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**REQUEST FOR PROPOSAL (RFP)**

**RFP. No. 2023-SSA-TACT**

Work Skills, Professional Development Training

and Professional Consulting Services (WSPDTPCS)

**Attachment No.1**

**BID RESPONSE PACKET**

**THE DEADLINE FOR SUBMITTAL IS:**

**4:00 p.m.**

**on**

**April 11, 2023**

**at**

Alameda County Social Services Agency

Finance Division - **Contracts Office**

2000 San Pablo Avenue, 4th Floor, Suite 458A

Oakland, CA 94612

**Attention: Najia Osmani or Nicole Smith**

### ATTACHMENT NO. 1

**BID RESPONSE PACKET**

**RFP No. 2023-SSA-TACT – Work Skills, Professional Development Training and Professional Consulting Services**

To: The County of Alameda

From:

(Official Name of Bidder)

* **AS DESCRIBED IN THE SUBMITTAL OF BIDS SECTION OF THIS RFP, BIDDERS ARE TO SUBMIT ONE (1) ORIGINAL HARDCOPY BID (ATTACHMENT NO. 1 – BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS fOUR (4) Copies AND ONE (1) ELECTRONIC COPY OF THE BID IN PDF (with OCR preferred) IN USB FLASH DRIVE**
* **ALL PAGES OF THE BID RESPONSE PACKET (ATTACHMENT NO. 1) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED; ANY PAGES OF ATTACHMENT NO. 1 (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 SHALL NOT SUBMIT TO THE COUNTY A RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF ATTACHMENT NO. 1 – BID RESPONSE PACKET OR ANY OTHER COUNTY-PROVIDED DOCUMENT**
* **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 IN INK BY PERSON SIGNING BID**
* **BIDDER MUST QUOTE PRICE(S) AS SPECIFIED IN RFP**
* **BIDDERS THAT DO NOT COMPLY WITH THE REQUIREMENTS, AND/OR SUBMIT INCOMPLETE BID PACKAGES, SHALL BE SUBJECT TO DISQUALIFICATION AND THEIR BIDS REJECTED IN TOTAL**

#### BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the Bid Documents, including, without limitation, the RFP, Addenda, and Exhibits have been read.
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. 2015 SSA-TACT– Work Skills, Professional Development Training and Professional Consulting Services.
3. The undersigned has reviewed the Bid Documents and fully understands the requirements in this Bid 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 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 acknowledges receipt and acceptance of all addenda.
5. 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>]

* [**First Source**](http://www.acgov.org/gsa/departments/purchasing/policy/first.htm)

[<http://acgov.org/auditor/sleb/sourceprogram.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 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 Bid 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 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 an 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 Attachment No. 1 – Bid Response Packet, 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.

|  |  |
| --- | --- |
| **Name of Project:** | **Total Funds Requested For Year 1: $**  **Total Funds Requested For Year 2: $**  **Total Funds Requested For Year 3: $** |

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

Limited Liability Partnership  Partnership

Limited Liability Corporation  Non-Profit/Church

Other:

Date of Organization Structure:

Federal Tax Identification Number:

Primary Contact Information:

Name/Title:

Telephone Number:  Fax Number:

E-mail Address:

|  |  |  |  |
| --- | --- | --- | --- |
| **FISCAL AGENT/BIDDER: Signature of official authorized to sign for your agency. This Fiscal Agency will be named to receive payments. The Fiscal Agent will retain primary financial and legal responsibility for contract.** | | | |
| **SIGNATURE of Official:** |  | Title: |  |
| Print Name of Official: |  | Date: |  |
| E-Mail Address: |  | Phone & Fax No. |  |

**REQUIRED DOCUMENTATION AND SUBMITTALS**

All of the specific documentation listed below is required to be submitted with Attachment No.1– 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. Table of Contents, Letter of Transmittal, Key Personnel, etc.).

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.**

**Response Format:**

**A. Check Boxes**

|  |  |  |
| --- | --- | --- |
| Item |  | **✓** |
| 1. | One (1) original proposal marked “Original” plus four (4) copies of the proposal |  |
| 2. | The “original” proposal must be signed in **BLUE ink** with an authorized signature |  |
| 3. | The “original” proposal 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. Margins must be 1-inch from the top, bottom, left and right. |  |
| 5. | Table of Contents: Proposals 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. |  |
| 6. | Bidders must also submit an electronic copy of their signed proposal in a USB flash drive. The electronic copy must be a single file, scanned image of the original hard copy with appropriate signature, and must be in a USB flash drive and enclosed with the sealed hardcopy of the bid. |  |

**B. Response Packet:**

|  |  |  |
| --- | --- | --- |
| Item |  | **✓** |
| 1 | Bidder Information and Acceptance (page 5) of Attachment No. 1 – Bid Response Packet (Attachment No. 1) **– signed.** |  |
| 2 | Agency Description – **two pages allowed.** |  |
| 3 | Technical Criteria – **five pages allowed.** |  |
| 4 | Cost Efficiency/Fiscal Management – **three pages allowed.** |  |
| 5 | Organizational Capacity – **five pages allowed.** |  |
| 6 | Relevant Experience **– five pages allowed.** |  |
| 7 | Understanding of the Project **- two pages allowed.** |  |
| 8 | Methodology - **two pages allowed.** |  |
| 9 | Service Flow Chart – **two pages allowed.** |  |
| 10 | Current References – **one page allowed.** |  |
| 11 | Project Staff -  **four pages allowed.** |  |
| 12 | Contract Quotation Page – **one page allowed.** |  |

**C. AGENCY DESCRIPTION (two pages allowed):**

Briefly describe your agency’s mission, experience and qualifications in providing the proposed training services as outlined in the RFP. Include the amount of your total agency budget and description of the breadth of your funding sources.

