

Lake Cumberland Area Development District, Inc.

P.O. Box 1570, Russell Springs, Kentucky 42642-1570

WAYLON WRIGHT
Executive Director

JUDGE RANDY DIAL
Chairman

Ph: (270) 866-4200
FAX: (270) 866-2044
TDD: 1-800-648-6056

Request for Proposal

Older Adult Home Modification Program (OAHMP)

Declaration by Requester					
By signing below, I certify that all information provided herein is accurate and complete. If any of the information provided requires updating or has changed for any reason, I will immediately report the new information in writing LCAAAIL. I agree to abide by all applicable laws, regulations and international guidelines concerning health and personal information data sharing and disclosure. I furthermore declare full-understanding of the nature of this position which may include unintended exposure to COVID-19.					
Job Title : Home Modifier (Handy-Worker)					
Current Job Title:					
Requester Details					
Requester's Full Name:					
Address:		Cell Phone #:			
City:		State:		Postal Code:	
Email:					
Contractor License Number:					
Contractor Insurance Information(if available):					
Affiliated Organizations:					
Requester Professional Details (If no information, indicate with N/A.)					
Special training/certificate regarding structural modifications:					



Adair • Casey • Clinton • Cumberland • Green
McCreary • Pulaski • Russell • Taylor • Wayne

Web-Site Address - <https://lcadd.org>
Equal Opportunity Provider



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Experience in product evaluation and selection for home modification projects:
(Please list experiences(s) and separate by each experience.)

Experience working with other contractors (includes, but not limit to, handy-worker, installation specialist, construction contractors and self-employed professionals: (Please be specific.)

Experience in project leading and organization:

Experience in State and/or Federally funded projects?



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Experience in project leading/management/planning:	
Experience in State and/or Federally funded projects?	
Additional Information:	
Significant travel is required within the ADDs 10-county area. Are you willing to commit to this? (Mileage is reimbursable.)	
Desired Hourly Fee:	
CPR/First Aid Certified:	



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Is there any other information that you'd like to share?

Authorization: (Please refer to the Declaration on Page 1.)

Signature: _____ Date: _____



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