

ATTACHMENT NO. 1

BID RESPONSE PACKET

REQUEST FOR PROPOSALS
RFP NO. 2017-SSA-IRSS

FOR

IMMIGRANT AND REFUGEE SUPPORT SERVICES

THE DEADLINE FOR SUBMITTAL

IS

**Tuesday, June 6, 2017
2:00 P.M.**

AT

Alameda County Social Services Agency
Finance Department/Contracts Office
1111 Jackson St., 1st Floor, Suite 103
Oakland, CA 94607
ATTN: Naima Jameson



ATTACHMENT NO. 1 BID RESPONSE PACKET

RFP NO. 2017-SSA-IRSS IMMIGRANT AND REFUGEE SUPPORT SERVICES

To: The County of Alameda

From: _____

(Official Name of Bidder)

- **AS DESCRIBED IN THE SUBMITTAL OF BIDS SECTION OF THIS RFP, BIDDERS ARE TO SUBMIT ONE (1) ORIGINAL HARDCOPY BID (ATTACHMENT 1 – BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS FIVE (5) COPIES AND ONE (1) ELECTRONIC COPY OF THE BID IN PDF (with OCR preferred).**
- **ALL PAGES OF THE BID RESPONSE PACKET (ATTACHMENT 1) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED; ANY PAGES OF ATTACHMENT 1 (OR ITEMS THEREIN) NOT APPLICABLE TO THE BIDDER MUST STILL BE SUBMITTED AS PART OF A COMPLETE BID RESPONSE, WITH SUCH PAGES OR ITEMS CLEARLY MARKED “N/A”.**
- **BIDDERS SHALL NOT SUBMIT TO THE COUNTY A RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF ATTACHMENT 1 – BID RESPONSE PACKET OR ANY OTHER COUNTY-PROVIDED DOCUMENT.**
- **ALL PRICES AND NOTATIONS MUST BE PRINTED IN INK OR TYPEWRITTEN; NO ERASURES ARE PERMITTED; ERRORS MAY BE CROSSED OUT AND CORRECTIONS PRINTED IN INK OR TYPEWRITTEN ADJACENT, AND MUST BE INITIALED IN INK BY PERSON SIGNING BID.**
- **BIDDER MUST QUOTE PRICE(S) AS SPECIFIED IN RFP.**
- **BIDDERS THAT DO NOT COMPLY WITH THE REQUIREMENTS, AND/OR SUBMIT INCOMPLETE BID PACKAGES, SHALL BE SUBJECT TO DISQUALIFICATION AND THEIR BIDS REJECTED IN TOTAL.**

REQUIRED DOCUMENTATION AND SUBMITTALS

All of the specific documentation listed below is required to be submitted with the Attachment No.1 – Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly label each section with the appropriate title (i.e., Table of Contents, Program Design, Organizational Capacity, Project Staff, Budget Form, etc.).

Any material deviation from these requirements may be cause for rejection of the proposal, as determined at the County’s sole discretion. **Please verify each item below that it is correctly submitted as per the RFP specifications and check (✓) its corresponding Check Box.**

Response Format:

Check Boxes

| Item | | ✓ |
|------|--|---|
| 1. | One original proposal marked “Original” plus five copies of the proposal marked “Copy”. | ✓ |
| 2. | The “original” bid response must be signed in BLUE ink with an authorized signature. | |
| 3. | The “original” bid response is to be loose-leaf with binder clips, not bound. | |
| 4. | Proposals must be printed (double-sided preferred), on white 8 ½” by 11” paper. The font must be at least 12-point type in “Times New Roman” or equivalent font. <u>Lines shall be single-spaced.</u> Margins must be 1-inch from the top, bottom, left and right. | |
| 5. | Table of Contents: Bid responses shall include a table of contents listing the individual sections of the proposal and their corresponding page numbers. Tabs or blank sheets should separate each of the individual sections. | |
| 6. | Bidders must also submit an electronic copy of their signed proposal. The electronic copy must be a single file, scanned image of the original hard copy with all appropriate signatures , and must be on disk or USB flash drive and enclosed with the sealed hardcopy of the bid. | |

Response Packet:

