### EXHIBIT A

**BID RESPONSE PACKET**

**RFP HICAP-2022 HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**INSTRUCTIONS**

* **As described in the submittal of bids section of this RFP, Bidders are to submit one original hardcopy bid (i.e. Exhibit A – Bid Response Packet, including additional required documentation), with original ink signatures, plus ten copies.**
* **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 the Bid Response Packet (Exhibit A) 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” or the bid may be disqualified as incomplete.**
* **Bidders shall not submit to the County a re-typed, word-processed, or otherwise recreated or modified version of the Bid Response Packet or any other County-provided document unless instructed to do so. Modifications Bidders are instructed to make include:**
  + **On the cover page of the Bid Response Packet, Bidders must replace the information in BLUE font (name of Bidding organization, primary contact name, etc.).**
* **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 by person signing bid.**
* **Bidder must quote price(s) as specified in the RFP, including any addendums.**
* **Bidders that do not comply with the requirements, and/or submit incomplete bid packages, are subject to disqualification and their bids being rejected.**
* **If a Bidder is making any clarifications or taking exception to policies or specifications of this RFP, these must be submitted on the *Exceptions and Clarifications* form of the Bid Response Packet in order for the bid response to be considered complete.**

**Date of Submission**

**Name of Bidding Organization**

**Primary Contact Name**

**Primary Contact Title**

**Address 1**

**Address 2**

**City, State Zip Code**

**Phone Number**

**Email Address**

### BID RESPONSE PACKET

### COVER PAGE

RFP No. HICAP-2022

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM

(HICAP)

#### RFP No. HICAP-2022 HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM

#### BIDDER INFORMATION

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  Partnership

Limited Liability Partnership  Limited Liability Corporation  Non-Profit / Church

Sole Proprietor

Other:

Jurisdiction of Organizational Structure:

Date of Organizational Structure:

Federal Tax Identification Number:

Alameda County Supplier Identification Number (if applicable):

DIR Contractor Registration Number (if applicable):

Primary Contact Information:

Name / Title:

Telephone Number:  Alternate Number:

E-mail Address:

#### RFP No. HICAP-2022 HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM

#### BIDDER ACCEPTANCE

1. The undersigned declares and agrees that the Bid Documents, including, without limitation, the RFP, Q&A, Addenda, and Exhibits have been read and accepted.
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. HICAP-2022 HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM.
3. The undersigned has reviewed the Bid Documents and fully understands the requirements in this Bid including, but not limited to, general County requirements, 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 agrees to the following terms, conditions, certifications, and requirements found on the County’s website:

* [**Debarment & Suspension Policy**](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/debarment-suspension-policy/)

[<https://gsa.acgov.org/do-business-with-us/contracting-opportunities/debarment-suspension-policy/>]

* [**Iran Contracting Act (ICA) of 2010**](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/iran-contracting-act-of-2010-ica/)

[<https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/iran-contracting-act-of-2010-ica/>]

* **[General Environmental Requirements](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-environmental-requirements/)**

[<https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-environmental-requirements/>]

* **[General Requirements](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-requirements/)**

[<https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-requirements/>]

* **Proprietary and Confidential Information**

[http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm]

1. The undersigned acknowledges that Bidder is and will remain 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.
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 any 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.

**SIGNATURE:** ✍

Name/Title of Authorized Signer:

Dated this  day of  20

**RFP No. HICAP-2022 HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**REQUIRED DOCUMENTATION AND SUBMITTALS PROPOSAL CHECKLIST**

Bidders shall provide all of the documentation and exhibits identified below. 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 and sign below.

**Response Format: Check Boxes**

|  |  |  |
| --- | --- | --- |
| **Item** |  |  |
| 1. | One (1) original proposal marked “Original” plus **ten** **(10) 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. |  |
| 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. |  |
| **Item** |  |  |
| 1. | Proposal Checklist **– signed original in blue ink.** |  |  |
| 2. | Bidder Information |  |
| 3. | Bidder Acceptance **– signed original in blue ink.** |  |
| 4. | Bid Form with all questions completed as specified |  |
| 5. | Budget as specified in Exhibit B |  |
| 6. | Organizational Chart |  |
| 7. | If a Non-Profit Agency; Non-profit determination letter (501[c][3]) |  |
| 8. | If a Non-Profit Agency; Articles of Incorporation |  |
| 9. | If a Non-Profit Agency; Most recent Bylaws |  |
| 10. | If a Non-Profit Agency; Roster of Board of Directors |  |
| 11. | If a Non-Profit Agency; Copies of minutes of last two Board of Director meetings |  |
| 12. | Small Local Emerging Business (SLEB) Information Sheet – **signed original in blue ink** |  |
| 13. | If an Adult Day Care provider; copy of current License or status of application |  |

**Our agency certifies that all above requested information has been completed for RFP No. HICAP-2022.**

Signature: Print Name:

Agency Name: Date:

**RFP No. HICAP-2022 HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**EXHIBIT A**

**BID RESPONSE FORM**

**COST SHALL BE SUBMITTED ON EXHIBIT A 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 below shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for 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.

