## BID RESPONSE TEMPLATE INSTRUCTIONS TO BIDDERS

* *Bidders may use the Bid Response Template to submit proposal narrative.*
* *Bidders shall ensure that proposals are*
	+ *Single spaced*
	+ *11-point Arial font*
	+ *Maximum 1 inch margins*
	+ *No more than* ***21 pages excluding Exhibits and Attachments.*** *(Suggested page maximums for individual sections are listed throughout this Bid Response Template).*
* *Bidders are encouraged to use the ‘Bid Submission Checklist’ in order to check for completeness of submitted documents.*
* *All pages of the proposal response packet must be submitted in total with all required ATTACHMENTS hereto; all information requested must be supplied; any pages of EXHIBITS (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 must submit a single PDF copy of the proposal and electronic Excel copy of the completed Exhibit B-1 Program Budget with Bidder’s name to* *procurement@acgov.org*
	+ *Proposal is to be clearly marked on the cover (it should be clear who the Bidder is and what service is being bid on, on the front of the proposal) and must include evidence that the person(s) who signed the proposal is/are authorized to execute the proposal on behalf of the Bidder. A signed statement by either the Executive Director or the Board President on an agency letterhead will meet this requirement.*
* *Proposal must be submitted in total with ALL required documents attached thereto; all information requested must be supplied.*
* *Bidders that do not comply with the requirements, and/or submit incomplete proposals, may be subject to disqualification and their proposals rejected in total.*
* *If Bidders are making any clarifications and/or amendments, or taking exception to policies or specifications of this RFP, including those to the county SLEB policy, these must be submitted in the exceptions, clarifications, amendments section of this Exhibit A in order for the proposal to be considered complete.*

***BID SUBMISSION CHECKLIST***

**All of the documentation listed below is required to be submitted with the Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly labeled.**

1. **Table of Contents**
2. **Proposal Supporting Documentation**
3. **Bidder Information and Acceptance:**

Bidders must select one box under Item 10 of Exhibit A Bidder Information and Acceptance Form and must fill out and submit a **signed** page of Exhibit A.

1. **SLEB Partnering Information Sheet:**

Every Bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Bid Template, indicating their SLEB certification status. If Bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the Bidder will subcontract to meet the County SLEB participation requirement must be stated.  Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

1. **Office of the Inspector General (OIG) and Other Exclusion List Background Checks – Attestation for Request for Proposal Submission of Pre-contracting (OIG Attestation):**

All Bidders must complete the OIG Attestation form, attesting that they have checked and verified that all licensed staff that are included are part of the current bid against the lists included in the form.

1. **References:**

Bidders are to provide a list of three current and three former references. If unable to provide the stated number of references, include justification in your bid submission as a separate attachment. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions.

1. **Exhibit D: Exceptions, Clarifications, Amendments:**

Indicate all of Bidder exceptions to the County’s requirements, conditions and specifications as stated within this RFP. This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template in Exhibit A – Bid Response Packet.

THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

1. **Bid Response:** Bidder may use the ACBH-issued Bid Response Template in Word but is not required to, as long as Bid Response is complete per this Bid Submission Checklist. Further, Proposal Narrative **must not** collectively exceed the maximum page limit of **21 pages**.
2. **Letter of Transmittal/Executive Summary:**

Bidders should use this document to provide a synopsis of the highlights and benefits of their bid.

1. **Bidder Minimum Qualifications:**

Bidders must demonstrate how they meet all of the criteria.

1. **Bidder Experience, Ability and Plan:**

Bidders must respond to all questions in this section of the narrative proposal.

1. **Implementation Schedule and Plan:**

Bidders must respond to all questions in this section of the narrative proposal.

1. **Budget Narrative:**

Budget narrative must match Exhibit B-1 Budget.

1. **Exhibit B-1: Budget:**

Bidders must complete all tabs in the budget workbook.

1. **Attachments:**

Bidders must submit all Attachments as part of their bid packet.

