

FILLABLE FORMS TEMPLATE INSTRUCTIONS TO BIDDERS

- *Bidders must use the Fillable Forms Template to submit proposals.*
- *Bidders must to submit one original hardcopy proposal in a binder, including additional required documentation, with original ink signatures, plus seven copies bound with a clip (not in a binder) and one (1) electronic copy of the proposal in PDF.*
- *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 a (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 modify the Fillable Forms Template in any way or qualify proposals.*
- *Bidders shall not submit to the County a scanned, re-typed, word-processed, or otherwise recreated version of Fillable Forms Template or any other County-provided document.*
- *The Fillable Forms Template 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.*

I. REQUIRED FILLABLE FORMS TEMPLATE & DOCUMENTATION SUBMITTAL FOR PROPOSALS

1. TITLE PAGE

Complete this form for each proposal.	
Bidder Organization Name	
Bidder Organization's Headquarter Address	
City/State/Zip	
Name of Executive Director or Equivalent	Title
Phone	Email
Name of Contact Person	Title
Phone	Email
Proposal Date	

Select only one box per bid submission. If applying for more than one service modality and priority population, submit a separate bid package.

SUD Service Modality	Program Identifier		
	Adult	Adolescent	Perinatal
Outpatient Intensive Outpatient Treatment (IOT) plus Recovery Support Services	<input type="checkbox"/> A-1	<input type="checkbox"/> Ad-1	<input type="checkbox"/> P-1
	<input type="checkbox"/> A-2	<input type="checkbox"/> Ad-2	<input type="checkbox"/> P-2
	<input type="checkbox"/> A-3	<input type="checkbox"/> Ad-3	
	<input type="checkbox"/> A-4		
	<input type="checkbox"/> A-5		
	<input type="checkbox"/> A-6		
	<input type="checkbox"/> A-7		
	<input type="checkbox"/> A-8		
	<input type="checkbox"/> A-9		
Residential	<input type="checkbox"/>		<input type="checkbox"/>
Recovery Residential	<input type="checkbox"/>		<input type="checkbox"/>

2. 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 follow the Bid Protests / Appeals Process

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 BHCS 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.
- BHCS 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 BHCS Director, or designee shall review and evaluate the protest and issue a written decision. The BHCS 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 BHCS 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 BHCS 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 BHCS Director's decision on the Bid Protest, and the protesting Bidder have the right to appeal if not satisfied with the BHCS 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 BHCS 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 BHCS 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.

State Appeal¹

If a provider determines its proposal for DMC-ODS Waiver services is erroneously rejected by a county, the provider has the right to appeal the decision through an appeal procedure established by the county. If the county level appeal is unsuccessful, the provider may elevate its appeal to Department of Health Care Services (DHCS), if the provider:

- Meets all objective qualification criteria needed to provide services;
- Has reason to believe the county has an inadequate network of providers to meet beneficiary needs; and
- Can demonstrate it is capable of high quality services under the current, DHCS approved, county rates for service.

DHCS will review the evidence presented during the appeal and make a determination. DHCS will base its decision on the provider's ability to successfully demonstrate:

- The contract was denied for reasons unrelated to the quality of the provider/network adequacy; and/or
- The county rejection was based on arbitrary or inappropriate county fiscal limitations; and/or

¹ DHCS MHSUDS Information Notice No.: 17-060

- The county did not adhere to established selection criteria for awarding provider contracts.

To initiate the DHCS appeal process the provider must notify the county of its intent to appeal to DHCS via certified mail, facsimile, or personal delivery within 30 calendar days from the date of the county's appeal decision. The notice must be accompanied by a Proof of Service.

The provider is required to notify DHCS of its intent to appeal the county's decision by submitting the DMC-ODS Waiver Provider Selection Appeal Form (Appeal Form) within 30 calendar days from the date of the county's appeal decision. The Appeal Form can be found on the DHCS website at http://www.dhcs.ca.gov/provgovpart/Pages/County_Resources.aspx and submitted, along with the required supporting documents to ODSSubmissions@dhcs.ca.gov.

