

Alameda County Fire Department

1

Response Form

**Alternative 9-1-1 Emergency Response Pilot RFP# 23-06**

Submission Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposer Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional) Proposer Company Logo:

#### PROPOSER INFORMATION

Legal Name of Proposer:

Street Address Line 1:

Street Address Line 2:

City:  State:  Zip Code:

Webpage:

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:

#### PROPOSER ACCEPTANCE

1. The undersigned declares and agrees that the Proposal 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 Proposal Documents of RFP No. 23-06 –Alternative 9-1-1 Emergency Response Pilot.
3. The undersigned has reviewed the Proposal Documents and fully understands the requirements in this Proposal including, but not limited to, general County requirements, and that each Proposer who is awarded a contract shall be, in fact, a prime Contractor, not a subcontractor, to County, and agrees that its Proposal, if accepted by County, will be the basis for the Proposer to enter into a contract with County in accordance with the intent of the Proposal 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/>]

* [**Alameda County SLEB Program Overview**](http://acgov.org/auditor/sleb/overview.htm)

[<http://acgov.org/auditor/sleb/overview.htm>]

* [**Alameda County SLEB Program Additional Information**](https://gsa.acgov.org/do-business-with-us/vendor-support/small-local-and-emerging-businesses/)

[<https://gsa.acgov.org/do-business-with-us/vendor-support/small-local-and-emerging-businesses/>]

* [**First Source**](http://acgov.org/auditor/sleb/sourceprogram.htm)

[<http://acgov.org/auditor/sleb/sourceprogram.htm>]

* [**Online Contract Compliance System**](http://acgov.org/auditor/sleb/elation.htm)

[<http://acgov.org/auditor/sleb/elation.htm>]

* [**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/>]

1. The undersigned acknowledges that Proposer 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 Proposer to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a Proposal, the Proposer 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. The undersigned acknowledges ***ONE*** of the following (please check only one box):

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

[ ]  Proposer is a certified SLEB at the time of Proposal submittal and is requesting 10% Proposal preference; (Proposer must check the first box and provide its SLEB Certification Number in the [SLEB Information Sheet](#SLEB_Info_Sheet)); **or**

[ ]  Proposer is LOCAL to Alameda County and is requesting 5% Proposal 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 months business residency, identifying the name of the vendor and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

**SIGNATURE:** ?

Name/Title of Authorized Signer:

Dated this  day of  20

**PROJECT SUMMARY**

Please provide an overview of your approach to meeting the requested services and highlight any aspects of your proposal that reflect your unique strengths. (2 pages maximum length).

**FEES AND COSTS**

Please provide hourly rates for all key personnel, estimated costs for overhead and benefits, and any supplies or equipment. An example bid form is included as Appendix D of the RFP. You may use the example and complete for all phases or other convenient time periods or you can use your own form. Please make sure that your final total is provided for all costs for the entire pilot period and that any phase durations match your proposed timeline. Please also provide a Cost Narrative to explain how you arrived at your fees. You may add as many pages as needed to this section.

**NARRATIVE OF SCOPE OF WORK AND DELIVERABLES**

Please complete all of the subsections (blue italicized headings) Please keep the headers and their order as this helps the evaluations committee navigate the submissions more easily.

Overall Qualifications

(Please tell us why you are best qualified to provide the requested services)

Experience Offering Similar Services

(Please highlight some examples of similar services you have provided to other entities)

Staffing, Retention, Supervision, Capacity

(Please describe your staffing and supervisory approach. Please also describe whether you have capacity for expanding the program or how you would meet potential staffing needs for program expansion)

Proposed Program Structure

(Please describe how you would structure this program, In the RFP, we laid out one possible structure, but we recognize that the Providers have more expertise in this area. You may add one additional page.)

Deliverables

(Please complete all Deliverables in this section. You may add up to 15 additional pages.)

* 1. Organizational Mission (Please describe your mission and how that philosophy is put into practice.)
	2. Methodology and Approach to Achieve Program Goals (How will you best meet the overall Program Goals listed in the RFP?)
	3. Strategy for staff safety and well-being.
	4. Proposed Timeline
	5. Fostering Equitable Serviceable Delivery
	6. Management
		1. Describe your plan for day-to-day supervision of the program
		2. Describe your continuous improvement plan
		3. Detail the metrics you believe would be most helpful to inform data-based decision-making. In the RFP, we laid out several but we recognize your expertise in this area.
		4. Describe your approach to communication with partners in the program.
		5. Describe how you might contribute to an overall relationship management strategy.
	7. Diversity, Equity and Inclusion
		1. Describe your experience serving the target population and their needs
		2. Describe your plan for long-term community engagement.