Attachment 1: Organizational Chart

**A complete Bid Response Packet must include:**

[ ]  A single PDF copy of the proposal. Proposal is to be clearly marked on the cover (it should be clear who the Bidder is and what service is being bid on, on the front of the proposal);

* The original proposal must include evidence that the person(s) who signed the proposal is/are authorized to execute the proposal on behalf of the Bidder. A signed statement by either the Executive Director or the Board President on an agency letterhead will meet this requirement.

[ ]  An electronic Excel copy of the completed Exhibit B-1 Program Budget, saved with the Bidder’s name.

**TITLE AND TABLE OF CONTENTS**

**EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE**

1. The undersigned declares that the proposal documents, including, without limitation, the RFP, Addenda and Exhibits have been read and accepted.
2. The undersigned declares that he/she is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the RFP’s specifications, terms & conditions.
3. The undersigned has reviewed the proposal documents and fully understands the requirements in this proposal 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 the County, and agrees that its proposal, 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 proposal.
4. The undersigned also agrees to the follow the [Bid Protests / Appeals Process](http://www.acgov.org/gsa/departments/purchasing/policy/bidappeal.htm).

Alameda County prides itself on the establishment of fair and competitive contracting procedures and the commitment made to follow those procedures. The following is provided in the event that Bidders wish to protest the proposal process or the recommendation to award a contract for these programs once the Notices of Intent to Award/Non-Award have been issued.

The following describes two separate processes: Bid Protests and Appeals. Bid Protests submitted prior to issuance of the Notices of Intent to Award/Non-Award shall not be accepted by the County.

Bid Protests from any Bidder related to this RFP must be submitted in writing to the ACBH Director located at 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606 Fax: 510.567.8180, before 5:00 p.m. of the **fifth (5th)** business day **following the date of issuance of the** **Notice of Intent to Award/Non-Award, not the date it is received by the Bidder**.  Any Bid Protest received after 5:00 p.m. shall be considered received as of the next business day.

* The Bid Protest must contain a complete statement of the reasons and facts for the protest.
* The Bid Protest shall refer to the specific portions of documents that form the basis for the protest.
* The Bid Protest shall include the name, address, email address, fax number and telephone number of the person representing the protesting party.
* ACBH shall transmit a copy of the Bid Protest to all Bidders as soon as possible after receipt of the protest.

Upon receipt of written Bid Protest, the ACBH Director, or designee shall review and evaluate the protest and issue a written decision.  The ACBH Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as determined appropriate by the ACBH Director) to discuss the Bid Protest.  The decision on the proposal protest shall be issued at least ten (10) business days prior to the date the Board is considering the recommendation and award of contract.

The decision on the Bid Protest shall be communicated by e-mail, fax, or US Postal Service mail, and shall inform the Bidder whether or not the recommendation to the Board of Supervisors as stated in the Notice of Intent to Award is going to change.  A copy of the decision shall be furnished to all Bidders affected by the decision.  As used in this paragraph, a Bidder is affected by the decision on a Bid Protest if a decision on the Bid Protest could have resulted in the Bidder not being the recommended successful Bidder on the RFP.

The decision of the ACBH Director on the Bid Protest may be appealed to the Auditor-Controller’s Office of Contract Compliance & Reporting (OCCR) located at 1221 Oak St., Rm. 249, Oakland, CA  94612, Fax: 510.272.6502 unless the OCCR determines that it has a conflict of interest in which case an alternate will be identified to hear the appeal and all steps to be taken by OCCR will be performed by the alternate.  The Bidder whose proposal is the subject of the Bid Protest, all Bidders affected by the ACBH Director’s decision on the Bid Protest, and the protesting Bidder have the right to appeal if not satisfied with the ACBH Director’s Bid Protest decision. **All Appeals to the Auditor-Controller’s OCCR shall be in writing and submitted within five (5) business days following the issuance of the decision by the ACBH Director, not the date received by the Bidder.**  Appeals received after 5:00 p.m. is considered received as of the next business day.