The required supporting documents are listed on the Appeal Form and include the following:

1. Proof of Services to the county;
2. County's solicitation document;
3. Provider's response to the county's solicitation document;
4. County's written decision not to contract;
5. Documentation submitted for purposes of the county level appeal;
6. Decision from county level appeal; and
7. Evidence supporting the basis of the DHCS appeal.

Upon being notified of a provider's intent to appeal to DHCS, the county has ten working days from the date set forth on the provider's Proof of Service to submit a written response, with supporting documents, to DHCS via email. This response must also be delivered to the provider via certified mail, facsimile, or personal delivery within the same ten working day timeframe. The response must include:

- The qualification and selection procedures set forth in its solicitation documents; and
- Current data pertaining to the number of providers within the county, the capacity of those providers, and the number of beneficiaries served in the county, including any anticipated change in the need and the rationale for the change; and
- The basis for asserting the appealing provider should not have awarded contract based upon the county's solicitation procedures.

Upon receiving the county's response to the provider's appeal, DHCS has ten calendar days to schedule an appeal meeting. This meeting will be facilitated by DHCS.

If it is determined the county has erroneously rejected a providers proposal, the county is required to submit a Corrective Action Plan (CAP) to address the deficiency. The CAP is required to detail how the county will follow its solicitation procedure to remedy the issue(s) identified by DHCS and include the date this will be achieved. If the DHCS approved CAP is not promptly implemented, DHCS may terminate the County's DMC-ODS Waiver contract and the county will revert to providing State Plan services. The decision issued by DHCS is final and cannot be appealed.

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>
 - **Iran Contracting Act (ICA) of 2010:** <http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>
 - **General Environmental Requirements:**
<http://www.acgov.org/gsa/departments/purchasing/policy/enviro.htm>
 - **Small Local Emerging Business Program:** <http://acgov.org/auditor/sleb/overview.htm>
 - **First Source:** <http://www.acgov.org/auditor/sleb/sourceprogram.htm>
 - **Online Contract Compliance System:** <http://acgov.org/auditor/sleb/elation.htm>

- **General Requirements:** <http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>
- **Proprietary and Confidential Information:**
<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>

6. 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.
7. 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.
8. Patent indemnity: Bidders 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.
9. 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.

2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE

10. 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.

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	<input type="checkbox"/> Corporation		<input type="checkbox"/> Joint Venture
	<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Partnership
	<input type="checkbox"/> Limited Liability Corporation		<input type="checkbox"/> Non-Profit / Church
	<input type="checkbox"/> Other		
Jurisdiction of Organizational Structure			
Date of Organizational Structure		Federal Tax ID Number	
Name		Title	
Phone Number		Fax Number	
Email			
Signature		Title	
Date this	day of	20	

3. LETTER OF TRANSMITTAL/EXECUTIVE SUMMARY

Complete and submit a synopsis of the highlights and benefits of each proposal.

Empty box for submitting the synopsis of highlights and benefits of each proposal.

4. BIDDER MINIMUM QUALIFICATIONS

Describe and demonstrate how Bidder meets all of the criteria.

- a. Describe and demonstrate how Bidder meets current Drug Medi-Cal Certification in California for modality/ASAM Level of Care (LoC) bid on. This does not apply to Recovery Residence bids. (Attachment 1)**
- b. If bidding on Residential services, please include ASAM designation. (Attachment 2)**
- c. Describe Bidder's experience in providing services for the modality/ASAM Level of Care applying for.**
- d. Agreement to Use Clinician's Gateway and InSyst (Attachment 3)**
- e. Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located in the following databases:**
 - <https://www.sam.gov/portal/SAM/#1>
 - <https://exclusions.oig.hhs.gov/>
 - <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>

A large, empty rectangular box with a thin black border, occupying the majority of the page. This area is intended for the bidder to provide their name and other relevant information.

5. REFERENCE

Supply the Reference sections in the original proposal only.
References: Provide three current references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify the contact information for all references provided is 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.

Do not include BHCS staff as references.

Current References

Bidder Name

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:	

5. REFERENCE

Supply Reference sections a. and b. in the original proposal only.

References: Provide three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify the contact information for all references provided is 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.

Do not include BHCS staff as references.