**CHECK THE PROPOSED SERVICE CATEGORY BELOW (PLEASE CHECK ONLY ONE):**

□ HICAP (HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM)

**PLEASE NOTE THE GEOGRAPHIC AREA OF SERVICE AND PERCENTAGE OF TOTAL CLIENTS SERVED IN EACH AREA (IF YOU ARE PROPOSING TO SERVE MULTIPLE AREAS):**

NORTH \_\_\_\_ % SOUTH\_\_\_\_\_% COUNTYWIDE\_\_\_\_%

CENTRAL\_\_\_\_ % EAST\_\_\_\_\_%

**PLEASE INCLUDE YOUR PROPOSAL SPECIFICS IN THE FOLLOWING CHART:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERVICE CATEGORY / GEOGRAPHIC AREA**  **(selected above)** | **# SENIORS SERVED** | **# UNIT**  **MEASUREMENTS**  **PROPOSED** | **AMOUNT REQUESTED** | **TOTAL PROGRAM COST** |
|  |  |  |  |  |

**RFP No. HICAP 2022 – HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**EXHIBIT A**

**BID RESPONSE NARRATIVE**

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. Mission, Experience & Community Involvement, Program Delivery, Administrative & Fiscal Qualifications, etc.).

Please respond to the following questions:

**MISSION, EXPERIENCE & COMMUNITY INVOLVEMENT:**

*(Maximum two (2) pages; minimum 12 pt. font)*

1. Describe the organization’s history, purpose and mission statement. (5 points)

2. Discuss the needs of older adults in Alameda County, including demographic and geographic data that are relevant to the program for which you are applying. Describe the religious, cultural, income and language considerations affecting the potential population. (5 points)

3. Describe the organization’s efforts to coordinate with local and regional community services to integrate the service delivery system in Alameda County. Provide specific examples of how these efforts have led to increased opportunities for older adults to live more independently. (5 points)

4. Describe the organization’s experience in providing community-based services to older adults in

Alameda County. Document the number of individuals served by type of service. (5 points)

5. Will your agency recruit, train, supervise and recognize volunteers in providing the proposed service? If so, how will this be accomplished? (4 points)

**PROGRAM DELIVERY:**

*(Maximum six (6) pages; minimum 12 pt. font)*

1. Using the following format, please describe in detail the service categories and units that you will provide. Please provide a narrative description of how you will provide the services.  ***Please use a separate line for each service category and Service.*** If bidding on multiple service categories, please differentiate all numbers (staff, seniors serviced, service units, etc.) for each category.

(6 points)

|  |  |  |
| --- | --- | --- |
| **Service Category** | **Seniors Served** | **# of Unit Measures** |
| (e.g. HICAP Services) | (e.g. 200 Seniors) | (e.g. 500 hours) |

2. Are you currently providing this service, and if so, how many units are you providing. Please describe your plans to maintain or expand your services? (10 points)

3. Discuss the outreach/public information methods the organization intends to employ to generate participation in the program. (8 points)

4. Describe the qualifications and responsibilities of all staff directly responsible for delivery of program services, including any bi-lingual capability. (8 points)

5. How will your agency evaluate the services you propose to provide? Include any procedures you have developed to track measurable outcomes. How will you ensure that caregivers, seniors and community participants are involved in the planning and evaluation of your services? (8 points)

**ADMINISTRATIVE & FISCAL QUALIFICATIONS:**

*(Maximum four (4) pages; minimum 12 pt. font)*

1. Using the following format, please provide your agency’s staffing plan and percentage of time allocated to this program. Please note that staffing plans must match personnel costs on budget. (5 points)

|  |  |  |
| --- | --- | --- |
| **Staff Summary Form** | | |
| **Job Title/Position** | **Total Agency % FTE** | **% FTE for this program** |
|  |  |  |
|  |  |  |

2. Using the following format, 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. (2 points)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2018-2019** | **2019-2020** | **2020-2021** |
| Revenue |  |  |  |
| Expense |  |  |  |
| Over/Under |  |  |  |

