**RFPQ ADDENDUM TEMPLATE**

QC: DOC REV. DATE 8/25/21

COUNTY OF ALAMEDA

ADDENDUM No. 1

to

RFP No. HICAP-2022

### for

­­HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM

(HICAP)

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| **This County of Alameda, Social Services Agency (SSA) RFP No. HICAP-2022 Addendum will be posted on the GSA Contracting Opportunities website located at** [**Alameda County Current Contracting Opportunities**](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/)[<https://gsa.acgov.org/do-business-with-us/contracting-opportunities/>]**.** |

Description: Description: branding.jpgAlameda County is committed to reducing environmental impacts across our entire supply chain.

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**RFP HICAP-2022, CALENDAR OF EVENTS, List of Attendees, Q&A Issued, and Addendum Issued Dates, is revised as follows:**

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| --- | --- |
| **List of Attendees** | **~~1/24/2022~~ 1/28/2022** |
| **Q&A Issued** | **~~1/24/2022~~ 1/28/2022** |
| **Addendum Issued** [only if necessary to amend RFP] | **~~1/24/2022~~ 1/28/2022** |

**The following Sections have been modified or revised as shown below.** Changes made to the original RFP document are in **bold** print and highlighted, and deletions made have a ~~strike through~~.

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| **E.** | **Program Delivery: (Maximum four (~~4) pages~~- 200 Points) Maximum six pages (6)**  **Page 14 in the RFP**  1. Please provide a narrative description of how you will provide the services. Include the areas of the county to be served, the days and hours of operation. Indicate your capabilities for dedicating a computer to this program with access to the Internet, and adequate staffing to provide all management reports required by the State Department of Aging as well as the Department of Labor’s (SPARQ) electronic reporting requirements. Describe training procedures for front-line data collection staff.   1. The Title V Senior Community Service Employment Program requires that services be targeted to low income persons who are 55 years of age and older and who have poor employment prospects. Please tell us your plan on reaching this population.   3. Discuss the outreach/public information methods the organization intends to employ to generate, host agencies and prospective employers for unsubsidized placements for the program.   1. Please describe the staff qualifications for the program, including any bi-lingual capability.      1. Key components of this program require establishment of relationships with current and potential host agencies who will function as training sites, as well as potential employers. Give examples of how you will accomplish these critical aspects, including monitoring and overseeing required surveys for qualitative purposes. 2. Describe the quality assurance procedures your agency will use to evaluate the services you propose to provide.   7. Describe how your agency would implement the Senior Employment program, consistent with Title V regulations, from outreach through unsubsidized placement for a typical prospective client. Include descriptions of a) recruitment and selection; b) eligibility certification and recertification and the orientation timeframe; c) physical examinations; d) the Individual Employability Program (IEP) and e) payroll processing activities.   1. Please describe whether you are starting, continuing, or expanding the program. Please let us know your plans for continuing the program if the funding you receive is less than you requested.   **Section Subtotal** |
| **F.** | **Administrative & Fiscal Qualifications:**  **(Maximum three ~~(3) pages~~- 150 points) Maximum four (4) pages**  **Page 15 in the RFP**   1. **Using the format below, please provide your agency’s staffing plan and percentage of time allocated to this program. In narrative form, please describe the responsibilities and qualifications of all staff directly responsible for delivery of services. Please note that staffing plans must match personnel costs on budget.**  |  |  |  | | --- | --- | --- | |  | **Staff Summary Form** |  | | **Job Title/Position** | **Total Agency % FTE** | **% FTE for this program** | |  |  |  | |  |  |  |  1. **Using the format below, please provide a three year history of total income vs. Total expense for your agency. In narrative form, please explain any large fluctuations in income or expense. Please provide an explanation for any deficit.**  |  |  |  |  | | --- | --- | --- | --- | |  | **2018 - 2019** | **2019 - 2020** | **2020 - 2021** | | Revenue |  |  |  | | Expense |  |  |  | | Over/Under |  |  |  |  1. **Using the instructions and template provided in Exhibit C, please submit a Line-Item Budget for this program. In narrative form, please describe your approach for deploying the most cost-effective program.** 2. **Please describe the organization’s current accounting system, including the following: areas and frequency of accounting for receivables and payables, payroll processing, financial statement preparation and internal/external auditing.** 3. **Discuss your short- and long-term funding needs and goals for ongoing support of the proposed project? Please indicate if you have a current strategic plan that addresses these issues.** 4. **Describe special attributes of your current or proposed board of directors that would: 1) augment your capabilities to outreach and serve your specific targeted group; 2) contribute knowledge/expertise with services you will provide; 3) provide guidance in quality assurance measurements; and 4) accept responsibility in developing and implementing strategic plans with both short and long-term needs and goals, especially financial stability.** 5. **Please describe the organization’s capacity to provide reporting and client data and service unit delivery. (5points)**   **Section Subtotal** |