**RFP ARPA-2023 – COVID-19 EMERGENCY SENIOR SERVICES**

### EXHIBIT A

**BID RESPONSE PACKET**

**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 BLUE ink wet signatures, plus ten copies marked “Copy.”**
* **All pages of the Bid Response Packet must be submitted in total with all required documents attached thereto; all information requested must be supplied; any pages of the Bid Response Packet 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 re-created or modified version of the Bid Response Packet or any other County-provided document unless instructed to do so. Modifications that 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, Clarifications, Amendments* form 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**

**Name of Service Proposed**

### BID RESPONSE PACKET

**COVER PAGE**

 RFP No. ARPA-2023

COVID-19 EMERGENCY SENIOR SERVICES

#### RFP ARPA-2023 – COVID-19 EMERGENCY SENIOR SERVICES

**REQUIRED DOCUMENTATION AND SUBMITTALS 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** | **Specification** | **or ‘NA’** |
| 1. | One (1) original proposal signed in **blue ink** with an authorized signature *and* marked “Original” |  |
| 2. | Ten (10) copies of the *signed* proposal, each set marked “Copy” |  |
| 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 least12-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 proposal and their corresponding page numbers. Tabs should separate each of the individual sections for each Item below, with additional tabs for each response to *Item #4. Bid Response Narrative and Budget*. |  |

**Response Elements: Check Boxes**

|  |  |  |
| --- | --- | --- |
| **Item** | **Except for Item #4, all response elements should only be included *once* in your bid response.** | ** or ‘NA’** |
| 1. | Required Documentation and Submittals Checklist **– signed original in blue ink** |  |
| 2. | Bidder Information and Acceptance **– signed original in blue ink** |  |
| 3. | Bid Response Form (all questions completed as specified) |  |
| **4.** | **Bid Response Narrative and Budget** | **See below** |
| 5. | Organizational Chart |  |
| 6. | If a Non-Profit Agency; Non-profit determination letter (501[c][3]) |  |
| 7. | If a Non-Profit Agency; Articles of Incorporation |  |
| 8. | If a Non-Profit Agency; Most recent Bylaws |  |
| 9. | If a Non-Profit Agency; Roster of Board of Directors |  |
| 10. | If a Non-Profit Agency; Copies of minutes of last two Board of Director meetings |  |
| 11. | If an Adult Day Care provider; copy of current License or status of application |  |

**Response Elements: Check Boxes**

|  |  |  |
| --- | --- | --- |
| **Item** | **For Items 4a-4c and 5a-5b below,****Please provide a *separate set* of responses for *each* program/service** **that is checked under the following service categories:** **SUPPORTIVE SERVICES and NUTRITION****Please submit *one set* of responses for *all* programs/services** **that are checked under the following service categories:** **FAMILY CAREGIVER, HEALTH PROMOTION and OMBUDSMAN** | ** or ‘NA’** |
| 4a. | Bid Response Narrative: Letter of Transmittal (maximum 3 page each)**Supportive Services:**[ ] Homemaker [ ] Case Management [ ] I&A [ ] Transportation [ ] Legal Assistance [ ] Cash/Material Aid [ ] Health [ ] Telephone Reassurance [ ] Adult Daycare[ ] **Family Caregiver****Nutrition:**[ ] Brown Bag [ ] Congregate [ ] Home-Delivered[ ] **Health Promotion**[ ] **Ombudsman** |  |
| 4b. | Bid Response Narrative: Table of Key Personnel**Supportive Services:**[ ] Homemaker [ ] Case Management [ ] I&A [ ] Transportation [ ] Legal Assistance [ ] Cash/Material Aid [ ] Health [ ] Telephone Reassurance [ ] Adult Daycare[ ] **Family Caregiver****Nutrition:**[ ] Brown Bag [ ] Congregate [ ] Home-Delivered[ ] **Health Promotion**[ ] **Ombudsman** |  |
| 4c. | Bid Response Narrative: Description of Proposed Services (maximum 3 pages each)**Supportive Services:**[ ] Homemaker [ ] Case Management [ ] I&A [ ] Transportation [ ] Legal Assistance [ ] Cash/Material Aid [ ] Health [ ] Telephone Reassurance [ ] Adult Daycare[ ] **Family Caregiver****Nutrition:**[ ] Brown Bag [ ] Congregate [ ] Home-Delivered[ ] **Health Promotion**[ ] **Ombudsman** |  |
| 5a. | Bid Response Narrative: Line-Item Budget (as specified in Exhibit B)**Supportive Services:**[ ] Homemaker [ ] Case Management [ ] I&A [ ] Transportation [ ] Legal Assistance [ ] Cash/Material Aid [ ] Health [ ] Telephone Reassurance [ ] Adult Daycare[ ] **Family Caregiver****Nutrition:**[ ] Brown Bag [ ] Congregate [ ] Home-Delivered[ ] **Health Promotion**[ ] **Ombudsman** |  |
| 5b. | Bid Response Narrative: Budget Narrative (maximum 2 pages each)**Supportive Services:**[ ] Homemaker [ ] Case Management [ ] I&A [ ] Transportation [ ] Legal Assistance [ ] Cash/Material Aid [ ] Health [ ] Telephone Reassurance [ ] Adult Daycare[ ] **Family Caregiver****Nutrition:**[ ] Brown Bag [ ] Congregate [ ] Home-Delivered[ ] **Health Promotion**[ ] **Ombudsman** |  |