3. Using the instructions and template provided in Exhibit B, please submit a separate Line-Item

Budget for  ***each*** service category being bid on. (5 points)

4. 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. (2 points)

5. What are 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. (5 points)

6. 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. (2 points)

7. Describe the organization’s physical facilities and equipment that will enable adequate provision of services. If bidding on different service categories, with separate facilities/equipment, please differentiate by program/service category. (5 points)

8. Please describe the organization’s capacity to provide reporting and client data and service unit

delivery. (5 points)

9. Please describe your organization’s current plan for providing services to seniors in the case of a

catastrophic event (earthquake, fire, etc.). (5 points)

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**RFP No. HICAP 2022 – HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**EXHIBIT B**

**BUDGET INSTRUCTIONS AND TEMPLATE**

Applicants must complete a detailed Line-Item Budget using the template provided in Exhibit B that includes

**ALL** projected revenues and operating costs for the proposed program or project.

**BUDGET COMPLETION INSTRUCTIONS**

**General:**

The budget is a spending plan. Be realistic in estimating revenues. When possible, use past spending experience to help estimate budget needs.

Typed or computer facsimiles (exact copies of the budget format) are acceptable.

Round all figures to the nearest dollar.

Audit costs are not AAA reimbursable for programs expending less than $750,000 federal funds.

**Budget:**

1. ENTER DATA IN COLUMN (1) AND COLUMN (3) ONLY.
2. Total Project Budget (Column 1): Enter the Total Project Budget amount for each line item.
3. Total Agency Budget (Column 3): Enter the Total Agency Budget amount for each line item.
4. Totals and Percentages (Columns 2 and 4) will automatically calculate.

**RFP No. HICAP 2022 – HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**EXHIBIT B RFP BUDGET TEMPLATE**

**Official Name of Bidder:**

**Service Category:**

**REVENUE/INCOME SOURCES:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Total**  **Project**  **Budget (1)** |  | **% to**  **Total**  **Income (2)** |  | **Total**  **Agency**  **Budget (3)** |  | **% to**  **Total**  **Income (4)** |
| -  -  -  -  -  - | 0.0%  0.0%  0.0%  0.0%  0.0%  0.0% | -  -  -  -  -  - | 0.0%  0.0%  0.0%  0.0%  0.0%  0.0% |
| **-** |  | **0.0%** |  | **-** |  | **0.0%** |
| -  -  -  -  - | 0.0%  0.0%  0.0%  0.0%  0.0% | -  -  -  -  - | 0.0%  0.0%  0.0%  0.0%  0.0% |
| **-** |  | **0.0%** | **-** |  | **0.0%** |
| **-** |  | **0.0%** | **-** |  | **0.0%** |

**AAA Funding Requested**

**Client Contributions**

**In-Kind Support**

**Other Income:**

**Total Income**

**EXPENSES:**

**Salaries and Employee Benefits**

**Services and Supplies**

**Capital Equipment (Any item over $5,000)**

**Total Expenses**

**Excess of Revenue Over Expenses**

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**RFP No. HICAP 2022 – HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**EXHIBIT C**

**INSURANCE REQUIREMENTS**

Insurance certificates are not required at the time of submission; however, by signing the Bid Response Packet, the Bidder agrees to meet the minimum insurance requirements prior to award. Insurance documentation must be provided to the County, prior to award, and include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFP:

see next page for county of alameda

minimum insurance requirements

**EXHIBIT C**

**COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| **TYPE OF INSURANCE COVERAGES** | | **MINIMUM LIMITS** |
| **A** | **Commercial General Liability**  Premises Liability; Products and Completed Operations; Contractual  Liability; 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 Auto  Bodily Injury and Property Damage |
| **C** | **Workers’ Compensation (WC) and Employers Liability (EL)**  Required for all contractors with employees | WC: Statutory Limits  EL: $100,000 per accident for bodily injury or disease |
| **D** | **Professional Liability/Errors & Omissions**  Includes endorsements of contractual liability | $1,000,000 per occurrence  $2,000,000 aggregate |
| **E** | **Endorsements and Conditions**:  1. **ADDITIONAL INSURED:** ALL INSURANCE REQUIRED ABOVE WITH THE EXCEPTION OF PROFESSIONAL LIABILITY, PERSONAL 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 AND REPRESENTATIVES.  2. **DURATION OF COVERAGE:** All required insurance shall be maintained during the entire term of the Agreement with the following exception: 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 termination 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 shall be primary insurance to any insurance available to the Indemnified Parties and Additional Insured(s). 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 minimum A.M. Best Rating of A- or better, 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. 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 furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.  6. **JOINT VENTURES:** If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by any 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.  – Joint insurance program with the association, partnership or other joint business venture included as a “Named  Insured.  7. **CANCELLATION OF INSURANCE:** All required insurance shall be endorsed to provide thirty (30) days advance written notice to the County 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 require certificate(s) and endorsements must be sent to:  - **Alameda County Social Services/Contracts Office, 1111 Jackson Street, 1st Floor, Oakland, CA 94607**  **Attn: Insurance Unit**  - With a copy to Risk Management Unit (1106 Madison Street, Room 233, Oakland, CA 94607) | |

