**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES**

**REQUEST FOR QUOTES # 17-08 AFRICAN AMERICAN FOCUSED MENTAL HEALTH PROGRAMS**

**ATTACHMENTS**

**REQUIRED DOCUMENTATION AND SUBMITTALS**

**All of the specific documentation listed below is required to be submitted with the Exhibit A – 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, Letter of Transmittal, Key Personnel, etc.). Bidder must submit all required documents listed under 1 through 3 below for each program applying for.**

[ ]  1. **Table of Contents:**  Bid responses shall include a table of contents listing the individual sections of the proposal/quotation and their corresponding page numbers. Tabs should separate each of the individual sections.

[ ]  2. **Letter of Transmittal:** Bid responses shall include a brief one page description of Bidder’s ability to meet Minimum Qualifications:

* Bidder must have a demonstrated understanding of African American experiences around mental health issues; and
* Bidder must have at least three years experience providing services to the priority populations.
	+ If applying for b. Faith Based Mental Health Trainings, Bidder must have at least one year experience providing services to the priority population.

3. **Bid Response Packet:** Every bidder must fill out and submit the following completed information:

[ ]  **(a)** **Exhibit A,** **Bidder Information and Acceptance -** Every Bidder must submit:

* + 1. Exhibit A Bidder Information Sheet
		2. Exhibit A Bidder Information and Acceptance - select one choice under Item 9 and must fill out, sign and complete the last page of the Exhibit A.

**(b) Exhibit B, Budget Forms -** Every Bidder must submit:

(1) Exhibit B

(2) Exhibit B-1 (Excel workbook)

(3) Exhibit B-2 Budget Justification.

[ ]  **(c)** **SLEB Partnering Information Sheet:**

* + - 1. Every bidder must fill out and submit a signed SLEB Partnering Information Sheet, indicating their SLEB certification status. If bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the bidder will subcontract to meet the County SLEB participation requirement must be stated.  Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

[ ]  **(d)** **Exceptions, Clarifications, Amendments:**

1. This shall include clarifications, exceptions and amendments, if any, to the RFQ and associated Bid Documents, and shall be submitted with your bid response using the template on the last page the Bid Response Packet.
2. **THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.**

**EXHIBIT A - BID RESPONSE PACKET**

**EXHIBIT A – BIDDER INFORMATION SHEET**

***Select program/s included in Bid:***

[ ]  a. Support Services for MHSA Permanent Supportive Housing Sites in East Oakland

[ ]  b. Faith-Based Mental Health Trainings

[ ]  c. Emotional Support Groups

[ ]  d. LGBTQ Youth Development Workshops

To: The County of Alameda

From:

(Official Name of Bidder)

* **AS DESCRIBED IN THE SUBMITTAL OF BIDS SECTION OF THIS RFQ, BIDDERS ARE TO SUBMIT ONE ORIGINAL HARDCOPY BID (EXHIBIT A – BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS one copy AND ONE ELECTRONIC COPY OF THE BID IN PDF (with OCR preferred)**
* **ALL PAGES OF THE BID RESPONSE PACKET (EXHIBIT A) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED; ANY PAGES OF EXHIBIT A (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 EXHIBIT A – 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 RFQ.**
* **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**
* **IF BIDDERS ARE MAKING ANY CLARIFICATIONS AND/OR AMENDMENTS, OR TAKING EXCEPTION TO POLICIES OR SPECIFICATIONS OF THIS RFQ, INCLUDING THOSE TO THE COUNTY SLEB POLICY, THESE MUST BE SUBMITTED IN THE EXCEPTIONS, CLARIFICATIONS, AMENDMENTS SECTION OF THIS EXHIBIT A – BID RESPONSE PACKET IN ORDER FOR THE BID RESPONSE TO BE CONSIDERED COMPLETE**

**BIDDER INFORMATION AND ACCEPTANCE**

1. The undersigned declares that the Bid Documents, including, without limitation, the RFQ, Addenda, and Exhibits 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 RFQ No. 17-08 – African American Focused Mental Health Programs.
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/environ.htm)

[<http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm>]

* **Small Local Emerging Business Program**

[<http://acgov.org/auditor/sleb/overview.htm>]

* [**First Source**](http://www.acgov.org/gsa/departments/purchasing/policy/first.htm)

[<http://acgov.org/auditor/sleb/sourceprogram.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>]

1. 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 RFQ and associated Bid Documents.
2. 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.
3. Patent indemnity: Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an 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.
4. 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](#SLEBCerta)); **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
* 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.