* The Appeal shall specify the Bid Protest decision being appealed and all the facts and circumstances relied upon in support of the Appeal.
* In reviewing Appeals, the OCCR shall not re-judge the proposals.  The appeal to the OCCR shall be limited to review of the procurement process to determine if the contracting department materially erred in following the RFP or, where appropriate, County contracting policies or other laws and regulations.
* The Appeal to the OCCR also shall be limited to the grounds raised in the original Bid Protest and the decision by the ACBH Director.  As such, a Bidder is prohibited from stating new grounds for a Bid Protest in its Appeal. The Auditor-Controller (OCCR) shall only review the materials and conclusions reached by the GSA-Office of Acquisition Policy or department designee, and will determine whether to uphold or overturn the protest decision.
* The Auditor’s Office may overturn the results of a bid process for ethical violations by Procurement staff, County Selection Committee members, subject matter experts, or any other County staff managing or participating in the competitive bid process, regardless of timing or the contents of a bid protest.
* The decision of the Auditor-Controller’s OCCR is the final step of the Appeal process.  A copy of the decision of the Auditor-Controller’s OCCR shall be furnished to the protestor, the Bidder whose proposal is the subject of the Bid protest, and all Bidders affected by the decision.

The County shall complete the Bid Protest/Appeal procedures set forth in this before a recommendation to award the contract is considered by the Board of Supervisors.

The procedures and time limits set forth in this section are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest.  A Bidder’s failure to timely complete both the Bid Protest and Appeal procedures shall be deemed a failure to exhaust administrative remedies.  Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid Protest, including filing a Government Code Claim or legal proceedings.

1. 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>
* **Small Local Emerging Business Program:** <http://acgov.org/auditor/sleb/overview.htm>
* [**First Source**](http://www.acgov.org/gsa/departments/purchasing/policy/first.htm)**:** <http://www.acgov.org/auditor/sleb/sourceprogram.htm>
* [**Online Contract Compliance System**](http://www.acgov.org/gsa/departments/purchasing/policy/compliance.htm): <http://acgov.org/auditor/sleb/elation.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>
1. The undersigned also 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 proposal documents.
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 proposal, 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: Bidders who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of a 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.
4. Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bidder Information and Acceptance, 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.
5. The undersigned also acknowledges ***ONE*** of the following. Please check only one box.

[ ]  Bidder is not local to Alameda County and is ineligible for any bid preference; **or**

[ ]  Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the SLEB PARTNERING INFORMATION SHEET); **or**

[ ]  Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:

* Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
* Proof of six (6) months business residency, identifying the name of the bidder and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

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| --- |
| ***EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE*** |
| Official Name of Bidder |  |
| Street Address Line 1 |  |
| Street Address Line 2 |  |
| City |  | State |  | Zip |  |
| Webpage |  |
| Type of Entity/Organizational Structure | [ ]  Corporation | [ ]  Joint Venture |
| [ ]  Limited Liability Partnership | [ ]  Partnership |
| [ ]  Limited Liability Corporation | [ ]  Non-Profit / Church |
| [ ]  Other  |  |  |
| Jurisdiction of Organizational Structure |  |
| Date of Organizational Structure |  | Federal Tax ID Number |  |
| Name of Executive Director or Equivalent |  | Title |  |
| Phone Number |  | Fax Number |  |
| Email |  |
| Signature |  | Title |  |
| Dated this |  | day of |  | 20 |  |
| RFP Contact Name |  | Title |  |
| Phone Number |  | Fax Number |  |
| Email |  |

**EXHIBIT C: INSURANCE REQUIREMENTS**

Insurance certificated are not required at the time of submission; however, by signing Exhibit A – Bidder Information and Acceptance, the Bidder agrees to meet the minimum insurance requirements stated in the RFP, prior to award. This documentation must be provided to the County, prior to awards, and shall include insurance certificate and additional insured certificate, naming 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\*\*\***

COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements. The County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances. If the contractor maintains broader coverage and/or higher limits than the minimums shown below, the County requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

|  |  |
| --- | --- |
| **TYPE OF INSURANCE COVERAGES** | **MINIMUM LIMITS** |
| **A** | **Commercial General Liability**Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability; Abuse, Molestation, Sexual Actions, and Assault and Battery | $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 AutoBodily Injury and Property Damage |
| **C** | **Workers’ Compensation (WC) and Employers Liability (EL)**Required for all contractors with employees | WC: Statutory LimitsEL: $1,000,000 per accident for bodily injury or disease |
| **D** | **Professional Liability/Errors & Omissions** Includes endorsements of contractual liability and defense and indemnification of the County | $1,000,000 per occurrence$2,000,000 project aggregate |
| **E** | **Endorsements and Conditions**:1. **ADDITIONAL INSURED:** County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 if a later edition is used). Auto policy shall contain, or be endorsed to contain additional insured coverage for the County.
2. **DURATION OF COVERAGE:** All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained and evidence of insurance must be provided during the entire term of the Agreement and for at least five (5) years following the later of termination of the Agreement 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. If coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase “extended reporting” coverage for a minimum of five (5) years after completion of work. Proof of workers’ compensation insurance coverage is not required if contractor provides a signed Workers Compensation Written Declaration of Compliance.
3. **REDUCTION OR LIMIT OF OBLIGATION:** All insurance policies, including excess and umbrella insurance policies, shall be primary and non-contributory coverage at least as broad as ISO CG 20 10 04 13 as respects the County, its officers, officials, employees, or volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, or volunteers shall be excess of the Contractor’ insurance and shall not contribute with it. 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 an A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise acceptable by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor’s insurance by County shall not relieve or decrease the liability of Contractor hereunder. Self-insured retentions must be declared and approved. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. The policy language shall provide or be endorsed to provide, that the self –insured retention may be satisfied by either the named insured or County.
5. **SUBCONTRACTORS:** Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit.
6. **JOINT VENTURES:** If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by 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. Coverage shall be at least as broad as in the ISO Forms named above.
* Joint insurance program with the association, partnership or other joint business venture included as a “Named Insured”.
1. **CANCELLATION OF INSURANCE:** Each insurance policy required above shall provide that coverage shall not be cancelled, except with notice of cancellation provided to the County in accordance with policy terms and conditions.
2. **CERTIFICATE OF INSURANCE**: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of insurance and applicable insurance endorsements as set forth in the provisions of this Agreement and this Exhibit C, in forms satisfactory to County, evidencing that all required insurance coverage is in effect. However, failure to obtain the required documents prior to the work beginning shall not waive the Contactor’s obligation to provide them. The County reserves the right to require the Contractor to provide complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.
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Certificate C-2C with EO Page 1 of 1 (Rev. 3/30/2020)

**SLEB PARTNERING INFORMATION SHEET**

**SMALL LOCAL EMERGING BUSINESS (SLEB)**

**PARTNERING INFORMATION SHEET**

**In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP**, **all bidders must complete this form as required below.**

**Bidders not meeting the** [**definition of a SLEB**](http://acgov.org/auditor/sleb/overview.htm) **(**[**http://acgov.org/auditor/sleb/overview.htm**](http://acgov.org/auditor/sleb/overview.htm)**) are required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be considered for contract award. SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. This form must be submitted for each business that bidders will work with, as evidence of a firm contractual commitment to meeting the SLEB participation goal. (Copy this form as needed.)**

**Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of the benefits of the partnership will be economic, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.**

**Once a contract has been awarded, bidders will not be able to substitute named subcontractors without prior written approval from the Auditor-Controller, Office of Contract Compliance & Reporting (OCCR).**

**County departments and the OCCR will use the web-based Elation Systems to monitor contract compliance with the SLEB program** **(Elation Systems:** [**http://www.elationsys.com/elationsys/**](http://www.elationsys.com/elationsys/)**).**

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| **[ ]  BIDDER IS A CERTIFIED SLEB (sign at bottom of page)****SLEB BIDDER Business Name:** **SLEB Certification #:       SLEB Certification Expiration Date:** **NAICS Codes Included in Certification:**  |

