

FILLABLE FORMS TEMPLATE INSTRUCTIONS TO BIDDERS

- *Bidders must use the Fillable Forms Template to submit proposals.*
- *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 the ATTACHMENTS (or items therein) not applicable to the Bidder must still be submitted as part of a complete bid response, with such pages or items clearly marked "N/A"*
- *Bidders must use the 'Bid Submission Checklist' in order to check for completeness of submitted documents.*
- *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.*
- *Bidders shall not modify the Fillable Forms Template in any way.*
- *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.*

BID SUBMISSION CHECKLIST

All of the specific documentation listed below is required to be submitted with the Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly label each section with the appropriate title (i.e. Table of Contents, Letter of Transmittal, Key Personnel, etc.).

- 1. Exhibit A: Fillable Forms Bid Response Packet:**
Every bidder must fill out and submit the complete Fillable Forms and Documentation Submittal – Bid Response Packet.
- a. Bidder Information and Acceptance:**
Every Bidder must select one box under Item 10 of Exhibit A and must fill out and submit a **signed** page 4 of Exhibit A.
- b. Bidder Minimum Qualifications:**
Every Bidder must demonstrate how Bidders meet all of the criteria.
- c. References:**
Bidders must use the templates on the Exhibit A – Bid Response Packet to provide references.
 - Bidders are to provide a list of **three current and three former references**. If unable to provide the stated number of references, include justification in your bid submission as a separate attachment. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions.
- d. Attachments:**
Bidders must submit all Attachments as part of their bid packet.
 - ATTACHMENT A: Organizational Chart
 - ATTACHMENT B: FSP Program Chart
 - ATTACHMENT C: Agency's current overall racial/ethnic breakdown
 - ATTACHMENT D: Audited Financial Statements
 - ATTACHMENT E: Prior Contract Performance (see Appendix H of the RFP)
 - ATTACHMENT F: Current Medi-Cal Site Certification Letter
 - ATTACHMENT G: Resumes and/or Job Descriptions
 - ATTACHMENT H: Letters of Support or Memorandum of Understanding
- 2. Exhibit B-1: Budget:**
Bidders must complete all tabs, according to the services and/or population they are applying for, in the budget workbook.
- 3. SLEB Partnering Information Sheet:**
Every bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Fillable Forms Template, indicating their SLEB certification status. If bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the bidder will subcontract to meet the County SLEB participation requirement must be stated. Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

- 4. Exhibit D: Exceptions, Clarifications, Amendments:**
Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP. This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template in Exhibit A – Bid Response Packet.
THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

- 5. Original Proposal:**
One original hard copy of the proposal in a three-ring binder with original signatures. Original proposal is to be clearly marked on the cover.

- 6. Copies of Proposal:**
Seven copies of the proposal. Copies must be unbound without a three-ring binder.

- 7. Electronic copy of Proposal:**
Enclosed with the hardcopy of the proposal, include a USB flash drive clearly marked with the Bidder and RFP name and with the following saved on it:
 - An electronic copy of the proposal, saved with the Bidder's name;
 - An electronic copy of the completed Exhibit B-1 Program Budget, saved in excel with the Bidder's name.

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	
FSP Population (select one)	<input type="checkbox"/> Child/Youth: Birth to 8 <input type="checkbox"/> Child/Youth: 8 to 18 <input type="checkbox"/> Transition Age Youth: North/Central <input type="checkbox"/> Transition Age Youth: South/East <input type="checkbox"/> Adult <input type="checkbox"/> Older Adult <input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Forensic

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.

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	
Dated 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. Have at least two years of organizational experience providing services to the priority population(s) within the last five years;**
- b. Have at least two years of experience billing Medi-Cal for Specialty Mental Health services through a County within the last three years;**
- c. Have at least 45 days of working capital verifiable through submission of an audited financial statement or a single audit in the last fiscal year; and**
- d. Have the capacity to obtain Medi-Cal Site Certification through the State as demonstrated in Medi-Cal site certification for outpatient mental health service through a County.**

4. BIDDER MINIMUM QUALIFICATIONS (cont'd)

Empty rectangular box for bidder minimum qualifications.