Official Name of Bidder:

Street Address Line 1:

Street Address Line 2:

City:  State:  Zip Code:

Webpage:

Type of Entity / Organizational Structure (check one):

 [ ]  Corporation [ ]  Joint Venture

 [ ]  Limited Liability Partnership [ ]  Partnership

 [ ]  Limited Liability Corporation [ ]  Non-Profit / Church

 [ ]  Other:

Jurisdiction of Organization Structure:

Date of Organization Structure:

Federal Tax Identification Number:

Primary Contact Information:

Name / Title:

Telephone Number:  Fax Number:

E-mail Address:

**SIGNATURE:**

Name and Title of Signer:

Dated this  day of  20

**EXHIBIT B - BID BUDGET PACKET**

**EXHIBIT B**

 **BID FORM**

1. **SUPPORT SERVICES FOR MHSA PERMANENT SUPPORTIVE HOUSING SITE(S) IN EAST OAKLAND**

**COST SHALL BE SUBMITTED ON EXHIBIT B 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 cost quoted shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for the three-year term of any contract that is 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 Bid Form and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Estimated****Quantity** | **Cost****Per Unit** | **Extended Cost****(Estimated Quantity X Cost per Unit)** |
| Support Services | 1 | $      | $      |
| **TOTAL** | **$** |

**EXHIBIT B-2**

**BUDGET JUSTIFICATION**

1. **SUPPORT SERVICES FOR MHSA PERMANENT SUPPORTIVE HOUSING SITE(S) IN EAST OAKLAND**

In the table below, please provide a brief justification to explain the costs and calculations in the Exhibit B-1, Budget. Briefly describe how your proposed program budget is aligned with the program Specific Requirements and Deliverables under Section I. E. a.

|  |  |
| --- | --- |
| **Budget Section** | **Description** |
| **Personnel**Staffing and FTE Salaries and Benefits |       |
| **Operating Expenses**Line items associated with service delivery. |       |
| **Administrative Costs** |       |

**EXHIBIT B**

 **BID FORM**

1. **FAITH-BASED MENTAL HEALTH SERVICES**

**COST SHALL BE SUBMITTED ON EXHIBIT B 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 cost quoted shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for the three-year term of any contract that is a result of this bid.

By submitting a bid, Bidder certifies to County that all representations, certifications, and statements made by Bidder, and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Estimated****Quantity** | **Cost****Per Unit** | **Extended Cost****(Estimated Quantity X Cost per Unit)** |
| Outreach | 12 | $      | $      |
| Training/ Workshop Curriculum Development | 1 | $      | $      |
| Workshops | 4 | $      | $      |
| **TOTAL** | **$**      |

**EXHIBIT B-2**

**BUDGET JUSTIFICATION**

1. **FAITH-BASED MENTAL HEALTH SERVICES**

In the table below, please provide a brief justification to explain the costs and calculations in the Exhibit B-1, Budget. Briefly describe how your proposed program budget is aligned with the program Specific Requirements and Deliverables under Section I. E. b.

|  |  |
| --- | --- |
| **Budget Section** | **Description** |
| **Personnel**Staffing and FTE Salaries and Benefits |       |
| **Operating Expenses**Line items associated with service delivery. |       |
| **Administrative Costs** |       |

**EXHIBIT B**

 **BID FORM**

1. **EMOTIONAL SUPPORT GROUPS**

**COST SHALL BE SUBMITTED ON EXHIBIT B 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 cost quoted shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for the three-year term of any contract that is a result of this bid.

