

**REVISED FILLABLE FORMS TEMPLATE**

**INSTRUCTIONS TO BIDDERS**

- *As described in the submittal of proposals section of this RFP, bidders are to submit one (1) original hardcopy proposal (using Fillable Forms Template), 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 bid in PDF.*
- *Bidders shall not modify the Fillable Forms Template in any way or qualify their 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, shall be subject to disqualification and their bids 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.*

**REQUIRED FILLABLE FORMS TEMPLATE & DOCUMENTATION SUBMITTAL FOR PROPOSALS**

**1. TITLE PAGE**

*Complete form and submit one in each proposal in no more than one page.*

<b>Bidder Organization Name</b>			
<b>Applying for (check all that apply)</b>	<b>Treatment Modality</b>	<b>Number of Programs</b>	<b>Proposed Location</b>
	<input type="checkbox"/> Residential Male <b>or co-ed<sup>1</sup></b>		
	<input type="checkbox"/> Residential Female, Non-Perinatal		
	<input type="checkbox"/> Residential Female, Perinatal		
	<input type="checkbox"/> Non-Residential Outpatient, North		
	<input type="checkbox"/> Non-Residential Outpatient, Central		
	<input type="checkbox"/> Non-Residential Outpatient, South		
	<input type="checkbox"/> Non-Residential Outpatient, East		
	<input type="checkbox"/> SLE North, Male <b>or co-ed<sup>2</sup> Only</b>		
	<input type="checkbox"/> SLE Central Male <b>or co-ed<sup>3</sup> Only</b>		
	<input type="checkbox"/> SLE South Male <b>or co-ed<sup>4</sup> Only</b>		
<input type="checkbox"/> SLE Female Only			
<b>Bidder Organization's Headquarter Address</b>			
<b>City/State/Zip</b>			
<b>Name of Contact Person</b>		<b>Title</b>	
<b>Phone</b>		<b>Email</b>	
<b>Proposal Date</b>			

<sup>1</sup> If the proposal is for co-ed residential treatment, the female residences must be separated from the male residences in different dorms, wings or buildings. There also must be at least some treatment programming that is separated by gender to address gender-specific issues.

<sup>2</sup> If the proposal is for co-ed SLE, the female residences must be separated from the male residences in different dorms, wings or buildings.

<sup>3</sup> If the proposal is for co-ed SLE, the female residences must be separated from the male residences in different dorms, wings or buildings.

<sup>4</sup> If the proposal is for co-ed SLE, the female residences must be separated from the male residences in different dorms, wings or buildings.

**EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE**

**Complete and submit one form in each proposal.**

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 the following terms, conditions, certifications, and requirements:

- **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 Recommend Award/Non-Award letters have been issued or appeal thereafter.

The following describes two separate processes: Bid Protests and Appeals. Bid Protests submitted prior to issuance of the Notices of Intent to Recommend Award/Non-Award letters shall not be accepted by the County.

- i. 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 (5<sup>th</sup>)** business day **following the date of issuance of the Notice of Intent to Recommend Award/Non-Award letter, 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.
  - a. The Bid Protest must contain a complete statement of the reasons and facts for the protest. The Bid Protest shall be limited to the procurement process or, where appropriate, County contracting policies or other laws and regulations.
  - b. The Bid Protest must refer to the specific portions of documents that form the basis for the protest.
  - c. The Bid Protest must include the name, address, email address, fax number and telephone number of the person representing the protesting party.
  - d. BHCS shall transmit a copy of the Bid Protest to all Bidders as soon as possible after receipt of the protest.
- ii. 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 or fax, and certified mail, and shall inform the Bidder whether or not the recommendation to the Board of Supervisors as stated in the Notice of Intent to Recommend 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.