4. e. BIDDER MINIMUM QUALIFICATIONS

e. Debarment and Suspension

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/Sandllanding.asp>

5. a. BIDDER REFERENCES

Include the Bidder References section a. in the original proposal only.

a. References:

- 1. On the following pages, provide three Current and Former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP.**
- 2. Bidders must verify that the contact information for all references provided is current and valid.**
- 3. 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.

Table 3 of the RFP includes reference check criteria.

5. a. BIDDER REFERENCES

Current References	
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:	

5. a. BIDDER REFERENCES

Former References	
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:	

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

a. Describe, in detail, Bidder's Clinical Understanding and Experience with the Priority Population Needs including:

i. Bidder's understanding of the priority population including:

- 1. For Child/Youth FSP - Children and young adults with SED;
For all other FSPs - TAY, adults, older adults with SMI;**
- 2. Developmental, age-related issues and their unique needs;**
- 3. Risk factors such as poverty, food insecurity, housing scarcity, trauma, stigma, mistrust, community and domestic violence, child abuse/neglect, parental substance abuse and mental illness and homelessness that impact the delivery of mental health and community support services;**
- 4. Cultural issues that affect the service delivery, including stigma associated with use of mental health services.**

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

a. Describe, in detail, Bidder's Clinical Understanding and Experience with the Priority Population Needs including:

ii. Bidder's experience working with the priority population that takes into account:

1. For Child/Youth FSP – Working with children and young adults stepping down from psychiatric hospital or Crisis Stabilization Units who are not ready for intensive outpatient service only;

For Forensic FSP – Working with TAY and adults over 18 years old who are either currently or have been involved in the criminal justice system and who may need assistance complying with legal requirements;

For Chronically Homeless FSP – working with homeless individuals and helping them obtain and retain housing;

For all other FSPs - Working with TAY, adults and older adults stepping down from a psychiatric hospital, sub-acute, or crisis residential setting who are not ready for intensive case management service only;

2. Providing integrated care for the treatment of co-occurring disorders;

3. Housing, employment, public benefits and medical/primary care coordination; and

4. Engaging clients, and their families/caregivers and loved ones, who may not want to participate in voluntary services.

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

Empty rectangular box for bidder response.

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

- b. Describe, in detail, Bidder's Service Delivery Approach, including:**
- i. Describe Bidder's plan to utilize EBPs and community-based practices including:**
 - 1. How Bidders will implement FSPs using the population-specific EBPs including plan for achieving high fidelity to the EBP through training, consultation, outcome tools and fidelity measures.**
 - 2. How Bidders will use EBPs and/or community practices that are well-matched with the priority population to effectively reach out and engage them through the stages of change and towards an increased readiness to participate in appropriate services.**

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

b. Describe, in detail, Bidder's Service Delivery Approach, including:

ii. Describe Bidder's plan for outreach and service engagement services:

- 1. How will program provide outreach and engagement to clients and sustain a voluntary, non-coercive approach?**
 - **What community/best practices will you use to engage clients through the stages of change and increase participation in services?**
 - **What is your plan for clients who are engaged but are not eligible for FSP or who decline enrollment but requires mental health services?**

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

b. Describe, in detail, Bidder's Service Delivery Approach, including:

iii. Describe Bidder's plan for services that are culturally responsive, welcoming and trauma-informed:

- 1. How will cultural and/or linguistic needs of the clients be supported within the services with consideration to client's gender-specific needs?**
- 2. How will services provided to clients, and their families/caregivers/loved ones in a welcoming environment that includes:**
 - Plan for designing and implementing programs that are trauma-informed.**
 - Strategies to ensure the safety and security of staff, participants, family members and service partners at your program site and any additional treatment sites. How will aggressive behaviors be managed when it happens?**

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

Empty rectangular box for bidder response.

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

b. Describe, in detail, Bidder's Service Delivery Approach, including:

iv. Describe Bidder's plan developing ISSP and designating SPR including:

- 1. How ISSP will be strengths-based, client-centered process that is inclusive of family voice/choice, when appropriate, and which facilitates client recovery and wellness?**
- 2. Describe how the SPR requirement will be met and the role that the FSP team will play to ensure that FSP enrollees are fully served.**

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

- b. Describe, in detail, Bidder's Service Delivery Approach, including:**
- v. Describe Bidder's plan to provide a full spectrum of community services that will help clients meet their ISSP goals including:**
- 1. Providing outpatient services such as mental health, case management/brokerage and psychiatry services including prescribing and medication support.**
 - 2. Addressing and monitoring clients' substance abuse, or the clients' parent/caregiver when the child FSP enrollee is impacted by the parent's substance abuse or co-occurring disorder.**

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

- b. Describe, in detail, Bidder's Service Delivery Approach, including:**
- v. Describe Bidder's plan to provide a full spectrum of community services that will help clients meet their ISSP goals including:**
 - 3. Approach to integrate parent/caregiver peer support services in FSPs. Give examples on how this will happen.**
 - 4. Providing developmentally appropriate support and education to clients and their families/caregiver. What specific support and education do you think will they need?**

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

- b. Describe, in detail, Bidder's Service Delivery Approach, including:**
- v. Describe Bidder's plan to provide a full spectrum of community services that will help clients meet their ISSP goals including:**
- 5. Assisting clients with benefits establishment, accessing health care, and providing support with obtaining and retaining housing.**
 - 6. Providing temporary goods such as food, clothing and hygiene kits when necessary to the client's overall treatment success.**
 - 7. Providing travel/transportation for FSP clients.**
 - 8. Assisting clients who need Substitute Payee.**

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

Empty response area for bidder experience, ability, and plan.

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

b. Describe, in detail, Bidder's Service Delivery Approach, including:

vi. Describe Bidder's commitment to "Whatever it takes" philosophy and use of flexible funds plan including:

- 1. Describe Bidder's expertise in delivering services "Whatever it takes" through its current program(s) and how Bidder plans to follow through with this commitment in the delivery of FSPs.**
- 2. How flexible funds will be utilized to support FSP clients in their treatment goals. Describe your policy in managing these funds including how consumer grievances around fund equity issues will be addressed.**

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

c. Describe, in detail, Bidder's Organization Infrastructure, including:

- i. Bidder's organizational chart (Attachment A) and FSP program chart (Attachment B) to illustrate where the program will reside in the overall agency structure and the reporting structure.**

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

- c. Describe, in detail, Bidder's Organization Infrastructure, including:**
- ii. Capacity for culturally, linguistically responsive services with sensitivity to gender needs including:**
 - 1. Describe any specific expertise your agency has in providing services to the ethnic, cultural, gender and sexual identity groups who might participate in the FSPs.**
 - 2. Provide your agency's current overall racial/ethnic breakdown including capacity to provide services other than English (Attachment C).**

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

c. Describe, in detail, Bidder's Organization Infrastructure, including:

iii. Bidder's administrative capacity that meets these requirements:

- 1. Management/Executive Team – at a minimum and as appropriate for the size and the needs of the agency, includes a Chief Executive Officer (CEO) or Executive/Program Director and a Chief Financial Officer (CFO) or Finance Director/Accountant with at least five years of education, training and/or experience in finance or business administration.**
- 2. Quality Management – Describe Bidder's quality assurance and quality improvement infrastructure to maintain client records and plan for ensuring client charts are accurate and completed in accordance with BHCS QA Documentation standards for FSPs.**
- 3. Human Resource – Capacity to hire, train and retain staff in accordance with the needs of the clients while enhancing strength-based skills and encouraging professional development. Ensure initial screening/checking and continuous monitoring of licensed staff and compliance with BHCS' Exclusion, Debarment and Background Check Policies and Procedures.**
- 4. Data Management – Describe Bidder's experience and ability to track data in multiple systems including training staff and procedures for ensuring that data entry is accurate and timely.**
- 5. Computer and Information Technology – Describe Bidder's capacity to comply with the data collection and billing requirements contained in the SOW.**

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

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

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

c. Describe, in detail, Bidder's Organization Infrastructure, including:

iv. Bidder's fiscal management and controls around:

- 1. Financial Audit – Bidders must provide the last three audited financial statements (if none, then financial statement for most recently completed fiscal year). Insert as Attachment D in the original proposal only. Provide written explanation of any of the following findings:**
 - **Auditor presents a qualified audit opinion**
 - **Balance sheet liabilities exceed assets**
 - **There are overdue payments due to a State or Federal agency**
 - **There is a Federal or State account currently in collections**
 - **There is current pending litigation for fraud, misrepresentation, errors or omissions involving one or more current or former employees of the organization**
 - **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.**
- 2. Revenue billing – Plan for maximizing revenue through SD/MC billing and maintaining 80/20 billing requirements while maintaining quality client care.**

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

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

c. Describe, in detail, Bidder's Organization Infrastructure, including:

v. Bidder's capacity to meet BHCS contract compliance:

- 1. Plan to meet Contract Deliverables – Describe Bidder's plan to ensure compliance with BHCS contracting requirements.**
- 2. Prior Contract Performance – Complete Appendix G of the RFP and include in your proposal as Attachment E.**

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

c. Describe, in detail, Bidder's Organization Infrastructure, including:

vi. Bidder's planned location for delivering services, office/clinic-based, and in the community as defined by the client including the following:

- 1. Location of services – program site address, accessibility to public transportation, Medi-Cal site certification status (attach current certification letter if location is already certified as Attachment F), locations in the community where FSP services will be provided**
- 2. Program hours – office hours and plan for evening and weekend services.**
 - Describe the plan for adequate staff coverage at the program site given that most FSP services will be provided in the community**
 - Describe capacity to respond to clients 24/7, plan for providing coverage to avert client crisis and supporting clients coming out of jail, ER, PES and CSUs**

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

Empty rectangular box for bidder response.

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

d. Describe, in detail, Bidder's Planned Staffing including:
i. The roles of direct and non-direct service staff, licensed and non-licensed staff, roles and responsibilities of all staff. Attach resumes of program staff, if already on-board, and/or job descriptions of positions to be hired (Attachment G).

Title	Staff Name and (if not yet hired, indicate and indicate whether licensed with license number)	Role and Responsibilities	List education and experience (if not yet hired, list requirements, including language(s) proficient in)

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

Title	Staff Name and (if not yet hired, indicate and indicate whether licensed with license number)	Role and Responsibilities	List education and experience (if not yet hired, list requirements, including language(s) proficient in)

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

Title	Staff Name and (if not yet hired, indicate and indicate whether licensed with license number)	Role and Responsibilities	List education and experience (if not yet hired, list requirements, including language(s) proficient in)

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

d. Describe, in detail, Bidder's Planned Staffing including:

ii. Plan for hiring/recruiting, initial and ongoing training (topics/content to be covered and training method), supervision of all FSP team members. Include in your response:

1. Plan for supporting and maintaining the following staff:

- **Prescriber**
- **Nurse**
- **Peer staff and family partners**

2. Ratio of direct service staff to program participants according to the EBP requirements; and

3. How employee retention, strength-based skills and professional development will be encouraged.

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

Empty response area for bidder experience, ability, and plan.

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

- e. Describe, in detail, Bidder's ability and experience Forming Partnerships and Collaboration, including:**
- i. Experience and/or plan for receiving clients who are transitioning from another service provider. Describe the following:**
- 1. Parties involved;**
 - 2. How transition was planned/coordinated to ensure the least disruption in client care and services; and**
 - 3. How referrals, either as step-downs or step-up to other levels of care, as medically necessary, were facilitated wherein the client was at the center of the treatment planning?**

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

Empty rectangular box for bidder response.

6. e. ii. - iii. BIDDER EXPERIENCE, ABILITY AND PLAN

- e. Describe, in detail, Bidder's ability and experience Forming Partnerships and Collaboration, including:**
- ii. Plan for referring clients who do not meet eligibility requirements for FSP but need mental health services.**
 - iii. Experience and plan for receiving new client referrals and how long it will take to schedule an intake appointment.**

Empty response area for bidder input.

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

e. Describe, in detail, Bidder's ability and experience Forming Partnerships and Collaboration, including:
iv. Partnership with HCSA's Whole Person Care Pilot including participations in trainings, process improvement projects, design input sessions and/or receiving grant funds through the Pilot. Provide details and how you think this will enhance your proposed FSP services?

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

- e. Describe, in detail, Bidder's ability and experience Forming Partnerships and Collaboration, including:**
 - v. Experience and plan collaborating with the jail, courts, PES, ER and CSUs. For Bidders applying to serve the forensic population, describe experience or proposed plan, partnering with the Behavioral Health Court to successfully support clients in meeting their treatment goals and legal requirements.**

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

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

vi. Experience working with community agencies and how these relationships will positively impact the clients enrolled in the proposed FSP. Include information on your agency's ability to develop linkages to a variety of service and supports and the ability to develop low cost/no cost resources. Attach letters of support or memorandum of understanding as evidence of existing relationships and/or planned collaborations who will help Bidder support FSP program enrollees (Attachment H). Letters should be provided on agency letterhead and include authorized signature(s).

6. f. 1. BIDDER EXPERIENCE, ABILITY AND PLAN

f. Describe, in detail, Bidder's Experience and Plan to Track Data and Outcomes, including Bidder's plan for collecting data specified in this RFP and tracking outcomes for quality improvement, specific to the following:

1. Using the RBA framework, describe the following:

- **What the proposed program will achieve under the 1st Critical Question: How much did we do?**
 - **# of new clients enrolled**
 - **# of clients open to program point-in-time**
 - **# of clients closed and reason for closure**
 - **# of hours provided by service modality**
 - **# of clients with no SSI/SSDI linked to advocacy programs (Not applicable to Child/Youth FSP)**
 - **# of services provided field-based**
 - **# of peer staff employed by the program that are representative of the client being served**
 - **# of CFT meetings/FTM per month (Child/Youth FSP only)**
- **How you would ensure that the awarded program meet the specified outcomes related to the 3rd Critical Question?**

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

Empty rectangular box for bidder response.

6. f. 2.-5. BIDDER EXPERIENCE, ABILITY AND PLAN

- f. Describe, in detail, Bidder's Experience and Plan to Track Data and Outcomes, including Bidder's plan for collecting data specified in this RFP and tracking outcomes for quality improvement, specific to the following:**
- 2. Who will be responsible to track the data and how the multi-level data collection requirements be managed.**
 - 3. How data will be coordinated to meet the County and the State requirements and when requested.**
 - 4. How data will be used to inform the need for making mid-course corrections to service delivery and meeting contract deliverables.**
 - 5. Describe data collection experience from prior program(s) that led to positive client outcomes. Include detail on type of program/services, client data collected and how it was collected, performance benchmarks and outcome.**

6. f. 2.-5. BIDDER EXPERIENCE, ABILITY AND PLAN (cont'd)

A large, empty rectangular box with a black border, intended for the bidder to provide details regarding their experience, ability, and plan.

6. f. 6. BIDDER EXPERIENCE, ABILITY AND PLAN

f. Describe, in detail, Bidder's Experience and Plan to Track Data and Outcomes, including Bidder's plan for collecting data specified in this RFP and tracking outcomes for quality improvement, specific to the following:

6. How client/family satisfaction surveys be administered to ensure:

- A 50 percent return rate and**
- Information will be utilized in treatment planning and program improvement planning.**

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 one EXHIBIT B-1: BUDGET WORKBOOK (saved in MS Excel).**

EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS**DIRECTIONS**

Submit one EXHIBIT B-1: BUDGET WORKBOOK for your bid submission.

*Agencies submitting a bid for more than one Program area must complete separate bid submissions and budget workbooks.

- Fill in areas highlighted in yellow in each budget workbook
- Complete the three tabs (B-1; Admin Costs Detail Opt; and Admin Expense Detail Non-MC) in the budget workbook.
- Print all three tabs (B-1; Admin Costs Detail Opt; and Admin Expense Detail Non-MC) in the budget workbook.
 - **Note: Make sure printed documents are in a large enough font to read**
 - **Note: The electronic version submitted with the copies of the proposal must be saved in an Excel format.**

NOTE

- All amounts are rounded to the nearest whole dollar
- Start-up costs cannot be included in this RFP
- This program will be reimbursed on a provisional rate basis for the Outpatient Services and on an actual cost basis for the Non-Medi-Cal Expenses.
- Annualized program budget requests cannot exceed the maximum allocation for the program selected. The amount is populated in row 9 after the program is selected.
- Total contract award for any 12 month period cannot exceed the annualized program allocation
- Winning bidder may be eligible for a cash advance after contract award. Limited to 1/12th of the annualized contract allocation subject to the County Cash Advance Policy.
- *Line Item definitions are included in Italics.*

B-1: FUNDED PROGRAM BUDGET

- Insert Bidder Name
- Select the Program and location.
 - **Note:** The location will automatically populate for each category.

Salaries & Wages: *Gross Wages paid to employees.*

- For each Position/Title use the generic staff titles listed before adding under 'Other'.
- Read the RFP to ensure minimum staffing requirements are met.

Direct Services: *Primary program service delivery*

- Medical Providers, Licensed LPHA, Unlicensed LPHA, Nursing, Grad Student, MHRS, and Adjunct Staff (i.e., Outreach services face to face with the participants and family members).
 - **Note:** If a staff position is **both** Direct and Administrative please report each portion of the time in the separate sections as separate line items.

Admin Staff: *Supportive positions not directly delivering services.*

- Administrative costs are costs not directly associated with service delivery and costs that are not attributed to day to day operating expenses (e.g. Human Resources, Information Technology staff).

- **Note:** If a staff position is **both** Direct and Administrative please report each portion of the in the separate sections as separate line items.

Annualized Salary

- Enter the salary paid to each staff person for 12 months based on a 40 hour work week.

B% (Billable Productivity Percentage)

- List the planned billable percentage for each classification by line. This can vary based on the classification and your organizations policies.
 - **Note:** This is the percentage of the direct service staff's time that will generate a Medi-Cal billable service.

Total Cost

- Enter the amount of each staff's salary that will be paid out of this RFP budget for 12 months.
 - **Note:** Complete this step for **both** 'Outpatient' and 'Non Medi-Cal Expenses' columns.

Full Time Equivalent (FTE)

- The FTE will be automatically calculated based on the Annualized Salary and Total Cost.
- Examples:
 - If a person works 20 hours a week in project, this would be 50% FTE or .50 FTE
 - If a person works a total of 37.5 hours per week, this is .94 FTE

Percentage Employee Benefits & Taxes: *FICA payroll taxes, State Unemployment Insurance, Worker's Compensation Insurance, Contribution to retirement plans, health, dental and vision insurance, other employee related benefits.*

- Enter the percent allocated for employee benefits and taxes.
 - **Note:** The form will calculate the Benefits & Taxes for the annualized Outpatient and Non Medi-Cal Expenses portions of the program.

MH Professional Contracted Services

- 1099 Contract Workers who provide direct client services should be listed
 - **Note:** Positions listed here will not have benefits costs associated with the positions.

Total Proposed Personnel Costs

- The sum of Total Salaries/FTEs and Total Fringe Benefits is automatically calculated.

Client Supportive Expenditures

- This section should be used for budgeting the costs of direct supportive expenditures to clients, family members, and caregivers. These expenses include housing and related operating expenses (such as insurance, repairs, utilities, etc.), items necessary for daily living (such as food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers and employment and education supports.
- Use the line items designated on the form to input budget amounts. Space has been provided for any additional expenditure accounts you may need to add, but try to use the standard categories as much as possible.
 - **Note:** Specific requirements in the RFP and recommended maximums.

Operating Expenses

- Operating Expenses are costs associated with service delivery; these are costs of daily activities that are separate from administrative activities (e.g. Supplies, Rent). This has been divided into two sections: Direct Expenses and Allocated Expenses

- Direct Assigned Expenses are costs **directly** associated with service delivery; these are costs of daily activities that are separate from administrative activities (e.g. Supplies, Medical Equipment).
 - Medical, Dental, Pharmaceutical Supplies: Antiseptic wipes for human use, exam chairs, medical bandages, patient safety devices, gloves.
 - Therapeutic Supplies: Supplies used by consumers for in-home care, training supplies, arts & crafts, gardening, games, cards, sports equipment, musical instruments, activity reference books, camera, etc.
 - Transportation: Millage and parking
 - Depreciation: Based on GAAP methodology of the asset's cost over its useful life.
 - Medical Equipment
 - Insurance: Professional Liability
 - Telehealth:
 - Client Support and Care:
 - Other:

- Allocated Expenses are costs **indirectly** associated with service delivery; these are costs of daily activities that are separate from administrative activities (e.g. Office Expenses, Communications).
 - Household Expense, Food, and Supplies: bed linens & blankets, paper products, cleaning/housekeeping products, pillows, bath & kitchen towels, hot pads, pots & pans, dishes, glassware, flatware, serving bowls and platters, serving and cooking utensils, laundry supplies, batteries, light bulbs, maintenance supplies, draperies, first aid kits, fire extinguishers, smoke & carbon monoxide detectors, household furniture and small appliances and Non-perishable and perishable groceries.
 - Office Expense: Paper, pens & pencils, printer ink, tape, staples, consumer binders, clipboards, bulletin boards, postage, general office supplies, office furniture, hardware (including computers and cell phones), software costs (do not include annual license fees).
 - Utilities: Water, sewage, garbage, cable TV, power heating/cooling by the number of months used.
 - Communications: Monthly service plans for landline & cell phones, pagers, monthly internet access fees, TDD Equipment
 - Transportation & Travel: Millage, parking, and airfare, lodging and meals.
 - Insurance: Liability, homeowners, fire, rental, vehicle, surety bond.
 - Taxes, Assessment, Membership Dues & Licenses: Annual fees license fees, certification, registrations, use permits, taxes other than payroll
 - Interest: Interest payable on applicable bonds, loans, convertible.
 - Training: Fingerprint clearance fees, Health Screening, CPR, First Aid, Behavioral or Evidence Based Practices training, training materials.
 - Rents & Leases
 - Structure/Building/Improvements: Rent or lease on building and parking, if applicable. Cannot include purchase, down payment or deposit for the purchase of real property.
 - Equipment & Vehicles: Only deposits or monthly fees for copiers, faxes, printers or similar office equipment.
 - Maintenance
 - Structure/Building/Improvements: paint, pest control, inspections, minor remodeling costs.
 - Equipment & Vehicles: regular servicing, oil, tires, tune up.
 - Depreciation: Based on GAAP methodology of the asset's cost over its useful life.
 - Structure/Building & Improvements
 - Equipment & Vehicles
 - Professional & Specialized Services:
 - Legal & Accounting: Out-sourced Legal, Fiscal, and/or Auditing services

- Data Processing: Outsourced data entry, billing, QA
- Other: *Consultants (1099 Employees not providing direct services)*
- Note: Use the line items designated on the form to input budget amounts. Space has been provided for any additional expenditure accounts you may need to add, but try to use the standard categories as much as possible.

Administrative Costs

- Bidders must complete the Admin Costs Detail Tab to itemize and describe, in detail including the methodology for cost allocation if applicable, all administrative expenses.
 - **Note:** Do not duplicate costs for Admin staff listed in the Salaries & Wages Section.
 - **Note:** Complete this step for **both** 'Outpatient' and 'Non Medi-Cal Expenses' columns.

Revenue

- Include any revenue Bidder will use to support the proposed program.
 - **Note:** Do **NOT** include the RFP Alameda County Contract Amount as revenue.

Service Hours

For the Annualized Program:

- Total Hours to be provided for twelve months for all types of services including:
 - Outpatient
 - Case Management
 - Mental Health Services
 - Medication Support
 - Crisis Intervention
 - **Note:** The form will calculate the units of service based on the Billable Productivity Percentages entered for each direct service position.

7. c. i. 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**

7. c. i. COST (cont'd)

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8. a. IMPLEMENTATION SCHEDULE AND PLAN

a. Bidder's Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities:

- **Program Start-up: Staff hiring, Training, Supervision**
- **Enrollment Ramp-up: Warm hand-off of existing FSP clients, new client referrals**
- **Program Fill-up and full services**
- **Program Evaluation**

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

Activity	Responsible Persons	Milestone/Measurement	Due Date

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

Activity	Responsible Persons	Milestone/Measurement	Due Date

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

Activity	Responsible Persons	Milestone/Measurement	Due Date

8. b. IMPLEMENTATION SCHEDULE AND PLAN

b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation

Barriers	Mitigation Strategies

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

Barriers	Mitigation Strategies

**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"> 1. 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. 2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained 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. 3. 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. 4. 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. 5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. 6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods: <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". 7. 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