Former References

Bidder Name

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:	

6. 1. BIDDER EXPERIENCE, ABILITY AND PLAN

- 1. Describe, in detail, Bidder's Experience with the Priority Population Needs including: Describe Bidder's experience, including length of time, working with each of the priority population (and any subpopulation) including:**
- a. Risk factors, challenges and barriers that impact access to treatment for each population**
 - b. Past and current outreach activities to each population and how they will improve access to services and treatment**
 - c. Demographic breakdown of clients served in FY 2016-17 (as a percentage of overall clients served in FY 2016-17)**
 - d. Staffing expertise to serve each of the priority populations (4 pages)**

6. 1. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 1. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 1. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 1. BIDDER EXPERIENCE, ABILITY AND PLAN – Adolescent Services

**1. Describe, in detail, Bidder’s Experience with the Priority Population Needs including: Describe Bidder’s experience, including length of time, working with each of the priority population (and any subpopulation) including:
If bidding on Adolescent services, please include experience of developmentally appropriate treatment that address their multiple needs. (1 page)**

6. 1. BIDDER EXPERIENCE, ABILITY AND PLAN – Perinatal Services

**1. Describe, in detail, Bidder’s Experience with the Priority Population Needs including: Describe Bidder’s experience, including length of time, working with each of the priority population (and any subpopulation) including:
If bidding on Perinatal services, please also include experience working with pregnant and/or parenting women with dependent children (1 page)**

6. 1. BIDDER EXPERIENCE, ABILITY AND PLAN – Older Adults

**1. Describe, in detail, Bidder’s Experience with the Priority Population Needs including: Describe Bidder’s experience, including length of time, working with each of the priority population (and any subpopulation) including:
If bidding on Older Adults, please also include experience proving treatment with age-specific considerations for older adults (1 page)**

6. 1. BIDDER EXPERIENCE, ABILITY AND PLAN – Criminal Justice

**1. Describe, in detail, Bidder’s Experience with the Priority Population Needs including: Describe Bidder’s experience, including length of time, working with each of the priority population (and any subpopulation) including:
If bidding on Criminal Justice, please also include experience addressing criminogenic needs within context of drug and alcohol treatment and collaboration with corrections and/or probation.
(1 page)**

6. 2. BIDDER EXPERIENCE, ABILITY AND PLAN

- 2. Describe, in detail, Bidder's Experience in Geographical Priority Area, including:
Describe Bidder's physical location where services will be provided according to the geographic area(s) applying for including:**
- a. Whether current building(s) is owned and/or leased and what it is currently used for**
 - b. Accessibility of current location(s) to public transportation**
 - c. Bidder's actions and practices that meet ADA and other access requirements**
 - d. For outpatient programs, Bidder's outreach and engagement plan for the geographic area**
 - e. Partnership and organizational relationships that will be accessed to reach and engage clients in the specified geographical area(s)**

6. 2. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 2. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 3. a. – d. BIDDER EXPERIENCE, ABILITY AND PLAN

- 3. Describe, in detail, Bidder's Service Delivery Approach, including:**
Describe Bidder's experience and plan to deliver specific service modality/ASAM LoC including:
- a. Plans for ensuring proposed services match with the ASAM Criteria treatment standards**
 - b. Mix of proposed program services for priority populations and sub-populations (e.g., adolescent, perinatal, etc.) in which the Bidder has expertise, in compliance with the following:**
 - If bidding on Adolescent, the DHCS Youth Treatment Guidelines.**
 - If bidding on Perinatal, the DHCS FY 2016-17 Perinatal Service Network Guidelines and child development needs.**
 - If bidding on Criminal and/or Juvenile Justice, include plan to actively coordinate with Deputy Probation Officers for planning, participation in Interdisciplinary Treatment Teams and conduct field-based treatment services at co-located probation sites.**
 - If bidding on Residential Services, include Bidder's ASAM Residential Level of Care Designation Questionnaire (Attachment 4)**
 - If bidding on Recovery Residence, include Bidder's plan to meeting the National Association of Recovery Residences standards.**
 - c. Plan to develop patient individualized treatment plans including identified strengths and needs of client and continuous re-assessment of six life dimensions**
 - d. Strategies to reach and serve required number of clients**