Check Boxes

| Item | | ✓ |
|------|--|---|
| 1. | Bidder Information and Acceptance Form (page 5 of Attachment No. 1 – signed Blue Ink) | |
| 2. | Program Design – 1 page allowed | |
| 3. | Understanding of the Project – 1 page allowed | |
| 4. | Organizational Capacity – 1 page allowed | |
| 5. | Relevant Experience – 1 page allowed | |
| 6. | Performance Measures – 1 page allowed (include Exhibit E–Annual Quality Assurance Report) | |
| 7. | Cost Efficient/Fiscal Management – 1 page allowed | |
| 8. | Project Staff – 2 pages allowed | |
| 9. | Budget Form – 2 pages allowed | |
| 10. | Current References – 1 page allowed | |
| 11. | Former References – 1 page allowed | |

BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the Bid Documents, including, without limitation, the RFP, Addenda (if any), Exhibits and Attachment No.1 have been read.
2. The undersigned is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the Specifications, Terms & Conditions of the Bid Documents of RFP No. 2017-SSA-IRSS (Immigrant and Refugee Support Services).
3. The undersigned has reviewed the Bid Documents and fully understands the requirements in this bid including, but not limited to, the requirements under the County Provisions, and that each bidder who is awarded a contract shall be, in fact, a prime Contractor, not a subcontractor, to County, and agrees that its bid, if accepted by County, will be the basis for the bidder to enter into a contract with County in accordance with the intent of the Bid Documents.
4. The undersigned acknowledges receipt and acceptance of all addenda.
5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:
 - **[Debarment / Suspension Policy](http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>]
 - **[Iran Contracting Act \(ICA\) of 2010](http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>]
 - **[General Environmental Requirements](http://www.acgov.org/gsa/departments/purchasing/policy/enviro.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/enviro.htm>]
 - **[Small Local Emerging Business Program](http://acgov.org/auditor/sleb/overview.htm)**
[<http://acgov.org/auditor/sleb/overview.htm>]
 - **[First Source](http://acgov.org/auditor/sleb/sourceprogram.htm)**
[<http://acgov.org/auditor/sleb/sourceprogram.htm>]
 - **[Online Contract Compliance System](http://acgov.org/auditor/sleb/elation.htm)**
[<http://acgov.org/auditor/sleb/elation.htm>]
 - **[General Requirements](http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>]
 - **[Proprietary and Confidential Information](http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>]
6. The undersigned acknowledges that bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated Bid Documents.
7. It is the responsibility of each bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a bid, the bidder certifies that if awarded a

contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

8. Patent indemnity: Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of any nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
9. Insurance certificates are not required at the time of submission. However, by signing Attachment No. 1 – Bid Response Packet, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.
10. The undersigned acknowledges **ONE** of the following (please check only one box):
 - Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
 - Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the [SLEB PARTNERING INFORMATION SHEET](#)); **OR**
 - Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:
 - Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
11. Proof of six months business residency, identifying the name of the vendor and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

RFP NO. 2017-SSA-IRSS

| | |
|------------------------|---|
| Name of Project: _____ | Total Budget: 24 months (FY17-18 and FY18-19) \$ _____ |
|------------------------|---|

Official Name of Bidder: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Webpage: _____

Type of Entity / Organizational Structure (check one):

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Non-Profit/Church |
| <input type="checkbox"/> Other: _____ | |

Date of Organization Structure: _____

Federal Tax Identification Number: _____

Primary Contact Information:

Name / Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

FISCAL AGENT/BIDDER: Signature of official authorized to sign for your agency. This Fiscal Agent will be named to receive payments and will retain primary financial and legal responsibility for the contract.

| | | | |
|-------------------------------|--|-----------------|--|
| SIGNATURE of Official: | | Title: | |
| Print Name of Official: | | Date: | |
| E-Mail Address: | | Phone & Fax No. | |

PROPOSAL NARRATIVE DESCRIBING AGENCY AND PROGRAM

RFP NO. 2017-SSA-IRSS

Please review the Evaluation Criteria/Selection Committee section of this RFP for specific questions and weight values that will be used to evaluate and score the submitted proposal narrative composed of the following categories:

A. PROGRAM DESIGN – 1 page allowed:

In each area described below, an evaluation will be made of the probability of success, and risks associated with the proposal response:

1. Describe the proposed immigration, refugee and asylee support services, including features of the program design that offer enhanced utility and innovation.
2. Describe in detail the program design beginning with the preplanning activities. Include the process that begins with cross agency coordination and identification of forum/presentation sites.
3. Describe staffing level needs and the costs associated with staffing this contract.