Describe how you implement DEI principles in your organizational structure, decision-making, and governance. Organizational Chart and Key Personnel

(Please describe your organizational structure and describe your approach to providing qualified personnel to this program. List all key personnel and provide resumes of no more than 2 pages each as attachments)

References

(Please complete the form below, minimum of three (3) references required. Please also provide a brief description of the relationship you have with each reference on separate page(s). You may use up to 1 page per reference description.

**REFERENCES**

Alternative 911 Emergency Response Pilot

Proposer 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:  |

Attachments

 Resumes of key personnel (no more than 2 pages per individual)

 Exceptions and Clarifications (see attached Form)

 SLEB Form (see attached Form)

 Credentials (Please provide proof of any certificates, licenses, or permits necessary to provide the requested services)

 Debarment and Suspension Declaration Form (see attached Form)

 Insurance Requirements (Provided for your information)

 Additional Project Examples (Optional – There is no limit to the number of pages for this section.)

**EXCEPTIONS AND CLARIFICATIONS**

Proposer Name:

List below requests for exceptions and clarification, if any, to the RFP and associated Proposal Documents, and submit with your Proposal response.

The ACFD is under no obligation to accept any exceptions and clarifications and such exceptions and clarifications may be a basis for Proposal disqualification.

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

#### SLEB INFORMATION SHEET

**Instructions**: On the following page is the *SLEB Information Sheet*. Every Proposer must fill out and submit a signed SLEB Information Sheet, indicating their SLEB certification status. If Proposer is not certified, the information sheet must be completed with the name, identification information, and goods/services to be provided by the CERTIFIED SLEB partner(s) with whom the Proposer will subcontract to meet the County SLEB participation requirement.  The Exhibit must be signed by EACH of the named CERTIFIED SLEB(s) that will be subcontractors.

SLEB certification must be complete at the time of Proposal submittal for SLEB primes and SLEB subcontractor(s).

* For SLEB Subcontracting Questions: Please contact the General Services Agency-Office of Acquisition Policy.
* For questions/information regarding SLEB certification including requirements, please contact the Auditor-Controller Agency, Office of Contract Compliance & Reporting – SLEB Certification Unit at (510) 891-5500.
* Proposer shall present a plan for inclusion of designated, certified Small Local Emerging Business (SLEB) subconsultant(s) at the time of submittal of the RFP.

SMALL LOCAL EMERGING BUSINESS (SLEB)

INFORMATION SHEET

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

**Proposers that are not certified SLEBS (for definition of a SLEB see** [**Alameda County SLEB Program Overview**](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 Proposal amount in order to be eligible 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. A copy of this form must be submitted for each SLEB that the Proposer will subcontract with, as evidence of a firm contractual commitment to meeting the SLEB participation requirement.**

**Proposers 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 capacity to eventually Proposal as a prime on their own.**

**Once a contract has been awarded, substitutions of the named subcontractor(s) are not allowed without prior written approval from the Auditor-Controller, Office of Contract Compliance & Reporting (OCCR).**

**County departments, prime and subcontractors are required to use the web-based Elation Systems to monitor SLEB subcontractor compliance with** [**Elation Systems**](https://www.elationsys.com/elationsys/)**; [**[**https://www.elationsys.com/elationsys/**](https://www.elationsys.com/elationsys/)**].**

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

**OR**

|  |
| --- |
| **[ ]  PROPOSER 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, Proposer (the prime Contractor) and** **all SLEB subcontractors** 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.

Proposer Printed Name/Title:

Street Address: \_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_     \_\_\_\_\_\_\_\_State\_     \_\_\_\_\_ Zip Code\_     \_

##### Proposer Signature: ? Date:

#### DEBARMENT AND SUSPENSION CERTIFICATION (PROCUREMENTS $25,000 AND OVER)

**The Proposer, under penalty of perjury, certifies that, except as noted below, Proposer, its principal, and any named and unnamed subcontractor:**

* **Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;**
* **Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;**
* **Does not have a proposed debarment pending; and**
* **Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.**

**If there are any exceptions to this certification, insert the exceptions in the following space. For any exception noted, indicate to whom it applies, initiating agency, and dates of action. Exceptions will not necessarily result in denial of award, but will be considered in determining Contractor responsibility.**

**Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute signature of this Certification.**

PROPOSER:

PRINCIPAL: TITLE:

SIGNATURE: DATE: **INSURANCE REQUIREMENTS**

Insurance certificates are not required at the time of submission; however, by signing the Proposal Response Packet, the Proposer agrees to meet the minimum insurance requirements prior to award. Insurance documentation must be provided to the ACFD, prior to award, and include an insurance certificate and additional insured certificate, naming the 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