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**RFP No. HICAP 2022 – HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**EXHIBIT D**

**DATA REPORTING REQUIREMENTS**

**MANAGEMENT INFORMATION SYSTEMS (MIS) AND OTHER REPORTING REQUIREMENTS**

All contractors are required to submit a monthly electronic MIS report (AAA186) by the 15th calendar day following the end of the month of service.

Each program is required to maintain documentation for all program and client information submitted to the AAA and to have this documentation available for review during the annual onsite monitoring visit. Programs are expected to make every effort to submit MIS and Client data in a manner that conforms to the format required by the Area Agency on Aging.

All contractors shall maintain accountability of all statistical and financial data in order to document and assure the accuracy of the data presented in the required program and financial reports.

All contractors shall comply with Section 15630 of the Welfare & Institutions Code as it relates to the mandatory and non-mandatory reports of abuse of elders and dependent adults.

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**RFP No. HICAP 2022 – HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**EXHIBIT E**

**EMERGENCY PREPAREDNESS**

**The Emergency Preparedness Responsibility of Area Agency on Aging**

It is the responsibility of all Area Agency on Aging contractors to prepare a written Emergency Operations Plan that can be activated in an emergency. The plan shall include assurances that the following preparations have been made.

**A. FACILITY PREPARATION**

1. Prepare all furniture, appliances and other free standing objects so that they are adequately secured.

2. Move heavy items to lower shelves in closets and cabinets.

3. Check cabinet doors to be sure they can be closed securely.

4. Remove or isolate flammable materials.

5. Clearly mark gas and water shut-off valves and post legible instructions on how to shut off each one.

6 Maintain a conveniently located set of tools (including pipe and crescent wrenches) to facilitate prompt shut-off.

7. Place evacuation plan for facility in a position readily accessible to the public.

8. Indicate the location at each site where the following items, in working condition, can be found.

Portable radio and spare parts

* 1. First Aid supplies
  2. Flashlights and spare batteries
  3. Wrenches and other tools
  4. Fire extinguishers

**B. ASSIGNMENTS**

1. Specific assignments should be given to staff for which they are responsible during an emergency. Recommended assignments would be provisions to check on program participants after a disaster, if feasible, and a contingency plan to continue program services.

2. Conduct an inventory of staff skills and of equipment to be used in a disaster response.

**C. TRAINING PROVISIONS**

1. Training for all staff, volunteers and participants in the agency’s Emergency Operations Plan.

2. Provisions to train staff and volunteers in First Aid and CPR.

3. Training for Earthquake Preparedness shall include:

* 1. Two documented earthquake drills per year
  2. Procedures to assemble staff if no phones are working
  3. Probability that no transportation, utilities (including telephone) or emergency services will be available for an undetermined time after a major quake
  4. The importance of cooperating with public officials
  5. How to inspect facilities for damage, water and gas leaks
  6. How to check for injuries
  7. Warning of the danger of cooking inside buildings
  8. The probability of after shocks
  9. Tuning in to a portable radio

**D. FIRE SAFETY PROVISIONS**

* 1. Fire extinguishers on site that are checked and tagged once a year
  2. Two documented fire drills per year for clients and staff
  3. Paths of travel free from obstruction
  4. Exists clearly marked

**E. OTHER RECOMMENDATIONS**

1. It is recommended that agencies store sufficient water for participants and staff likely to be detained at the site for up to 72 hours, or have plans to access water for 72 hours as needed.

2. It is recommended that agencies maintain a supply of nutritious snacks and/or other food in vermin-proof storage to support participants and staff likely to be detained for up to 72 hours.

3. It is recommended that agencies make provisions to check on program participants after a disaster.

Text

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**RFP No. HICAP 2022 – HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

**EXHIBIT F**

EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

Bidder Name:

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference to:** | | | **Description** |
| Page No. | Section | Item No. |  |
| *p. 23* | *D* | *1.c.* | *Vendor takes exception to…* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Use additional pages as necessary

EXAMPLE