**RFPQ ADDENDUM TEMPLATE**

QC: DOC REV. DATE 8/25/21

COUNTY OF ALAMEDA

ADDENDUM No. 1

to

RFP No. FCSP-2022

### for

­­FAMILY CAREGIVER SUPPORT PROGRAMS

under

TITLE IIIE, OLDER AMERICANS ACT, as amended in 2020

**MELLO-GRANLUND OLDER CALIFORNIANS ACT of 1996**

|  |
| --- |
| **This County of Alameda, Social Services Agency (SSA) RFP No. FCSP-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/>]**.** |

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**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~~.

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

|  |  |
| --- | --- |
| **List of Attendees** | **~~1/24/2022~~ 1/26/2022** |
| **Q&A Issued** | **~~1/24/2022~~ 1/26/2022** |
| **Addendum Issued** [only if necessary to amend RFP] | **~~1/24/2022~~ 1/26/2022** |

**RFP FCSP-2022, TABLE OF CONTENTS, ATTACHMENTS is revised as follows:**

ATTACHMENTS

**EXHIBIT G** **BID RESPONSE SERVICE CATEGORY DETAIL**

**RFP FCSP-2022, Section II. Item COUNTY PROCEDURES, TERMS, AND CONDITIONS, G. EVALUATION CRITERIA / SELECTION COMMITTEE, Evaluation Criteria E. Program Delivery and F. Administrative and Fiscal Qualifications is revised as follows:**

**E. Program Delivery**

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 categories, for each of the questions below, please differentiate the numbers (i.e. staff, seniors served, service units, etc.) for each service category **using Exhibit G**.

|  |  |  |
| --- | --- | --- |
| **Service Categories** | **Seniors****Served** | **# of Unit****Measures** |
| (e.g. Caregiver I&A) | (e.g. 200 Seniors) | (e.g. 200 contacts) |
| (e.g. Caregiver Counseling) | (e.g. 50 Seniors) | (e.g. 500 hours) |

1. 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. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**
2. Discuss the outreach/public information methods the organization intends to employ to generate participation in the program. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**
3. Please describe the qualifications and responsibilities of all staff directly responsible for delivery of program services, including any bilingual capability. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**
4. 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? **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**

**F. Administrative and Fiscal Qualifications**

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. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**

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

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~~ **for each service category using Exhibit G**.

1. Please describe the organization’s capacity to provide reporting and client data and service unit delivery. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**

**RFP FCSP-2022, Exhibit A. BID RESPONSE FORM, is revised as follows:**

**PLEASE INCLUDE YOUR PROPOSAL SPECIFICS IN THE FOLLOWING CHART~~:~~. FOR BID RESPONSES PROPOSING MULTIPLE SERVICE CATEGORIES, PLEASE USE EXHIBIT G TO DIFFERENTIATE SERVICE CATEGORY/SERVICE SPECIFICS.**

**RFP FCSP-2022, Exhibit A. BID RESPONSE NARRATIVE, Program Delivery and Administrative and Fiscal Qualifications, is revised as follows:**

**E. Program Delivery**

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 categories, for each of the questions below, please differentiate the numbers (i.e. staff, seniors served, service units, etc.) for each service category **using Exhibit G**.

|  |  |  |
| --- | --- | --- |
| **Service Categories** | **Seniors****Served** | **# of Unit****Measures** |
| (e.g. Caregiver I&A) | (e.g. 200 Seniors) | (e.g. 200 contacts) |
| (e.g. Caregiver Counseling) | (e.g. 50 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. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**

3. Discuss the outreach/public information methods the organization intends to employ to generate participation in the program. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**

4. Please describe the qualifications and responsibilities of all staff directly responsible for delivery of program services, including any bilingual capability. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**

1. 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? **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**

**F. Administrative and Fiscal Qualifications**

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. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G.**

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

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~~ **for each service category using Exhibit G**.

8. Please describe the organization’s capacity to provide reporting and client data and service unit delivery. **If bidding on multiple service categories, please differentiate for each service category using Exhibit G**

**RFP FCSP-2022, Exhibit G. BID RESPONSE SERVICE CATEGORY DETAIL, is added as follows:**

**RFP No. FCSP-2022 FAMILY CAREGIVER SUPPORT PROGRAMS**

**EXHIBIT G**

**BID RESPONSE SERVICE CATEGORY DETAIL**

**FOR BID RESPONSES PROPOSING MULTIPLE SERVICE CATEGORIES**

**PLEASE CHECK ONLY ONE SERVICE CATEGORY**  [ ]  **BELOW. CHECK SPECIFIC SERVICE(S)** □ **UNDER THE SELECTED SERVICE CATEGORY.**

 **[ ]  Information Services [ ]  Access Assistance**

 **□ Public Information on Caregiving □ Caregiver Outreach**

 **□ Community Education on Caregiving □ Caregiver Information and Assistance**

 **□ Caregiver Interpretation/Translation**

 **[ ]  Support Services [ ]  Respite Services**

 **□ Caregiver Assessment (Elderly/Child) □ Respite In-Home Supervision □ Caregiver Counseling □ Respite Homemaker Assistance □ Caregiver Peer Counseling □ Respite In-Home Personal Care □ Caregiver Support Group □ Respite Home Chore**

 **□ Caregiver Training □ Respite Out of Home Day**

 **□ Caregiver Case Management □ Respite Out of Home Overnight**

 **[ ]  Supplemental Services**

 **□ Assistive Devices**

 **□ Home Adaptations for Caregiving**

**□ Caregiving Emergency Cash/ Material Aid (Caring for the Elderly)**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROPOSED FCSP SERVICE(S)/ GEOGRAPHIC AREA**  | **PROPOSED #** **CAREGIVERS****SERVED** | **PROPOSED #** **SERVICE UNITS** | **AMOUNT REQUESTED** | **TOTAL SERVICE CATEGORY COST** |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**RFP No. FCSP-2022 FAMILY CAREGIVER SUPPORT PROGRAMS**

**EXHIBIT G**

**BID RESPONSE SERVICE CATEGORY DETAIL**

**Please respond to the following questions:**

**PROGRAM DELIVERY: (Minimum 12 pt. font)**

**1. Please describe in detail the service units that you will provide. Please provide a narrative description of how you will provide the services.**

**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?**

**3. Discuss the outreach/public information methods the organization intends to employ to generate participation in the program.**

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

**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?**

**ADMINISTRATIVE & FISCAL QUALIFICATIONS: (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 the Exhibit B RFP Budget.**

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

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

**Budget for the selected service category being bid on.**

**3. Please describe the organization’s physical facilities and equipment that will enable adequate provision of services.**

**4. Please describe the organization’s capacity to provide reporting of client data and service unit delivery.**