B. UNDERSTANDING OF THE PROJECT – 1 page allowed:

1. Describe the purpose and scope of the project. Identify pertinent issues and potential problems related to the project.
2. Describe the issues concerning undocumented residents, refugees, asylees and of the available community resources and network of providers.
3. Describe where services will be delivered and the site locations for community presentations and forums.

C. ORGANIZATIONAL CAPACITY – 1 page allowed:

1. Describe the organizational capacity of adequate, qualified and culturally competent staff.
2. Describe the language/linguistic capacity of staff and provision of interpretation services in order to meet the diverse needs of Alameda County residents.
3. Describe the ability to establish a positive and collaborative working relationship with ACILEP and SSA.

D. RELEVANT EXPERIENCE – 1 page allowed:

1. Describe past experience and performance in supporting this type of contract with governmental and non-profit agencies.
2. Describe experience coordinating similar projects and working in a collaborative capacity with multiple agencies.
3. Describe applicable education and experience of the personnel designated to work on the project.

E. PERFORMANCE MEASURES – 1 page allowed:

1. Describe how the program design will meet the performance measures.
2. Describe the plan to collect data and ensure data quality to report on performance measures; a plan that includes staffing to implement the data tracking and reporting. (Attach the Exhibit E – Quality Assurance Report).

F. COST EFFICIENCY/FISCAL MANAGEMENT – 1 page allowed:

1. Describe the fiscal management experience of the fiscal agent/contractor.
2. Describe the fiscal controls that will be used for this project. (The fiscal agent must have knowledge of acceptable accounting practices and the ability to maintain accountability for contract funds).
3. Describe how costs are reasonable and appropriate as per the industry standards.

PROJECT STAFF

RFP NO. 2017-SSA-IRSS

Complete the boxes below for up to six employee or contractor classifications (classification type, not individual employees) to be involved in this program. Specify which facility(ies) they will support if you have multiple sites. **Two pages are allowed.**

| | | |
|--|-------------------------|-------------------------------|
| Key Staff Member Name: | Key Staff Member Title: | Years Employed with Provider: |
| Qualifications and Experience (including any licenses, certifications, or language proficiencies): | | |
| Work Function and Duties: | | |

| | | |
|--|-------------------------|-------------------------------|
| Key Staff Member Name: | Key Staff Member Title: | Years Employed with Provider: |
| Qualifications and Experience (including any licenses, certifications, or language proficiencies): | | |
| Work Function and Duties: | | |

| | | |
|--|-------------------------|-------------------------------|
| Key Staff Member Name: | Key Staff Member Title: | Years Employed with Provider: |
| Qualifications and Experience (including any licenses, certifications, or language proficiencies): | | |
| Work Function and Duties: | | |

| | | |
|--|-------------------------|-------------------------------|
| Key Staff Member Name: | Key Staff Member Title: | Years Employed with Provider: |
| Qualifications and Experience (including any licenses, certifications, or language proficiencies): | | |
| Work Function and Duties: | | |

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| | | |
|--|-------------------------|-------------------------------|
| Key Staff Member Name: | Key Staff Member Title: | Years Employed with Provider: |
| Qualifications and Experience (including any licenses, certifications, or language proficiencies): | | |
| Work Function and Duties: | | |

| | | |
|--|-------------------------|-------------------------------|
| Key Staff Member Name: | Key Staff Member Title: | Years Employed with Provider: |
| Qualifications and Experience (including any licenses, certifications, or language proficiencies): | | |
| Work Function and Duties: | | |

| | | |
|--|-------------------------|-------------------------------|
| Key Staff Member Name: | Key Staff Member Title: | Years Employed with Provider: |
| Qualifications and Experience (including any licenses, certifications, or language proficiencies): | | |
| Work Function and Duties: | | |

| | | |
|--|-------------------------|-------------------------------|
| Key Staff Member Name: | Key Staff Member Title: | Years Employed with Provider: |
| Qualifications and Experience (including any licenses, certifications, or language proficiencies): | | |
| Work Function and Duties: | | |

**SMALL LOCAL EMERGING BUSINESS (SLEB)
PARTNERING INFORMATION SHEET**

RFP No. 2017-SSA-IRSS

In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP, all bidders must complete this form as required below.