#### D. TECHNICAL CRITERIA (five pages allowed):

Please describe:

1. Technical knowledge and experience with the following SSA programs:

* CalWIN
* CalWORKs
* CalFRESH
* Medi-Cal
* General Assistance
* Welfare Fraud
* Adult and Aging
* Conservatorship
* In-Home Supportive Services

1. Technical knowledge and expertise with software programs such as:

* CMIPS II
* Panoramic
* Turning Technologies
* MS Office Suite Programs

1. Life-Cycle Support - An assessment will be made of the scope and extent of resources required to deliver the proposed 112.5 annual allocated training days

* Number of instructor staff with experience and expertise in each program
* To support at least four Eligibility Inductions classes at the same time = four instructor
* To conduct two Adult and Aging induction classes at the same time

**E. COST EFFICIENCY/FISCAL MANAGEMENT (three pages allowed):**

1. Describe and explain how your organizations costs are reasonable and appropriate as per the industry standards.

2. Describe how your organizations proposed cost are appropriate to the nature of the products and services to be provided.

3. Describe your organizations fiscal management experience as a fiscal agent/contractor. Describe the fiscal controls that will be used for this project.

**F. ORGANIZATIONAL CAPACITY** (**five pages allowed):**

Describe the capacity of adequate, qualified, and culturally competent trainers/staff . Present a narrative description of the project activities and/or services. Include your proposed schedule of workshops, staff to client ratio, capacity to serve languages other than English, number of clients you can serve weekly, monthly, and annually, and how your services meet the minimum requirements of the category of services you are responding to.

Describe your organization’s ability and flexibility to meet urgent training needs and deadlines.

Describe your organization’s ability to provide all training equipment/materials as needed.

Describe your organization’s ability to establish positive and collaborate working relationship with SSA staff. Explain how project activities and services will be supervised. Describe the protocols you will follow for verifying WSPDTPCS participant's attendance records and verifying participant outcomes. Describe the protocols and process that will be followed in providing monthly reports and evaluations to SSA TACT Staff.

**G. RELEVANT EXPERIENCE (five pages allowed):**

1. Describe the applicable education and experience of the personnel designated to work on the project? Do the individuals assigned to the project have experience on similar projects?

2. Describe your organization’s experience in supporting this type of contract with governmental and non-profit agencies?

3. Describe your organization’s ability and experience to provide a comprehensive range of training, particularly with those curriculum subjects listed in the Proposed Training Plan?

4. Describe your organization’s ability to provide a wide spectrum of training support, e.g., conferences, special events, specialized classes, and adequate training premises.

5. Describe your organization’s experience and performance in supporting this type of contract with governmental and non-profit agencies. Information should include experience in providing the same or similar services and activities. Exception: proposals submitted by collaboration may include one page for each organizational member of the collaboration.

**H. UNDERSTANDING OF THE PROJECT (two pages allowed):**

1. Please describe how your organization’s proposed services will support County’s in reaching its goal and purpose of this training program.

2. Describe how your organization’s provision the deliverables of this proposal will support County’s training program.

3. Describe how your organization’s provision the deliverables will comply with the County’s time schedule.

1. **METHODOLOGY (two pages allowed):**
2. Describe how your organization’s methodology depicts a logical approach to fulfilling the requirements of the RFP?
3. Describe how your organization’s methodology matches and contributes to achieving the objectives set out in the RFP?
4. Describe how your organization’s methodology interfaces with the County’s time schedule?

**J. SERVICE FLOW CHART (two pages allowed):**

Present a service flow chart detailing how training services will occur from initial SSA training order request through submission of course attendance and evaluation reports.

#### K. CURRENT REFERENCES (one page allowed)

#### RFP No. 2023-SSA-TACT – Work Skills, Professional Development Training and Professional Consulting Services

Bidder Name:

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

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

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

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

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

**L. PROJECT STAFF (four pages allowed)**

Complete the boxes below for up to 6 employee classifications to be involved in the WSPDTPCS project.

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title |  | Number Of |  |
| Minimum Qualifications & Licenses |  | | |
| Functions on the Project |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title |  | Number Of |  |
| Minimum Qualifications & Licenses |  | | |
| Functions on the Project |  | | |

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| --- | --- | --- | --- |
| Job Title |  | Number Of |  |
| Minimum Qualifications & Licenses |  | | |
| Functions on the Project |  | | |

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| Job Title |  | Number Of |  |
| Minimum Qualifications & Licenses |  | | |
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| Job Title |  | Number Of |  |
| Minimum Qualifications & Licenses |  | | |
| Functions on the Project |  | | |

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| Job Title |  | Number Of |  |
| Minimum Qualifications & Licenses |  | | |
| Functions on the Project |  | | |

**M. CONTRACT QUOTATION PAGE (one page allowed)**

The **CONTRACT QUOTATION PAGE** is being utilized in the WSPDTPCS Contract. Each responder **must** complete one **CONTRACT QUOTATION** utilizing your already developed project budget.

# Name of Project

# 

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Total 3 year Contract Amount Proposed $\_\_\_\_\_\_\_\_\_\_(100%)

# WSPDTPCS Training Services

**Number of classes to be provided for full-day: \_\_\_\_\_\_**

Full Day = minimum 4 hours to maximum 6 hours

**Year 1 Year 2 Year 3**

**Rate/Day Budget Rate/Day Budget Rate/Day Budget**

**$\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Number of classes to be provided for half-day: \_\_\_\_\_**

Half Day = minimum 2 hours to maximum 3 hours and 59 minutes

**Year 1 Year 2 Year 3**

**Rate/Half Day Budget Rate/Half Day Budget Rate/Half Day Budget**

**$\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**