- iii. The decision of the BHCS Director on the Bid Protest may be appealed to the Auditor-Controller's Office of Contract Compliance (OCC) located at 1221 Oak St., Rm. 249, Oakland, CA 94612, Fax: 510.272.6502. 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 OCC 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.
    - a. The Appeal shall specify the Bid Protest decision being appealed and all the facts and circumstances relied upon in support of the Appeal.
    - b. In reviewing Appeals, the OCC shall not re-judge the proposals. The appeal to the OCC 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.
    - c. The Appeal to the OCC 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.
    - d. The decision of the Auditor-Controller's OCC is the final step of the Appeal process. A copy of the decision of the Auditor-Controller's OCC shall be furnished to the protestor, the Bidder whose proposal is the subject of the Bid protest, and all Bidders affected by the decision.
  - iv. 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.
  - v. 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.
- **Debarment / Suspension Policy** located at:  
<http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>
  - **Iran Contracting Act (ICA) of 2010** located at:  
<http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>
  - **Small Local Emerging Business Program** located at:  
[\[http://acgov.org/auditor/sleb/overview.htm\]](http://acgov.org/auditor/sleb/overview.htm)
  - **First Source** located at:

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

- **Online Contract Compliance System** located at:  
<http://acgov.org/auditor/sleb/elation.htm>
  - **General Requirements** located at:  
<http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>
  - **Proprietary and Confidential Information** located at:  
<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>
5. 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.
  6. 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.
  7. Patent indemnity: Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
  8. The undersigned also acknowledges **ONE** of the following, **if applicable**. Please check only one box, **if applicable**.
    - Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
    - Bidder is a certified SLEB and is requesting **40% 5%** bid preference (Bidder must check the first box in Item 4 above and provide its SLEB Certification Number); **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 vendor and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

Exhibit A: Bidder Information & Acceptance			
Official Name of Bidder			
Street Address Line 1			
Street Address Line 2			
City	State	Zip	
Webpage			
Type of Entity/Organizational	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	
	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	

Structure	<input type="checkbox"/> Other	<input type="checkbox"/> Non-Profit / Church
Date of Organizational Structure		Federal Tax ID Number
<b>Primary Contact Information</b>		
Name		Title
Phone Number		Fax Number
Email		
Signature		Title
Date this	day of	20

**2. LETTER OF TRANSMITTAL/EXECUTIVE SUMMARY**

**Complete and submit one in each proposal.  
Describe Bidder's capabilities and approach in providing its services to the County, and provide a brief synopsis of the highlights of the proposal (including all treatment modalities) and overall benefits to the County in no more than one page.**

Empty space for the Letter of Transmittal/Executive Summary.

**3. VENDOR MINIMUM QUALIFICATIONS**

*Complete and submit one in each proposal.  
Describe how Bidder has regularly and continuously engaged in the business of providing SUD treatment and recovery services to adults involved in the criminal justice system for at least three consecutive years within the last ten years in no more than one page.*



#### 4. ORGANIZATIONAL CAPACITY AND REFERENCE

**Complete and submit one in the original proposal only.**

**4. a. Fiscal Management Capacity:** Include a recent copy (within the last twelve months) of Bidder's Dun & Bradstreet Qualifier Report and **or Bidder's Audited Financial Statements from the last three years and** include as **ATTACHMENT 1A**.

- Bidder's Dun & Bradstreet Supplier Qualifier Report must be ranked a six or lower for BHCS to consider Bidder for contract award.
- **To be considered for contract award, Bidder's audited financial statements must be satisfactory, as deemed solely by the County. BHCS reserves the right to disqualify proposals with unsatisfactory audited financial statements. Disqualified proposals will not be evaluated by the CSC/Evaluation Panel and will not be eligible for funding under this RFP.**
- For information on how to obtain a Supplier Evaluation Report, contact Dun & Bradstreet at 1.866.719.7158 or visit [www.dnb.com](http://www.dnb.com).

**Complete and submit one copy.**

**4. b. Insurance:** Go to: <http://www.acbhcs.org/providers/network/docs.htm> to locate the appropriate insurance form and include Bidder's current and appropriate insurance documents as **EXHIBIT C: INSURANCE REQUIREMENTS**.

**Complete and submit in the original proposal only.**

**4. c. References: Provide three current and 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.**

**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:	

**Former References**

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Start Date of Service:	End Date of Service:

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Start Date of Service:	End Date of Service:

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Start Date of Service:	End Date of Service:

