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**ATTACHMENT NO. 1**

**Bid Response PackET**

**REQUEST FOR PROPOSAL (RFP)**

**RFP NO. 2019-SSA-CFS-SATT**

Substance Abuse Testing and Treatment Services

**THE DEADLINE FOR SUBMITTAL**

**IS:**

**April 8, 2019**

**2:00 P.M.**

AT

Alameda County Social Services Agency

Finance Department/Contracts Office

1111 Jackson St., 1st Floor, Suite#103

Oakland, CA 94607

**Attention: Najia Osmani**

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 **ATTACHMENT No.1**

**BID RESPONSE PACKET**

RFP No. 2019-SSA-CFS-SATT

Substance Abuse Testing and Treatment Services

To: The County of Alameda, Social Services Agency

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 NO.1– BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL BLUE INK SIGNATURES, PLUS five (5) Copies AND ONE (1) 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. 2019-SSA-CFS-SATT – Substance Abuse Testing and Treatment 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/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>]

* [**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.

1. 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.
2. 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.
3. 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. 2019-SSA-CFS-SATT**

**Substance Abuse Testing and Treatment Services**

 **BIDDER INFORMATION AND ACCEPTANCE**

This proposal is submitted for consideration of award under the RFP for **the period July 1, 2019 through June 30, 2022**. **The contract entered will be for three years.**

|  |
| --- |
| Name of Project: |

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 Corporation/Church

 [ ]  Sole Proprietorship [ ]  Other:

Jurisdiction of Organization Structure (e.g. Nonprofit 501c-3, Corporation, etc):

Date of Organization Structure:  Federal Tax Identification Number:

Primary Contact Information: Name / Title:

Telephone Number:  Fax Number:

E-mail Address:

|  |
| --- |
| **Please check the specific Geographic Service Region for which this RFP Bid Response Packet is being submitted.** |
| 1. Tri-Cities/South County/East County Service Region(Hayward, Union City, Fremont, Dublin, Pleasanton, Livermore) [ ]  |
| 2. North/Central Oakland/North County Service Region(San Leandro, Oakland, Berkeley, Albany) [ ]  |

|  |
| --- |
| **FISCAL AGENT/BIDDER: Signature of official authorized to sign for your agency. This Fiscal Agent 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.  |  |

**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, Letter of Transmittal, Key Personnel, 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 (1) original proposal marked “Original” plus five (5) copies of the proposal. |  |
| 2. | The “original” bid response must be signed in **BLUE ink** with an authorized signature. |  |
| 3. | The “original” bid response is to be either loose-leaf or in a three (3)-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 quotation/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 original hard copy with appropriate signature and must be on disk or USB flash drive and enclosed with the sealed hardcopy of the bid. |  |

**Response Packet: Check Boxes**

|  |  |  |
| --- | --- | --- |
| Item |  | **✓** |
| A | Completeness of Response: Responses to this RFP must be complete |  |
| B | Debarment and Suspension Certification |  |
| C | Agency Description/Prior Experience– **seven pages are allowed.**  |  |
| D | Cost Efficiency/Fiscal Management Control – **three pages are allowed.**  |  |
| E | Administrative/Organizational Capacity **– six pages are allowed.** |  |
| F | Project Staff – **two pages are allowed** |  |
| G | DMC-ODS Medical Network – **one page is allowed.** |  |
| H | Current References –**two pages are allowed** |  |
| I | Budget Form - **one page is allowed** |  |

**PROPOSAL NARRATIVE**

 **RFP No. 2019-SSA-CFS-SATT**

1. **COMPLETENESS OF RESPONSE**

Responses to this RFP must be complete.

1. **DEBARMENT AND SUSPENSION**

Bidder, its principal and named subcontractors are not identified on the list of Federally debarred, suspended or other excluded parties located at [www.sam.gov](http://www.sam.gov).

1. **AGENCY DESCRIPTION/PRIOR EXPERIENCE** - **seven pages are allowed**

**Agency Description:** Briefly describe your agency mission. Include the amount of your total agency budget and description of the breadth of your funding sources.

**Experience with Population to be Served:** Describe your experience with providing the services that you propose for the population to be served. Describe any past performance of your organization that is relevant to the project's proposed services and activities. Information should include experience in providing the same or similar services and activities to families involved in the child welfare system, public assistance recipients or to other disadvantaged groups. If your agency has provided services to substance abusing clients involved in the child welfare system, please discuss challenges clients faced/or may encounter when accessing testing and treatment services and strategies utilized by your agency to support a successful recovery.

**Project Activities/Services:** Present a narrative description of the project activities and/or services. Include your proposed schedule of workshops, staff to client ratio, capacity to serve languages other than English, number of clients you can serve weekly, monthly and annually, and how your services meet the minimum requirements of the category of services you are responding to.

**Participation Standards:** Describe how project activities and services will be supervised (i.e., observed drug testing). Describe the protocols you will follow for verifying participant's attendance or service usage and verifying participant outcomes. Describe the participant progress reporting mechanism to be used

**Performance Standards:** Describe how you have met performance standards on similar projects and have demonstrated oversight and evaluation of the projects.

1. **COST EFFICIENCY/FISCAL MANAGEMENT CONTROLS – three pages are allowed**

Describe project operational budget and the fiscal management experience of the fiscal agent/contractor. Does staff have sufficient knowledge of and experience using acceptable accounting practices?Describe the fiscal controls, budget monitoring and self-auditing techniques 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. Also, describe how your proposed pricing is reasonable and appropriate to the nature of the services to be provided, based on market standards.

1. **ADMINISTRATIVE/ORGANIZATIONAL CAPACITY - six pages are allowed**

**Collaboration and Communication:**Describe your program’s project and administrative structure and communication techniques that will be utilized to support collaboration with both CFS program and administrative staff. Describe your mechanisms for reporting data, information technologies and follow-up methods utilized to insure participant information is reported accurately, timely and according to procedural standards.

**Staff Training:** Describe your program’s staff training and continuing education practices to support project fidelity.

**Bidder Organization Chart:** Present an organizational chart of your agency and identify how services will be delivered.

1. **PROJECT STAFF - two pages are allowed**

Bidder has the knowledge and ability to manage a substance abuse testing and treatment services program. Bidder has adequate and qualified project staff. Complete the boxes below for up to **10** staff/positions assigned to this project, their experience, professional qualifications, education and a description of the tasks to be performed by each staff person. Include who will be responsible for project oversight and supervision, and program evaluation.

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

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

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

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

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

1. **DMC-ODS MEDI-CAL NETWORK - one page is allowed**

Describe if your organization is currently a Drug Medi-Cal provider through Drug Medi-Cal Organized Delivery System (DMC-ODS) Network.

1. **CURRENT REFERENCES – two pages are allowed**

Complete the attached Current References – 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.

|  |  |
| --- | --- |
| 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:       |

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

1. **BUDGET FORM**

**RFP No. 2019-SSA-CFS-SATT**

 **Substance Abuse Testing and Treatment Services**

Cost shall be submitted on 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. **(One page is allowed)**

**SUMMARY OF COST PER UNIT OF PROPOSED SERVICES**

**Service Category…………………………………… Cost per Unit**

**Intake and Assessment \_\_\_\_\_\_\_**

**Drug Testing**  **\_\_\_\_\_\_\_\_**

**Group Counseling\***  **\_\_\_\_\_\_\_**

**Casework Support \_\_\_\_\_\_\_\_**

\* including Relapse Prevention