By submitting a bid, Bidder certifies to County that all representations, certifications, and statements made by Bidder, and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Estimated****Quantity** | **Cost****Per Unit** | **Extended Cost****(Estimated Quantity X Cost per Unit)** |
| Emotional Support Groups Curriculum Development | 1 | $      | $      |
| Train the Trainer Curriculum Development | 1 | $      | $      |
| Emotional Support Groups | 3 | $      | $      |
| Train the Trainer Trainings | 1 | $      | $      |
| **TOTAL** | **$**      |

**EXHIBIT B-2**

**BUDGET JUSTIFICATION**

1. **EMOTIONAL SUPPORT GROUPS**

In the table below, please provide a brief justification to explain the costs and calculations in the Exhibit B-1, Budget. Briefly describe how your proposed program budget is aligned with the program Specific Requirements and Deliverables under Section I. E. c.

|  |  |
| --- | --- |
| **Budget Section** | **Description** |
| **Personnel**Staffing and FTE Salaries and Benefits |       |
| **Operating Expenses**Line items associated with service delivery. |       |
| **Administrative Costs** |       |

**EXHIBIT B**

 **BID FORM**

1. **LGBTQ YOUTH DEVELOPMENT WORKSHOPS**

**COST SHALL BE SUBMITTED ON EXHIBIT B 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 cost quoted shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for the three-year term of any contract that is a result of this bid.

By submitting a bid, Bidder certifies to County that all representations, certifications, and statements made by Bidder, and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Estimated****Quantity** | **Cost****Per Unit** | **Extended Cost****(Estimated Quantity X Cost per Unit)** |
| LGBTQ Youth Development Workshop Curriculum Development | 1 | $      | $      |
| LGBTQ Youth Development Workshops | 5 | $      | $      |
| Winter Event | 1 | $      | $      |
| Summer Events | 2 | $      | $      |
| **TOTAL** | **$**      |

**EXHIBIT B-2**

**BUDGET JUSTIFICATION**

1. **LGBTQ YOUTH DEVELOPMENT WORKSHOPS**

In the table below, please provide a brief justification to explain the costs and calculations in the Exhibit B-1, Budget. Briefly describe how your proposed program budget is aligned with the program Specific Requirements and Deliverables under Section I. E. d.

|  |  |
| --- | --- |
| **Budget Section** | **Description** |
| **Personnel**Staffing and FTE Salaries and Benefits |       |
| **Operating Expenses**Line items associated with service delivery. |       |
| **Administrative Costs** |       |

**EXHIBIT C – INSURANCE REQUIREMENTS**

Insurance certificates are not required at the time of submission; however, by signing Exhibit A – Bid Packet, the bidder agrees to meet the minimum insurance requirements stated in the RFQ, prior to award. This documentation must be provided by 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 this Exhibit B – Insurance Requirements.

The following pages contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFQ. Exhibit C-2 is for programs a. Support Services at MHSA Permanent Supportive Housing Site(s) in East Oakland, b. Faith Based Mental Health Trainings, and c. Emotional Support Groups. Exhibit C1A is for program d. LGBTQ Youth Development Services.

**\*\*\*\* SEE NEXT PAGE FOR COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS \*\*\***

**EXHIBIT C-2**

**COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS**

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements:

|  |  |
| --- | --- |
| **TYPE OF INSURANCE COVERAGES** | **MINIMUM LIMITS** |
| **A** | **Commercial General Liability**Premises Liability; Products and Completed Operations; ContractualLiability; Personal Injury and Advertising Liability | $1,000,000 per occurrence (CSL) Bodily Injury and Property Damage |
| **B** | **Commercial or Business Automobile Liability**All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities | $1,000,000 per occurrence (CSL) Any AutoBodily Injury and Property Damage |
| **C** | **Workers’ Compensation (WC) and Employers Liability (EL)**Required for all contractors with employees | WC: Statutory LimitsEL: $1,000,000 per accident for bodily injury or disease |
| **D** | **Professional Liability/Errors & Omissions**Includes endorsements of contractual liability and defense and indemnification of the County | $1,000,000 per occurrence$2,000,000 project aggregate |
| **E** | **Endorsements and Conditions**:1. **ADDITIONAL INSURED:** All insurance required above with the exception of Professional Liability, Commercial or Business Automobile Liability, Workers’ Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.2. **DURATION OF COVERAGE:** All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement.3. **REDUCTION OR LIMIT OF OBLIGATION:** All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self- insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 0104 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limitContractor’s contractual obligation to indemnify and defend the Indemnified Parties.4. **INSURER FINANCIAL RATING:** Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor’s insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor.5. **SUBCONTRACTORS:** Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 2038 04 13.6. **JOINT VENTURES:** If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:– Separate insurance policies issued for each individual entity, with each entity included as a “Named Insured” (coveredparty), or at minimum named as an “Additional Insured” on the other’s policies. Coverage shall be at least as broad as in theISO Forms named above.– Joint insurance program with the association, partnership or other joint business venture included as a “Named Insured”.7. **CANCELLATION OF INSURANCE:** All insurance shall be required to provide thirty (30) days advance written notice to theCounty of cancellation. 8. **CERTIFICATE OF INSURANCE:** Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision. |

**EXHIBIT C1A**

**COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS**

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements:

|  |  |
| --- | --- |
| **TYPE OF INSURANCE COVERAGES** | **MINIMUM LIMITS** |
| **A** | **Commercial General Liability**Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability; Abuse, Molestation, Sexual Actions, and Assault and Battery | $1,000,000 per occurrence (CSL)Bodily Injury and Property Damage |
| **B** | **Commercial or Business Automobile Liability**All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities | $1,000,000 per occurrence (CSL)Any AutoBodily Injury and Property Damage |
| **C** | **Workers’ Compensation (WC) and Employers Liability (EL)**Required for all contractors with employees | WC: Statutory LimitsEL: $1,000,000 per accident for bodily injury or disease |
| **D** | **Endorsements and Conditions**:1. **ADDITIONAL INSURED:** All insurance required above with the exception of Commercial or Business Automobile Liability, Workers’ Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.
2. **DURATION OF COVERAGE:** All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement.
3. **REDUCTION OR LIMIT OF OBLIGATION:** All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor’s contractual obligation to indemnify and defend the Indemnified Parties.
4. **INSURER FINANCIAL RATING:** Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor’s insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor.
5. **SUBCONTRACTORS:** Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.
6. **JOINT VENTURES:** If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:
* Separate insurance policies issued for each individual entity, with each entity included as a “Named Insured” (covered party), or at minimum named as an “Additional Insured” on the other’s policies. Coverage shall be at least as broad as in the ISO Forms named above.
* Joint insurance program with the association, partnership or other joint business venture included as a “Named Insured”.
1. **CANCELLATION OF INSURANCE:** All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation.
2. **CERTIFICATE OF INSURANCE:** Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision.
 |

**SMALL LOCAL EMERGING BUSINESS (SLEB)**

**PARTNERING INFORMATION SHEET**

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

**Bidders not meeting the** [**definition of a SLEB**](http://acgov.org/auditor/sleb/overview.htm) **(**[**http://acgov.org/auditor/sleb/overview.htm**](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/**](http://www.elationsys.com/elationsys/)**).**

|  |
| --- |
| **[ ]  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:**  |

|  |
| --- |
| **[ ]  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: [ ]  Small / [ ]  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:

**EXCEPTIONS, CLARIFICATIONS, AMENDMENTS**

**RFQ# 17-08 African American Focused Mental Health Programs**

**Bidder Name:**

List below requests for clarifications, exceptions and amendments, if any, to the RFQ and associated Bid Documents, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for bid disqualification.

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| **Reference to:** | **Description** |
| Page No. | Section | Item No. |  |
| **p. 23**EXAMPLE | **D** | **1.c.** | ***Vendor takes exception to…*** |
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\*Print additional pages as necessary