**Our agency certifies that all above requested information has been submitted for RFP No. ARPA-2023.**

Signature: Agency Name:

Print Name: Date:

####

#### RFP ARPA-2023 – COVID-19 EMERGENCY SENIOR SERVICES

#### BIDDER INFORMATION AND ACCEPTANCE

Official Name of Bidder:

Street Address Line 1:

Street Address Line 2:

City:  State:  Zip Code:

Website:

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 ARPA-2023 – COVID-19 EMERGENCY SENIOR SERVICES

#### BIDDER INFORMATION AND 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. ARPA-2023 – COVID-19 EMERGENCY SENIOR SERVICES.
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 ARPA-2023 – COVID-19 EMERGENCY SENIOR SERVICES

#### EXHIBIT A

#### BID RESPONSE FORM

 **Bidder Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COST SHALL BE SUBMITTED AS REQUESTED ON BID FORM 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 maximum cost the County will pay for the term of 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.

Select the proposed service category and service(s) below:

**Service Category #1. Emergency Supportive Services**

Select proposed service categories and include your proposal specifics in chart below. Please provide a **separate** narrative and budget for **each** service selected below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SERVICES | PROPOSED # SENIORS SERVED | PROPOSED # SERVICE UNITS | AMOUNT REQUESTED | TOTAL PROGRAM COST |
| £ Homemaker |  |  |  |  |
| £ Case Management |  |  |  |  |
| £ Information & Assistance |  |  |  |  |
| £ Transportation |  |  |  |  |
| £ Legal Assistance |  |  |  |  |
| £ Cash/Material Aid |  |  |  |  |
| £ Health |  |  |  |  |
| £ Telephone Reassurance |  |  |  |  |
| £ Adult Day Care |  |  |  |  |

**Service Category #2. Emergency Family Caregiver Support Services**

Select proposed service categories and include your proposal specifics in chart below. Please provide **one** narrative and budget for **all** services selected below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SERVICES | PROPOSED # SENIORS SERVED | PROPOSED # SERVICE UNITS | AMOUNT REQUESTED | TOTAL PROGRAM COST |
| £ Information Services: Public Information on Caregiving |  |  |  |  |
| £ Access Assistance:Caregiver Information and Assistance |  |  |  |  |
| £ Support Services:Caregiver Counseling |  |  |  |  |
| £ Support Services:Caregiver Support Group |  |  |  |  |
| £ Support Services:Caregiver Case Management |  |  |  |  |
| £ Respite Care:In-Home Personal Care |  |  |  |  |
| £ Respite Care:Home Chore |  |  |  |  |
| £ Respite Care:Out-of-Home Day Care |  |  |  |  |
| £ Respite Care:Out-of-Home Overnight Care |  |  |  |  |
| £ Supplemental Services:Assistive Devices |  |  |  |  |

**Service Category #3. Emergency Nutrition Services**

Select proposed service categories and include your proposal specifics in chart below. Please provide a **separate** narrative and budget for **each** service selected below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SERVICES | PROPOSED # SENIORS SERVED | PROPOSED # SERVICE UNITS | AMOUNT REQUESTED | TOTAL PROGRAM COST |
| £ Brown Bag/Grocery Delivery |  |  |  |  |
| £ Congregate Meals |  |  |  |  |
| £ Home Delivered Meals |  |  |  |  |

**Service Category #4. Emergency Health Promotion Services**

Select proposed service categories and include your proposal specifics in chart below. Please provide **one** narrative and budget for **all** services selected below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SERVICES | PROPOSED # SENIORS SERVED | PROPOSED # SERVICE UNITS | AMOUNT REQUESTED | TOTAL PROGRAM COST |
| £ Enhance Fitness |  |  |  |  |
| £ Tai Chi: Moving for Better Balance |  |  |  |  |
| £ A Matter of Balance |  |  |  |  |

**Service Category #5. Emergency Ombudsman Services**

Select proposed service categories and include your proposal specifics in chart below. Please provide **one** narrative and budget for **all** services selected below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SERVICES | PROPOSED # SENIORS SERVED | PROPOSED # SERVICE UNITS | AMOUNT REQUESTED | TOTAL PROGRAM COST |
| £ Ombudsman Services |  |  |  |  |

**RFP ARPA-2023 – COVID-19 EMERGENCY SENIOR SERVICES**

**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. Letter of Transmittal; Table of Key Personnel; Description of Proposed Services; Exhibit B RFP Budget).

