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REQUEST FOR PROPOSAL (RFP)

RFP. No. 2023-SSA-CFS-PE

**Parent Education Services**

**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-CFS-PE – Parent Education 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) ON A 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 THE 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. 2023-SSA-CFS-PE – Parent Education 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 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.
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 FY2023-2024** **$** | **Total Funds Requested For FY2024-2025** **$** | **Total Funds Requested For FY2025-2025** **$** |

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 is correctly submitted as per the RFP specifications and check (✓) its corresponding Check Box.**

**Response Format:**

 **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. The electronic copy must be a single file, scanned image of the original hard copy with appropriate signature, and must be on a USB flash drive and enclosed with the sealed hardcopy of the bid. |  |

**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/Program Design – **four pages allowed.**  |  |
| 4 | Cost Efficiency/Fiscal Management – **three pages allowed.** |  |
| 5 | Organizational Capacity – **three pages allowed.** |  |
| 6 | Relevant Experience **– five pages allowed.** |  |
| 7 | Understanding of the Project **- two pages allowed.** |  |
| 8 | Performance Measure -  **two pages allowed.** |  |
| 9 | Service Flow Chart – **two pages allowed.** |  |
| 10 | Project Staff -  **four pages allowed.** |  |
| 11 | Budget Form – **four pages allowed.** |  |
| 12 | Contract Quotation - **one page allowed** |  |
| 13 | Current References – **one page allowed.** |  |

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

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

#### TECHNICAL CRITERIA/PROGRAM DESIGN (four pages allowed):

1. Please describe your Parent Education Program design. A comparison will be made of the proposed Parent Education services. Additional credit will be given for features of the proposed design that offer enhanced utility and ease of use. Please describe staffing levels and needs and those costs associated with staffing this contract.

2. Please describe your Agency’s knowledge and experience with child abuse, neglect, sexual abuse, substance use and abuse, as well as case management services for families involved with the Department of Children and Family Services.

3. Describe in detail the program design beginning with the preplanning activities. Include the process that begins with the initial referral through being able to describe the behavioral changes that are expected to occur.

4. Software Design and Development - The evaluation will compare the proposed software capabilities with the requirements of this RFP in terms of the ability to create a program/process to capture the required data as previously noted and to send reports after the conclusion of each class. Please describe your knowledge and expertise with database reporting programs.

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

1. Describe the fiscal management experience of the fiscal agent/contractor.

2. Describe the fiscal controls that will be used for this project. *(The fiscal agent must have knowledge of acceptable accounting practices and the ability to maintain accountability for contract funds.)*

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

**ORGANIZATIONAL CAPACITY** (**three pages allowed):**

Describe your organization’s trainers/staff capacity. Present a narrative description of the project

activities and/or services. Include your proposed schedule of parent education classes, 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 organizations ability to establish a positive and collaborative working relationship with SSA staff. Describe your organizations ability and flexibility to meet Parent Education needs of SSA clients.

Explain how project activities and services will be supervised. Describe the protocols your organizations will follow for verifying Parent Education 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 DCSF Staff.Describe your organizations ability to establish positive and collaborative working relationships with SSA staff.

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

1. Describe your organization’s past 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 for this population (families that are involved with the Department of Children and Family Services).

2. Describe understanding of the issues of child abuse and neglect. Please give examples.

3. Do the individuals assigned to the project have experience on similar projects?

4. How extensive is the applicable education and experience of the personnel designated to work on the

 project?

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

Describe your organization’s ability and experience to provide a comprehensive range of Parent education training.

1. Please demonstrate your agencies thorough understanding of the purpose and scope of the project?
2. Please describe your agencies capability to identify pertinent issues and potential problems related to the project?
3. Please describe your agencies thorough understanding of the deliverables the County expects it to provide?

4. Please describe your agencies thorough understanding of the County’s time schedule and can meet it?

**PERFORMANCE MEASURE (two pages allowed):**

1. Define how your agencies program design will meet the performance measures.
2. Describe your agencies plan to collect data and ensure data quality to report on performance measures (refer to Exhibit E. - Q.A. Report).
3. Describe your agencies plan including staffing to implement data tracking, reporting, and quality assurance plan.

**SERVICE FLOW CHART (two pages allowed)**

Present a flow or organizational chart detailing how Parent Education services will occur from initial SSA referrals to submitting reports.

**PROJECT STAFF (four pages allowed)**

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

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

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

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

**BUDGET FORM (four pages allowed):**

Cost shall be submitted on BUDGET FORM. 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 and is the cost the County will pay.

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET DETAIL** | **First Year** **FY2023-2024** | **Second Year** **FY2024-2025** | **Third Year** **FY2025-2026** |
| **ADMINISTRATION/****FINANCIAL/PROJECT****MANAGEMENT** |  |  |  |
| **Staff Salaries: (list staff and # of FTE% for each position)** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| **Subtotal:** |  |  |  |
| Staff Benefits: |  |  |  |
|  |  |  |  |
| **Subtotal:** |  |  |  |
| **Subcontracts:** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| **Subtotal:** |  |  |  |
| **Operating Costs:** |  |  |  |
| Travel |  |  |  |
| Training |  |  |  |
| Recruitment/Advertising |  |  |  |
| Office supplies |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Audit |  |  |  |
| Printing |  |  |  |
| **Subtotal:** |  |  |  |
| **Indirect Costs: \* (10% max.)** |  |  |  |
| **Actual Classes Cost** |  |  |  |
| **25 Classes X Rate/Class** **25 X $\_\_\_\_\_\_\_\_\_\_\_\_\_\_=** |  |  |  |
| **Subtotal:** |  |  |  |
| **TOTAL** |  |  |  |

 \* Bidder should base this submission as per their own indirect cost schedule and structure.

**CONTRACT QUOTATION (one page allowed)**

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

# Name of Project

#

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

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

# PE Classes:

**Number of PE classes to be provided: \_25 Classes (Each Class is a Series of Modules)**

 **Rate/Class X Number of Classes = Budget**

 **$\_\_\_\_\_\_\_ X 25 = $\_\_\_\_\_\_\_\_**

 **Rate/Class (No show)**

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

#### CURRENT REFERENCES (one page allowed)

#### RFP No. 2023-SSA-CFS-PE – Parent Education 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:       |

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