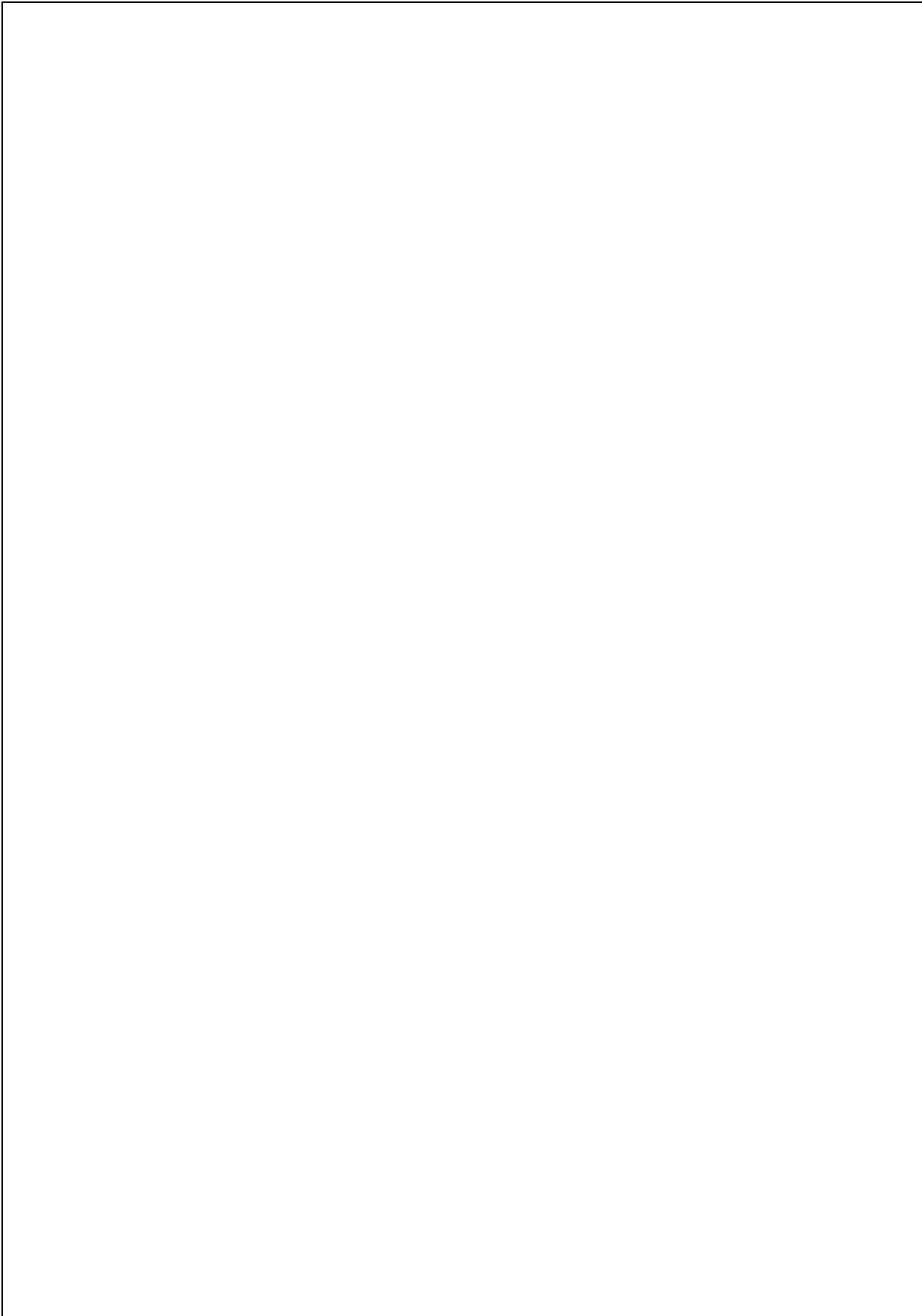
**5. BIDDER EXPERIENCE, ABILITY AND PLAN**