6. 3. a. – d. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 3. a. – d. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 3. e. – f. BIDDER EXPERIENCE, ABILITY AND PLAN

- 3. Describe, in detail, Bidder's Service Delivery Approach, including:
Describe Bidder's experience and plan to deliver specific service modality/ASAM LoC including:**
- e. Proposed outreach activities to each population and geographic area, including those neighborhoods where Bidders is not currently located, to improve access to treatment and services**
 - f. Proposed location of services, if site(s) is not currently owned and/or leased, what the site if currently used for, and how ADA and other access requirements will be met**

6. 3. e. – f. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 3. g. – i. BIDDER EXPERIENCE, ABILITY AND PLAN

- 3. Describe, in detail, Bidder's Service Delivery Approach, including:
Describe Bidder's experience and plan to deliver specific service modality/ASAM LoC including:**
- g. Coordinating treatment with MAT and other treatment providers**
 - h. Ensuring timely access to treatment for client and strategies for difficult to engage clients**
 - i. Transition of clients to different LoC including making and tracking referrals and strategies to reduce the number of clients who drop out of treatment during referrals**

6. 3. g. – i. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 3. j. – m. BIDDER EXPERIENCE, ABILITY AND PLAN

- 3. Describe, in detail, Bidder's Service Delivery Approach, including:
Describe Bidder's experience and plan to deliver specific service modality/ASAM LoC including:**
- j. Plan for case management**
 - k. Capacity and plan for providing Recovery Support Services for outpatient programs only**
 - l. Plan and strategies to engage clients, including tools and resources, to form therapeutic alliances with clients especially for the priority population.**
 - m. Plan for using EBPs in the delivery of services that are well-matched with the priority population including Bidder's plan for implementing, monitoring and ensuring adherence to EBP.**

6. 3. j. – m. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 4. BIDDER EXPERIENCE, ABILITY AND PLAN

4. Describe, in detail, Bidder's ability and experience Forming Partnerships and Collaboration, including:

Describe Bidder's established partnership and ability to cultivate relationships with other providers (mental health, physical health, AC Care Connect) and other County, City and State government agencies. Describe how these partnerships enhance the service delivery needs of the priority population. Please include letters of support from existing and/or proposed partnerships as ATTACHMENT A.

6. 4. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 5. i. BIDDER EXPERIENCE, ABILITY AND PLAN

5. Describe, in detail, Bidder's Organizational Structure, including:
i. Describe how the DMC-ODS pilot integrates into existing organizational structure, include Organizational Chart as ATTACHMENT B (Bidder's chart of how DMC-ODS pilot fits into overall structure) and Organizational Staffing Chart as ATTACHMENT C (Bidder's chart of all staff connected to DMC-ODS pilot and FTE for each staff member).

Empty response area for bidder details.

6. 5. ii. BIDDER EXPERIENCE, ABILITY AND PLAN

**5. Describe, in detail, Bidder's Organizational Structure, including:
ii. Describe Bidder's experience and capacity to deliver, track and bill Medi-Cal services and manage operation.**

6. 5. iii. BIDDER EXPERIENCE, ABILITY AND PLAN

- 5. Describe, in detail, Bidder's Organizational Structure, including:**
- iii. Describe Bidder's experience with Quality Management, including:**
- a. Plan and capability to adhere to Medi-Cal documentation standard and requirements**
 - b. Staffing, supervision, training and leadership**
 - c. Systems of quality assurance as it relates to clinical chart documentation and compliance**
 - d. Capacity and plan to perform quality improvement activities, data entry, data and outcome tracking and program evaluation**

6. 5. iii. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 5. iii. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

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6. 5. iv. BIDDER EXPERIENCE, ABILITY AND PLAN

- 5. Describe, in detail, Bidder's Organizational Structure, including:**
- iv. Demonstrate Bidder's capacity to collect and regularly report performance and outcome data, including:**
- a. Familiarity or plan to use systems such as Clinicians Gateway, InSyst, DATAR and CalOMS**
 - b. Staff capacity to provide electronic registration and eligibility verification functions as well as scheduling, billing, reporting, monitoring and evaluation**
 - c. Description of current hardware and software and any software or hardware needed to implement the DMC-ODS pilot, along with IT resources and staff to support the program**

