantees the following prices for a period of sixty (60) days.

Supplies	Description	Cost
Labor	Description	Cost
Sub-Contractor Costs	Description	Cost
Other Costs	Description	Cost
		Total Bid
		\$

Comments

Contractor Business Name			
Contractor Signature		Date	

****Section A****

EAA Program Manager Use Only

Bid Review Date			Bid was returned to contractor for the following reason
Bid was	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	

Requested Start Date		Requested Completion Date		Actual Completion Date	
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Initial Reimbursement Amount		Final Reimbursement Amount	
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Comments

****Section B****

Nurse Review complete prior to sending to participant

The above bid has also been reviewed by, , legal owner of property. I agree to the above environmental accessibility adaptations as described above to my property and my signature below confirms this agreement.

Legal Owner of Property Signature		Date	
Nurse Reviewer Signature		Date	
EAA Manager Signature		Date	