****

**ATTACHMENT NO. 1**

**Bid Response PackET**

RFP NO. 2017-SSA-CFS-ETB

FOR

NON-MINOR DEPENDENTS EMERGENCY TRANSITIONAL BEDS

**THE DEADLINE FOR SUBMITTAL**

**IS:**

**November 15, 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-CFS-ETB**

**EMERGENCY TRANSITIONAL BEDS**

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 ORIGINAL HARDCOPY BID (ATTACHMENT NO. 1–BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL BLUE INK SIGNATURES, PLUS five Copies AND ONE ELECTRONIC COPY OF THE BID IN PDF (OCR is preferred).**
* **ALL PAGES OF THE BID RESPONSE PACKET (ATTACHMENT NO. 1) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED; ANY PAGES OF ATTACHMENT NO. 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 NO. 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.**

#### BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the Bid Documents, including, without limitation, the RFP, 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 RFP No. 2017-SSA-ETB, Non-Minor Dependents Emergency Transitional Beds.
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](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](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](http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm)]

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

[[http://acgov. org/auditor/sleb/sourceprogram. 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](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](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 RFP 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. 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.

**RFP No. 2017-SSA-CFS-ETB**

**Bid Title: EMERGENCY TRANSITIONAL BEDS**

This proposal is submitted for consideration of award under the RFP for the period January 1, 2018 through December 31, 2018 with an option to renew for two additional years through December 31, 2020. The initial contract entered into will be for 12 months.

|  |  |
| --- | --- |
| Name of Project: |  Total Annual Funds Requested: **$** |

Official Name of Bidder:

Street Address Line 1:

Street Address Line 2:

City:  State:  Zip Code:

Webpage:

Please check the box to indicate the transitional housing program(s) you are applying for:

 [ ]  Host Family Model (formerly known as Host Housing)

 [ ]  Single Site Housing (formerly known as Staffed housing)

 [ ]  Remote Site Housing (formerly known as Scattered Site housing)

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 (e. g. Nonprofit 501(c)(3), Corporation, etc.):

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 Agency will be named to receive payments. The Fiscal Agent will retain primary financial and legal responsibility for contract.**  |
| **SIGNATURE of Official:** |  | Title: |  |
| Print Name of Official: |  | Date: |  |
| E-Mail Address: |  | Phone & Fax No.  |  |
| **Signatures of official(s) authorized to sign for collaborating agencies** |
| Agency Name: |  | Agency Address: |  |
| **Signature of Official :**  |  | Title: |  |
| Printed Name of Official: |  | Date: |  |
| E-Mail Address: |  | Phone & Fax No. : |  |

|  |
| --- |
| **Signatures of official(s) authorized to sign for collaborating agencies** |
| Agency Name: |  | Agency Address: |  |
| **Signature of Official :**  |  | Title: |  |
| Printed Name of Official: |  | Date: |  |
| E-Mail Address: |  | Phone & Fax No. : |  |

|  |
| --- |
| **Signatures of official(s) authorized to sign for collaborating agencies** |
| Agency Name: |  | Agency Address: |  |
| **Signature of Official :**  |  | Title: |  |
| Printed Name of Official: |  | Date: |  |
| E-Mail Address: |  | Phone & Fax No. : |  |

**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, Bidder Information/Acceptance, Prior Experience, Program Design, 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 or in a three-ring binder, **not** bound.  |  |
| 4.  | Proposals must be printed, on white 8 ½” by 11” paper. The font must be at least 12-point type in “Times New Roman” or equivalent font. Lines shall be single-spaced. 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 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 complete original hard copy with appropriate signature**, and must be on a USB flash drive and enclosed with the sealed hardcopy of the bid.  |  |

**Response Packet: Check Boxes**

|  |  |  |  |
| --- | --- | --- | --- |
| Item |  | **Number of pages allowed** | **✓** |
| 1.  | Bidder Information and Acceptance (pages 4-5) of the Bid Response Packet (Attachment No. 1) **signed** | N/A |  |
| 2.  | Prior Experience  | 5 |  |
| 3.  | Program Design  | 5 |  |
| 4.  | Administrative/Organizational Capacity | 3 |  |
| 5.  | Program Staff (up to eight employee classifications are allowed) | 2 |  |
| 6.  | Cost Efficiency/Fiscal Management | 2 |  |
| 7.  | Current References | 1 |  |
| 8.  | Budget Form | 2 |  |

**PROPOSAL NARRATIVE**

**PRIOR EXPERIENCE–Five pages are allowed:**

1. Describe your agency’s mission and prior experience and expertise in providing similar housing and support services to foster youth and /or emancipated foster youth in the last 3 to 5 years. Your response should include the number of clients served, demographics of the clientele served, partnerships and/or collaborations with other community organizations and/or County child welfare staff. (8 points)
2. Describe the major program achievements and challenges in the last 5 years. Describe potential issues or problems with program and how you addressed them. (5 points)
3. Describe your past experience in meeting performance standards and assuring accountability. Include oversight and evaluation of the project/program. (7 points)