6. 5. v. BIDDER EXPERIENCE, ABILITY AND PLAN

- 5. Describe, in detail, Bidder's Organizational Structure, including:**
- v. Bidder's staffing capacity to perform all functions under the DMC-ODS pilot, including:**
 - a. Submission of SUD Treatment Staffing Plan (shows proposed SUD treatment FTEs by profession and where reporting structure, clinical supervisor to staff ratios, staff to client ration, professional credentialing and staff specialization in priority population needs) (ATTACHMENT D)**
 - b. Job Descriptions and Resume (if already hired) of key clinical staff (ATTACHMENT E)**
 - c. QM Staffing Plan including staff for QI activities, data entry, data and outcomes tracking, and program evaluation functions. (ATTACHMENT F)**
 - d. Staff Supervision Model that includes a description of the role of the clinical supervisor(s) in staff coaching, client care, and QI and service utilization activities.**
 - e. Treatment Services Staff Training Schedule and Technical Assistance Plan (ATTACHMENT G)**

6. 5. vi. BIDDER EXPERIENCE, ABILITY AND PLAN

- 5. Describe, in detail, Bidder's Organizational Structure, including:**
- vi. Bidder's staffing to support threshold languages of the priority population, including:**
- a. Proposed staffing that takes into account cultural and linguistic needs of the priority population including percentage of staff formally trained in CLAS and any plans to continuously train staff in CLAS**
 - b. Plan for meeting the threshold language requirements**
 - Include a list of clinical staff and their language fluency, spoken and written, based on the priority population in the geographic area applying for. (Use ATTACHMENT H)**

ATTACHMENT H

Name	Position	Language	Verbal Fluency	Written Fluency

6. 5. vii. BIDDER EXPERIENCE, ABILITY AND PLAN

- 5. Describe, in detail, Bidder's Organizational Structure, including:**
- vii. Bidder's organizational policies and procedures that describes:**
- a. CLAS practices;**
 - b. Client confidentiality requirements including monitoring activities for client confidentiality, strategies for obtaining consent if client is unable to provide consent;**
 - c. Credentialing/re-credentialing and monitoring of licenses; and**
 - d. Workforce training practices to be in full compliance with Federal and State requirements.**

6. 5. viii. BIDDER EXPERIENCE, ABILITY AND PLAN

**5. Describe, in detail, Bidder's Organizational Structure, including:
viii. Describe Bidder's communication plan and ability to inform and communicate with the public and beneficiaries regarding services.**

6. 5. ix. BIDDER EXPERIENCE, ABILITY AND PLAN

5. Describe, in detail, Bidder's Organizational Structure, including:

ix. Bidder's audited financial statements as ATTACHMENT I and provide written explanation of any of the following findings:

- a. Auditor presents a qualified audit opinion**
- b. Balance sheet liabilities exceed assets**
- c. There are overdue payments due to a State or Federal agency**
- d. There is a Federal or State account currently in collections**
- e. There is current pending litigation for fraud, misrepresentation, errors or omissions involving one or more current or former employees of the organization**
- f. Auditor notes or footnotes that indicate:**
 - Organizational instability or uncertainty as to its ability to continue in its current business**
 - Overdue State/Federal amounts**
 - Pending litigation involving organizations' employees, management, director or Board of Directors.**

6. 5. ix. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

Empty rectangular box for bidder response.

6. 5. ix. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

Empty rectangular box for bidder response.

6. 5. x. BIDDER EXPERIENCE, ABILITY AND PLAN

- 5. Describe, in detail, Bidder's Organizational Structure, including:**
- x. Describe Bidder's ability to track data, performance and outcomes including:**
 - a. Current system in use**
 - b. Experience with data collection in prior programs for purposes of program improvement and data-driven decision making.**
 - c. Plan for data collection, tracking and analysis in order to evaluate performance measures**

7. a. & b. COST

Use the **EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS** to complete and submit an **EXHIBIT B-1**:

a. **Cost-Coefficient** – Bidder does not need to submit anything additional for this.