Bidders not meeting the **definition of a SLEB** (<http://acgov.org/auditor/sleb/overview.htm>) are required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be considered for contract award. SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. This form must be submitted for each business that bidders will work with, as evidence of a firm contractual commitment to meeting the SLEB participation goal. (Copy this form as needed.)

Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of the benefits of the partnership will be economic, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.

Once a contract has been awarded, bidders will not be able to substitute named subcontractors without prior written approval from the Auditor-Controller, Office of Contract Compliance & Reporting (OCCR).

County departments and the OCCR will use the web-based Elation Systems to monitor contract compliance with the SLEB program (Elation Systems: <http://www.elationsys.com/elationsys/>).

| |
|---|
| <input type="checkbox"/> BIDDER IS A CERTIFIED SLEB (sign at bottom of page) |
| SLEB BIDDER Business Name: _____ |
| SLEB Certification #: _____ SLEB Certification Expiration Date: _____ |
| NAICS Codes Included in Certification: _____ |

| |
|--|
| <input type="checkbox"/> BIDDER IS NOT A CERTIFIED SLEB AND WILL SUBCONTRACT _____% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES: _____ |
| SLEB Subcontractor Business Name: _____ |
| SLEB Certification #: _____ SLEB Certification Expiration Date: _____ |
| SLEB Certification Status: <input type="checkbox"/> Small / <input type="checkbox"/> Emerging |
| NAICS Codes Included in Certification: _____ |
| SLEB Subcontractor Principal Name: _____ |
| SLEB Subcontractor Principal Signature: _____ Date: _____ |

Upon award, prime Contractor and all SLEB subcontractors that receive contracts as a result of this bid process agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

Bidder Printed
Name/Title: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Bidder Signature: _____ Date: _____

BUDGET FORM

RFP NO. 2017-SSA-IRSS IMMIGRANT AND REFUGEE SUPPORT SERVICES

COSTS SHALL BE SUBMITTED ON ATTACHMENT 1 AS IS. NO ALTERATIONS OR CHANGES OF ANY KIND ARE PERMITTED. Bid responses that do not comply will be subject to rejection in total. The costs quoted below shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for the one-year term contract plus any year extensions that are a result of this bid. Quantities listed herein are annual estimates based on past usage and are not to be construed as a commitment. No minimum or maximum is guaranteed or implied. Bidder hereby certifies to County that all representations, certifications, and statements made by bidder, as set forth in this Budget Form and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

| <u>BUDGET DETAIL</u> | First Year (FY17-18) | Second Year (FY18-19) | Line Item Description |
|---|-------------------------|--------------------------|-----------------------|
| STAFFING COSTS: (list staff # and FTE% for each position-classification) | | | |
| | | | |
| | | | |
| Subtotal: | | | |
| Staff Benefits: | | | |
| | | | |
| Subtotal: | | | |
| SUBCONTRACTORS: Staff Salaries: (list staff # and FTE% for each position-classification) | | | |
| | | | |
| | | | |
| Subtotal: | | | |
| Staff Benefits: | | | |
| | | | |
| Subtotal: | | | |
| ADMINISTRATIVE COSTS: | | | |
| Travel | | | |
| Training | | | |
| Recruitment/Advertising | | | |
| Office/Program Supplies | | | |
| Telephone/Communications | | | |
| Rent | | | |
| Utilities | | | |
| Insurance | | | |
| Equipment | | | |
| Data Collection & Reporting | | | |
| Audit | | | |
| Printing | | | |
| Subtotal: | | | |
| Indirect Costs __% (not to exceed 10% of total costs) | | | |
| TOTAL BUDGET: | | | |

CURRENT REFERENCES

RFP NO. 2017-SSA-IRSS

Bidders are to provide a minimum of 3 verifiable current and/or former clients. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions. Bidders must verify the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference. The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the Response and to use the information gained from them in the evaluation process.

Bidder Name: _____

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

FORMER REFERENCES

RFP NO. 2017-SSA-IRSS

Bidder Name: _____

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |