

1. BIDDER INFORMATION

Bidder Organization Name	
Bidder Organization's Headquarter Address	
City/State/Zip	
Name of Executive Director or Equivalent	Title
Phone	Email
Name of Contact Person	Title
Phone	Email
Response Date	

2. REQUEST FOR INTEREST RESPONSE

Include in your interest your response to the following information:

- a. Experience - State your organization's experience in providing substance use disorder treatment services. Please include information about the specific modalities of SUD services that you currently provide (e.g. Outpatient, Residential, etc.), any special language capacity with which you provide those services, and, if applicable, the areas within Alameda County (cities, townships) in which you provide those services.**
- b. Certification - Describe the facilities for housing these services, including:**
 - (1) For Drug Medi-Cal Certification, indicate modalities of services agency is certified, which County and if certification is in Alameda County, provide the address associated with the DMC certification and/or**
 - (2) For ASAM certification, indicate if Bidder is already certified.**
- c. Medical Health Record (MHR) – Please describe your current medical health record software.**

2. REQUEST FOR INTEREST RESPONSE (cont'd)

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