b. **Complete and submit the EXHIBIT B-1: BUDGET WORKBOOK (saved in MS Excel).**

EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS

INSTRUCTIONS

- Enter **annualized (12-month)** amounts for all tabs. If a proration is needed, it will be done at the time of contract. BHCS WILL NOT PAY FOR START-UP COSTS.
- Your organization is expected to manage the program, if awarded, to agree with the submitted budget. Enter all data as accurately as possible. If awarded, this data will be part of your contract.
- Enter data into the yellow-highlighted fields only. Do not add to, remove from, change or modify existing tabs, cells, columns, rows, formulas or formats or your bid will be disqualified.
- Each budget column will be evaluated independently of all other budget columns. It is possible to win the award for any one, or any combination of columns in your budget.
 - Do not enter costs in multiple columns that are dependent on any other column in case you are awarded one and not another.
- The budget template tabs include formatting rules to ensure your bid agrees with the RFP.
 - Do not ignore a cell that turns red as it is an indication that the data you entered does not agree with the RFP requirements. You will need to clear all red cells before submitting your bid. See the full RFP for specific requirements.
- The template has 10 columns to allow for up to 10 separate bids on one budget form. In order to bid on more than 10, you will need to submit a second budget workbook.

ExB Budg1 & Budg2 tabs (purple):

- The Contractor Name, preparer name, date and telephone number information only need to be entered one time at the top of the first tab (**ExB Budg1**).
- On Rows 9, 10, and 11, Select the **Modality** from the drop down list for which you are bidding. See the full RFP for the available modalities, populations and regions, and for the special requirements of each. Some modalities are only available for bid for specific populations or regions.
 - Please note if a cell turns red, you should review the full RFP and adjust your data to agree with that which the County is intending to purchase.
 - Note that for Residential and Recovery Residence bids, no region will populate. You will provide the address, if available, on the Residential tab.
- Make sure you select the correct modality with the correct **Program Identifier**, and that it agrees with the Program Identifier written in the RFP. This will also auto populate the **Maximum Award** value that your bid must not exceed (Maximum Award will not autopopulate for Residential or Recovery Residence).
- The **Administrative Indirect Cost** rate for administrative indirect costs entered on the **ExB Budg1** and **ExB Budg2** tabs is capped at 15%.
- Enter all line-item **Operating Expenses and Revenue** items on the purple budget tabs. There are spaces for two additional sources of revenue other than those listed on the form. Make sure to specify the other revenue source if you enter data into either of these rows.

Personnel1 and Personnel2 tabs (green):

- The bid columns correspond to the bid columns on the ExB Budg1 & 2 tabs. Make sure to enter personnel data in the appropriate bid column for each program for which you are bidding.

- Enter the **position title, incumbent's name** (if available) and the **Annualized Salary** in the first two columns on the left. The total FTE, based on a 40-hour-per-week workweek, will calculate automatically once the bid columns are populated.
- For each position and bid, select the correct **Status**:
 - **Direct Client Services** should be selected for all staff who serve clients directly.
 - **Administrative** should be selected for all staff who work directly or indirectly for the program, but who do not directly serve clients.
 - **Supervisory** should be selected for all positions which supervise staff working on the program.

If one position or incumbent serves more than one role on any particular bid, enter them on two separate lines in the Position/Incumbent column and list each role separately with its own associated status for that specific role.
- Enter the **number of months** in a year that each staff will work on the program. An example for this is an intern who will only work the summer months. For the intern, the number of months would be three (3) rather than twelve (12).
- At the bottom of this tab are spaces to enter the **Fringe Benefit** amounts for each bid. There is one additional line-items, highlighted in yellow, to enter fringes that are not already listed. Make sure to specify what they are if data is entered into these rows.

Resid & Recov Resid tab (pink):

- This tab is only to be used if you are bidding on one or more Residential or Recovery Residence programs. Otherwise, leave it blank. It is linked to the ExB Budg1 & 2 tabs, and each row corresponds to the bids on the purple budget tabs. Make sure to enter data on the correct row for each Residential or Recovery Residence bid.
- Only enter data on the rows where the bold blue modality says Residential or Recovery Residence. **Leave all other rows blank.**
- Enter the **Full Site Address**, including suite number (if applicable) and zip code, if the facility address is known. If the facility address is not-yet-known, write in “unknown” and include an explanation in your budget narrative.
- Fill in the yellow-highlighted cells in each row for each Residential or Recovery Residence bid.
 - Keep in mind that each bid will be evaluated independently and that any one bid, or combination may be selected to win an award even if other bids (columns) are not selected to win an award.
- In **Columns M**, for Residential bids only (not Recovery Residence), please enter the **percentage of the program that will provide treatment to clients**. Do not enter a “%” sign in these fields; only enter the number (decimal points are okay). An optional residential worksheet is provided to help you allocate costs between treatment and housing.

OP-IOT-Rec Supp1-9 tabs (blue):

- Enter the data for each Outpatient (OP), Intensive Outpatient Treatment (IOT) and Recovery Support on a separate blue tab.
- **Make sure to enter the corresponding Bid # from the ExB Budg1 & 2 tabs in Cell J5 on each worksheet.** This will populate data necessary for the fair evaluation of your bid. Make sure if you are completing more than one OP-IOT-Rec Supp tab that only one corresponds to each bid number.
 - Failure to correctly identify the Bid # on each OP-IOT-Rec Supp tab will disqualify your bid as it cannot be evaluated without the Bid # specified correctly.
- Fill in the top yellow-highlighted cells (C4, C5, & C6) to indicate the **Unique Clients per Year** and **per Month** your program will serve for each modality.
- Complete the remaining yellow-highlighted cells to specify what the **Program Design** will be. This is required for all OP/IOT/Rec Sup bids.

- There is a **Productivity Analysis** at the bottom of each OP-IOT-Rec Sup (blue) tab. The Total Direct Staff FTE's is linked to the corresponding Personnel tab based on the Bid # you entered in cell J5.
 - The **Productive Hours Available** is calculated by multiplying the Total Direct Staff FTEs specified in your Personnel tab by 1,779 (the annual hours one FTE would be able to work on a 40-hour workweek with holidays and vacation time subtracted) and a minimum of 60% productivity, which is the minimum expected rate.
 - Special Note – this cell will turn red if the sum of the Total Annual Direct Staff Hours calculated above based on program design is greater than the available Direct Staff Hours listed on your Personnel tab for the corresponding program (based on your entry in cell J5). You will need to adjust your program design or Personnel tab in order to clear the red cell. The red cells must be cleared before submitting your bid. It is not acceptable to design a program with less than adequate staff time, so this would disqualify your bid.

TROUBLESHOOTING

There are a number of formulas in the budget template that will turn red if incorrect or inconsistent data is entered to ensure you have the opportunity to correct all errors prior to submitting your bid(s), and therefore avoid your bid(s) being disqualified due to incorrect, insufficient or inconsistent data. These formulas are not intended to replace fully reading the RFP and will not catch all possible errors. Do not attempt to modify, disable or change these budget workbook settings in any way or your bid will be disqualified. Here's a list, by workbook tab, to help you determine the possible issue and how to correct it:

ExB Budq1 & 2:

- **Modality:** Please carefully check the RFP to ensure you are bidding for the correct combination of modality, program identifier, population and region for each bid.
- **Indirect Cost %:** This rate will turn red if the amount you entered for Administrative Indirect Costs (Row 53) is greater than 15% of the total Gross Cost for the program.
- **Net Cost:** Net Cost will turn red if it exceeds the Maximum Award amount on Row 12, which autofills based on the Modality entered at the top of the column. Compare the Program Identifier in Row 9 (for OP/IOT/Rec Supp) with the RFP grid to make sure your selection is correct. If that does not correct the problem, you will need to adjust your costs down to not exceed the Maximum Award amount.