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| **[ ]  BIDDER IS NOT A CERTIFIED SLEB and will subcontract      % with the SLEB named below for the following goods/services:** **SLEB Subcontractor Business Name:** **SLEB Certification #:       SLEB Certification Expiration Date:** **SLEB Certification Status: [ ]  Small / [ ]  Emerging** **NAICS Codes Included in Certification:** **SLEB Subcontractor Principal Name:** **SLEB Subcontractor Principal** **Signature: Date:**  |

**Upon award, prime Contractor and** **all SLEB subcontractors** that receive contracts as a result of this bid process agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

Bidder Printed Name/ Title:

Street Address: City:  State:  Zip Code:

**Office of the Inspector General (OIG) and Other Exclusion List Background Checks Attestation for Request For Proposal Submission or Pre-contracting**

In accordance with HCSA’s Policy and Procedure #OCS.C.001 on Exclusion Screening, PROVIDER NAME attests that they have checked and verified all licensed staff that will provide services related to RFP #XX or CONTRACT against the following lists and are not excluded from participation in government funded healthcare programs:

* + National Plan & Provider Enumeration System (NPPES) – NPI Number (<https://npiregistry.cms.hhs.gov/> )
	+ Licenses are verified to be current with no restrictions
	+ Office of the Inspector General List of Excluded Individuals & Entities (OIG/LEIE) database (<https://exclusions.oig.hhs.gov/>)
	+ GSA’s System Award Management (SAM/EPLS) data base (<https://www.sam.gov/SAM/> )
	+ California DHCS Medi-Cal Suspended & Ineligible list (<https://files.medical.ca.gov/pubsdoco/SandIlanding.asp>)
	+ Social Security Death Master File (<https://dmf.ntis.gov/>)
	+ SUD Certification and/or Registration is verified and current with CAADE, CADTP or CCAPP (SUD only)

Further, PROVIDER NAME attests that they have policies and procedures in place to conduct this verification for new hires and on a regular basis for all employees.

Provider Name:

Signature, Title

**BIDDER REFERENCES**

*Provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contract information for all references provided in current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.*

*The County may contact some or all of the references provided in order to determine Bidder’s performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.*

***Current References***

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| --- | --- |
| **Bidder Name** |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.**

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

**2.**

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

**3.**

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

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***Former References***

|  |  |
| --- | --- |
| **Bidder Name** |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.**

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

**2.**

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

**3.**

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

 |

 |

## EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

|  |
| --- |
| ***This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template on this page of the Exhibit A – Bid Response Packet. THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.*** |

**Bidder Name:**

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated proposal, and submit with your bid response.

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

|  |  |
| --- | --- |
| **Reference to** | **Description** |
| Page No. | Section | Item No. |  |
| **p. 23** | **D** | **1.c.** | ***Bidder takes exception to…*** |
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\*Print additional pages as necessary

**PROPOSAL NARRATIVE**

1. ***LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY (1 page)***

*Complete and submit a synopsis of the highlights and benefits of each proposal including total funding request and staffing overview.*

1. ***BIDDER MINIMUM QUALIFICATIONS (2 pages)***

*Describe and demonstrate how Bidder meets all of the following criteria:*

1. At least one year of experience providing services to the priority population within the last seven years; *At least one year of experience providing services using the ACT and/or FACT models within the last seven years; and*
2. *At least one year of experience billing Medi-Cal through a County or Managed Care Plan in the last three years.*
3. **a. UNDERSTANDING OF AND EXPERIENCE WITH THE PRIORITY POPULATION**
4. *Bidder’s understanding of the priority population, including: (1 page)*
	1. *Developmental, age-related issues and their unique needs;*
	2. *Risk factors such as poverty, food insecurity, housing scarcity, trauma, stigma, mistrust, community and domestic violence, and substance abuse; and*

*3. Cultural issues that affect the service delivery including stigma associated with use of mental health services.*

1. ***Bidder’s experience working with the priority population, including:*** *(2 pages)*
2. *Providing mental health services to the priority population;*
3. *Developing and implementing successful strategies to address barriers faced by clients;*
4. *Identifying and building on existing client protective factors; and*
5. *Developing culturally responsive and trauma informed services serving the priority population.*