**PROGRAM DESIGN–Five pages are allowed:**

1. Describe your program design, including the type of housing service(s) you plan to offer, the location of the housing site(s), the capacity, and if the site(s) will be fully operational at the start of the contract. (5 points)
2. Describe how your program design will support the development of life skills that will enable the NMDs to successfully transition to stable housing upon conclusion of their stay in the NMD Emergency Transitional Beds Program. (5 points)
3. Describe how the intensive provision of case management services in the areas of housing, employment, education, relationship building, well-being and self-advocacy will assist the youth with finding stability in more permanent housing options upon conclusion of their stay in the NMD Emergency Transitional Beds Program. (5 points)
4. Describe how your program serves youth with mental illness, substance abuse challenges, as well as, youth in the CSEC and LGBTQ populations. (5 points)

**ADMINISTRATIVE/ORGANIZATIONAL CAPACITY–Three pages are allowed:**

1. Describe how this program will be administered. Include a list of the staff/positions assigned to this program, their experience, professional qualifications, education, staff training and development, and a description of the tasks to be performed by each staff person. Include locations were the services will be administered (North County, Central County, South County and East County). (10 points)

1. Describe the innovative and unique methods and strategies that you will use to supplement transitional housing and support services. (8 points)

3. Explain who will be responsible for program oversight, supervision, and program evaluation. Include position title(s), experience in managing a similar program for NMD, experience working with local community organizations and County agencies to integrate the service delivery system. Describe the methods that will be used to track client outcomes and generate reports. (7 points)

4. Describe your organization’s ability to deliver culturally appropriate services; including accommodation for language and/or cultural differences. Describe the bilingual capacity of your staff. (5 points)

**COST EFFICIENCY/FISCAL MANAGEMENT–Two pages are allowed:**

1. Describe how your operational budget is sufficient to support the proposed program. Describe your fiscal management experience and fiscal controls and oversight for your agency. (9 points)
2. Describe your ability to leverage other resources for this program, either from in-kind and/or other external resources. (6 points)

***Note: The fiscal agent must have knowledge of acceptable accounting practices and the ability to maintain accountability for contract funds.***

**CURRENT REFERENCES–Two pages are allowed:**

Complete the attached Current References form – with a minimum of three and up to five contracts you have held, for provision of services similar to those proposed that started within the last five years. Contracts cited will serve as references for this RFP. Please contact all references to verify their current telephone number and email address and their willingness to answer questions about your performance. (5 points)

**PROGRAM STAFF**

Complete the boxes below for up to eight employee classifications to be involved in the program. Specify which facility they will support if you have multiple sites. **Two pages are allowed.**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Number of employees: |  |
| Minimum Qualifications & Licenses: |  |
| Functions on the Program: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Number of employees: |  |
| Minimum Qualifications & Licenses: |  |
| Functions on the Program: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Number of employees: |  |
| Minimum Qualifications & Licenses: |  |
| Functions on the Program |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Number of employees: |  |
| Minimum Qualifications & Licenses: |  |
| Functions on the Program |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Number of employees: |  |
| Minimum Qualifications & Licenses: |  |
| Functions on the Program |  |
| Job Title: |  | Number of employees: |  |
| Minimum Qualifications & Licenses: |  |
| Functions on the Program |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Number of employees: |  |
| Minimum Qualifications & Licenses: |  |
| Functions on the Program |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Number of employees: |  |
| Minimum Qualifications & Licenses: |  |
| Functions on the Program |  |

**CURRENT REFERENCES**

**RFP NO. 2017-SSA-CFS-ETB**

**EMERGENCY TRANSITIONAL BEDS**

**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:       |

**BUDGET FORM**

**RFP NO. 2017-SSA-CFS-ETB**

**EMERGENCY TRANSITIONAL BEDS**

Cost shall be submitted on this BUDGET FORM. 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 below shall include all taxes and all other charges and is the cost the County will pay. Applicants must provide specific service rates and number of clients for each housing service type proposed. The length of time a NMD young person will stay will vary based on circumstance. The monthly rate will be prorated by day if the stay is less than a month for that client. (Two pages are allowed).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please check the box next to the program you are bidding for | Emergency Transition Beds Housing Type | Proposed Rate Per Month/ Per Client | No. of Clients Per Month | Multiply (x) | 12 Months | Equals(=) | Total Amount for 12 Months (12 months = contract term period) |
|  | Host Family Housing | $1,664.64 |  | x | 12 | = |  |
|  | Single Site Housing | $2,693.06 |  | x | 12 | = |  |
|  | Remote Site Housing | $1,976.76 |  | x | 12 | = |  |
| Grand Total |  |