Personnel1 & 2:

- **Total % FTE:** Each staff should be entered on a separate row, and no one staff can work more than 1.00 full time equivalent for any one program or combination of programs. For multiple "like" positions, enter them on separate rows.
- **Admin S + EB:** This cell turns red to alert you that Total Administrative Salaries and Employee Benefits exceed 20% of Total Personnel Expenses for the program. **This will not disqualify your bid.**

OP-IOT-Rec Sup1-9:

- **Minimum Productive Hours Available:** Based on the Bid # you enter in Cell J5 on each tab, this calculation will multiply the number of Direct Client Services FTE's from the Personnel tab for the same program by 1,779 (standard number of hours someone working 40 hours per week can work after subtracting vacation, holiday and sick time) and by 60%, which is the minimum expected productivity. The number of productive hours is compared with the **Total Annual Direct Staff Hours Required** (Column H) for all three modalities (Outpatient, IOT and Recovery Support Services) based on your program design, and all four cells turn red if the Productive Hours Available is less than the hours required per the specified program design.
- **Productivity Rate:** Productivity (total hours available divided by total hours of direct services) must be greater than 60% and less than 85%. This cell turns red if the productivity is either less than 60% or greater than 85%.

7. c. COST

Use this Fillable Forms Template to complete and submit the following questions.

c. Bidder's detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK.

i. Describe how your proposed program budget is aligned with the requirements of the RFP taking into account how calculations were made on the following and explanation on any variances in costs:

- (1) Required Staffing**
- (2) Salaries and Benefits**
- (3) Operating Expenses**
- (4) Administrative/Indirect Costs**
- (5) Revenue expectation**

7. c. COST (cont'd)

Empty rectangular box for cost information.

8. a. IMPLEMENTATION SCHEDULE AND PLAN

a. Bidder's Implementation Schedule and Plan including responsible persons, milestones, due dates and percentage completed around the following activities.

- **Program Site Control - if building is not currently owned, Bidder must describe how they plan to obtain full site control (i.e., appropriate city and zoning licenses and/or permits for intended site, lease agreement must state that the Bidder has full site control, etc.)**
- **Staff Hiring and On-boarding**
- **ASAM and other Training**
- **IT Infrastructure**

Identify who will oversee the implementation of the program in the first year.

Activity	Responsible Persons	Milestone/Measurement	Due Date	% Complete

8. a. IMPLEMENTATION SCHEDULE AND PLAN (cont'd)

Activity	Responsible Persons	Milestone/Measurement	Due Date	% Complete

8. a. IMPLEMENTATION SCHEDULE AND PLAN (cont'd)

Activity	Responsible Persons	Milestone/Measurement	Due Date	% Complete

8. a. IMPLEMENTATION SCHEDULE AND PLAN (cont'd)

a. If bidding on Outpatient, IOT, and Residential:

Attach Bidder's current DMC certification in Alameda County, or submitted DMC certification application, of proposed service delivery site(s) as Attachment J. If application is pending, Bidder must describe how they plan to be site certified by July 1, 2018.

8. b. IMPLEMENTATION SCHEDULE AND PLAN

b. Bidder's identification and strategies for mitigation of risks and barriers, and when they will be resolved, which may adversely affect the program's implementation		
Barriers	Mitigation Strategies	Resolution Date

8. b. IMPLEMENTATION SCHEDULE AND PLAN (cont'd)

c. Bidder's identification and strategies for mitigation of risks and barriers, and when they will be resolved, which may adversely affect the program's implementation		
Barriers	Mitigation Strategies	Resolution Date

**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) are required to subcontract with a SLEB for at least twenty percent (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/index.htm>).

<input type="checkbox"/> 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: _____
<input type="checkbox"/> 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: <input type="checkbox"/> Small / <input type="checkbox"/> Emerging NAICS Codes Included in Certification: _____ SLEB Subcontractor Principal Name: _____ SLEB Subcontractor Principal Signature: _____ Date: _____
<p>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 participations including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.</p>

Bidder Printed Name/Title: _____

Street Address: _____ City _____ State _____ Zip Code _____

Bidder Signature: _____ Date: _____

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 state din 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*****

EXHIBIT C
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:

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 Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 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	<p>Endorsements and Conditions:</p> <ol style="list-style-type: none"> ADDITIONAL INSURED: All insurance required above with the exception of Personal Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. 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 during the entire term of the Agreement and until 3 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. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. 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. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived 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. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. 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. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods: <ul style="list-style-type: none"> – 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". CANCELLATION OF INSURANCE: All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision. 	

EXHIBIT D: 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.	<i>Bidder takes exception to...</i>

*Print additional pages as necessary