## *b. SERVICE DELIVERY APPROACH*

1. ***Bidder’s plan to provide services to clients, including (2 pages):***
2. *Providing FSP program services;*
3. *Identifying and providing outpatient treatment and support services;*
4. *Plan for delivering services on-site (including hours and locations), after hours, in the community and in homes; and*
5. *Proposed EBPs, promising practices, and/or community defined approaches and how these will support program goals.*
6. ***Bidder’s plan to provide services, including (2 pages):***
	* 1. *Outreach and Engagement*
		2. *Cultural Responsiveness*
		3. *Welcoming environment and Trauma-informed*
		4. *Individualized Service and Supports Plan (ISSP)*
		5. *Single Point of Responsibility (SPR)*
		6. *Full Spectrum of Community Services*
		7. *“Whatever it takes” philosophy*
		8. *Flexible funds (including summary of policy and procedure for managing flexible funds)*

***c. PLANNED STAFFING AND ORGANIZATIONAL CAPACITY (2 pages)***

1. *Roles and responsibilities of program staff, including):*

*Program staffing plan which includes staff titles and FTE, language capacity, roles, responsibilities, and supervision structure. Provide rationale for proposed staffing plan including tasks necessary to provide program services and how they will be assigned to staff;*

*Plan for hiring, training, supervising, and retaining staff. Include how staff will reflect the priority population and language profiles; and*

*Plan for providing appropriate and regular clinical supervision and oversight of proposed program components.*

1. ***Bidder’s planned organizational infrastructure, including:*** *(2 pages)*

*How the proposed program will be integrated into existing organizational structure and services. Include organizational chart that illustrates where the program will sit within the organization, as Attachment 1;*

*Capacity or plan to track and enter data following County requirements; and*

*Capacity or plan to meet Federal, State, and Medi-Cal billing, clinical and quality assurance requirements, including adjusting services or practices as needed to meet CalAIM requirements.*

## *d. FORMING PARTNERSHIPS AND COLLABORATION (1 page)*

## *Describe, in detail, Bidder’s experience in Forming Partnerships and Collaboration, including:*

* 1. *Experience and/or plan to collaborate with other service providers that work with the priority population.*
	2. *Experience and/or plan to participate as a BH Court partner*
	3. *Experience seeing clients within the jail and in their transitional program residences*

## *e. BIDDER’S EXPERIENCE AND PLAN TO TRACK DATA AND OUTCOMES (2 pages)*

*Describe, in detail,* ***Bidder’s Experience and Plan to Track Data and Outcomes****, including Bidder’s plan for collecting data specified in this RFP and tracking outcomes for quality improvement, including:*

1. *Experience with data collection, tracking, and reporting including data tracking tools or systems. Include examples of how data and outcomes information has been used for quality and performance improvement.*
2. How client/family satisfaction surveys will be administered to ensure a 50 percent return rate and how information will be utilized in treatment and program improvement planning.

**IMPLEMENTATION SCHEDULE AND PLAN***(1 page)*

* + - 1. *Bidder’s Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities:*
1. Hiring and training staff;
2. Developing appropriate contacts; and
3. Delivering TAY Forensic, Diversion and Re-entry FSP services.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Responsible Persons** | **Milestone/ Management** | **Due Date** |
|  |  |  |  |

* 1. *Bidder’s identification and strategies for mitigation of risks and barriers, which may adversely affect the program’s implementation. (1 page)*

|  |  |
| --- | --- |
| **Barriers** | **Mitigation Strategies** |
|  |  |

***BUDGET NARRATIVE (2 pages)***

* 1. *Provide a detailed Budget Narrative to explain the costs and calculations in the budget. The narrative must match the budget, and be aligned with the requirements of this RFP. Narrative should explain how calculations were made on the following and provide explanation on any variances in costs:*
1. *Required Staffing*
2. *Salaries and Benefits*
3. *Operating Expenses*
4. *Administrative and/or Indirect Costs*
5. *Revenue*