#### LETTER OF TRANSMITTAL

**Instructions**: This page must be included as part of the Bid Response Packet. Following this page, Bidder shall provide a **Letter of Transmittal**.

**Maximum Length**: 3 pages

**Service Category # \_\_\_\_\_ and Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The *Letter of Transmittal* shall include a brief summary of Bidder’s experience, community involvement, volunteer program, including recruitment, training, supervision and recognition, and facilities for providing the proposed service, and a brief synopsis of the highlights of the proposal’s overall benefits to the County.

**TABLE OF KEY PERSONNEL**

**Instructions**: This page must be included as part of the Bid Response Packet. Following this page, Bidder shall provide a **Table of Key Personnel**.

**Maximum** **Length**: There is no limit to the table. There is, however, a 1-page limit per individual personnel.

**Service Category # \_\_\_\_\_ and Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This table must include the following information for all key personnel who will provide services to the program:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Title/Position** | **Total Agency % FTE** | **Program % FTE**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

In narrative form, please provide the following information for each key personnel listed in the table for # 1:

a. The role that the staff person will fill in connection with the program;

b. The staff person’s educational background; and

c. The staff person’s related experience on similar projects, certifications, and merits.

#### DESCRIPTION OF PROPOSED SERVICES

**Instructions**: This page must be included as part of the Bid Response Packet. Following this page, Bidder shall provide a **Description of Proposed Services**.

**Maximum Length**: 3 pages

**Service Category # \_\_\_\_\_ and Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The *Description of Proposed Services* shall describe the overall services. The Bidder must address how they will meet or exceed each requirement listed in **Section D (Specific Requirements)** and **Section E (Deliverables/Reports)**.

At minimum, the Bidder must include the following details:

1. Please indicate below the percentage of total clients to be served in each of the County’s geographic service areas (enter 0% for areas not served):

 North \_\_\_\_\_\_%  South\_\_\_\_\_\_%  East\_\_\_\_\_\_%

 Central\_\_\_\_\_\_%  Countywide\_\_\_\_\_\_%

2. Using the following format, please describe in detail the service category and units that you will provide.

|  |  |  |
| --- | --- | --- |
| **Service Category** | **Seniors Served** | **# of Unit Measures** |
| (e.g. Emergency Case Management) | (e.g. 200 Seniors) | (e.g. 500 hours) |
|  |  |  |
|  |  |  |

3. Please provide a narrative description of how you will provide the services. Describe the program’s overall goals, anticipated outcomes, measurable objectives, and key tasks including the key personnel responsible for achieving them.

4. Explain any special resources, procedures, or approaches that make the services of Bidder particularly advantageous to the County.

5. Identify any limitations or restrictions of Bidder in providing the services that the County should be aware of in evaluating its Response to this RFP. (Please note any requests for exceptions or clarifications MUST be identified on the Exceptions and Clarification form below and the County is under no obligation to accept any exceptions or clarifications and any such exceptions and clarifications may be a basis for bid disqualification.)

#### LINE-ITEM BUDGET AND NARRATIVE

**Instructions**: This page must be included as part of the Bid Response Packet. Following this page, Bidder shall provide a **Line-Item Budget** and **Narrative** description for this program.

1. Using the instructions and template provided in Exhibit B, please submit a Line-Item Budget for this program.

2. In narrative form, please describe your approach for deploying the most cost-effective program.

**Maximum** **Length**: 2 pages

**RFP ARPA-2023 – COVID-19 EMERGENCY SENIOR SERVICES**

 **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.

Using the instructions and template provided in Exhibit B, please submit a separate Line-Item Budget for  ***each*** service category and/or service for which a separate bid is required.

**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.

**Excel Budget Form:**

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 ARPA-2023 – COVID-19 EMERGENCY SENIOR SERVICES**

**EXHIBIT B**

**RFP BUDGET TEMPLATE**

**Name of Bidder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Service Category # \_\_\_\_\_ and Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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**