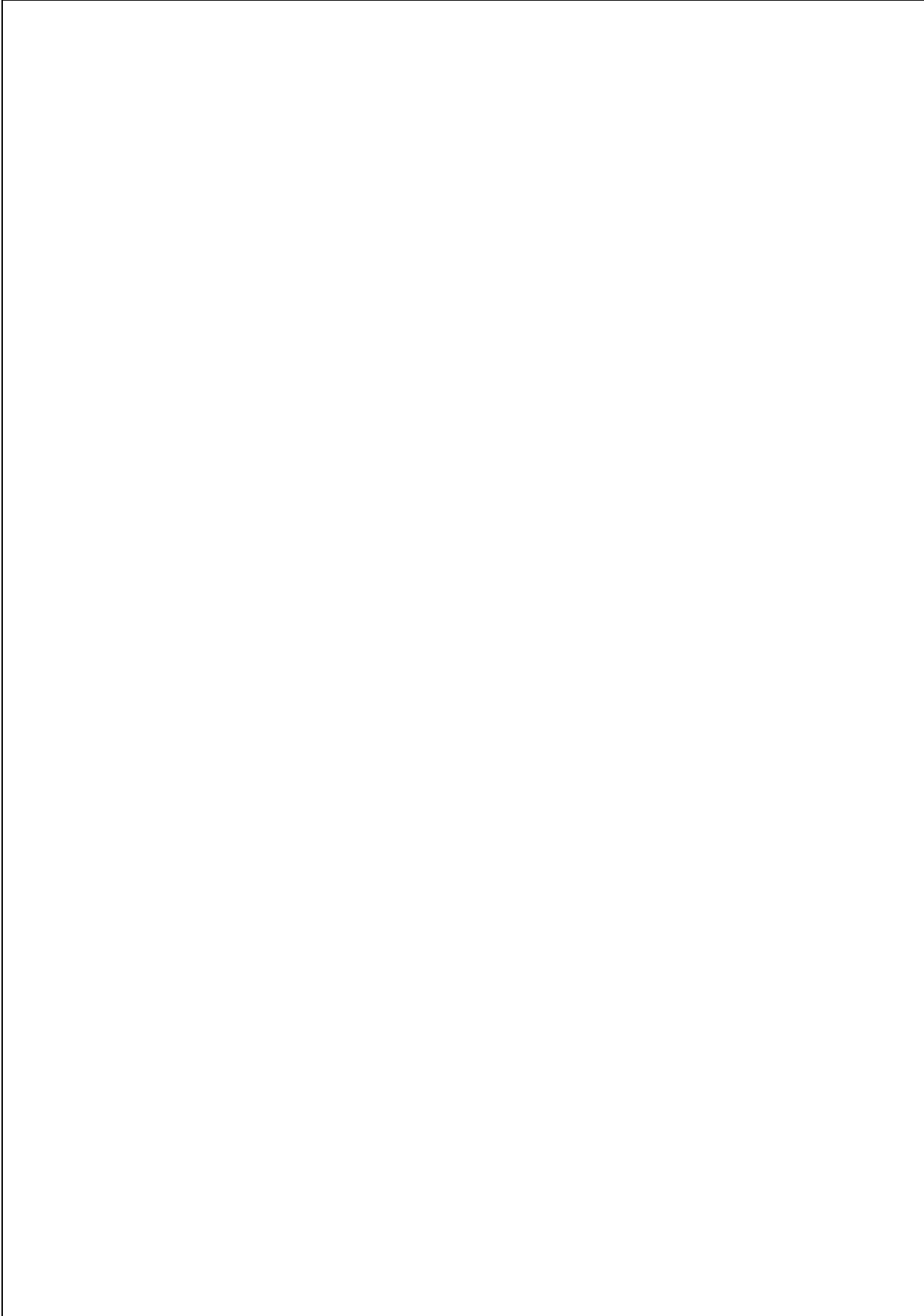
For each treatment modality and ~~sub-modality~~ region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than three and a half pages per treatment modality **and region**:

5. a. Priority Population and Service Delivery Approach Design: Provide an overview of the proposed treatment modality design in the region Bidder is proposing to serve, including the following components:

- List all of the treatment modalities Bidder is proposing to provide and how they will be coordinated;
- The characteristics of the priority population(s) per treatment modality;
- Bidder's plan to provide culturally responsive services to the priority population.
- The proposed treatment modality design including:
  - Identification of the use of an EBP or PP model(s) including the following:
    - Key characteristics of the model(s) and a brief discussion of the model's effectiveness with populations similar to the priority population;
      - Any adaptations to the model(s);
      - Why this model was chosen above others;
      - Description of how Bidder's staff implements the model(s); and
      - How Bidder maintains and monitor's fidelity to the model(s).
    - The proposed service delivery process and engagement from intake to discharge;
    - The number of unique clients that will be served per year and at any given time;
    - The staffing configuration; and
    - Where service site(s) will be located (provide detailed and specific information on co-ed programs, if applicable).





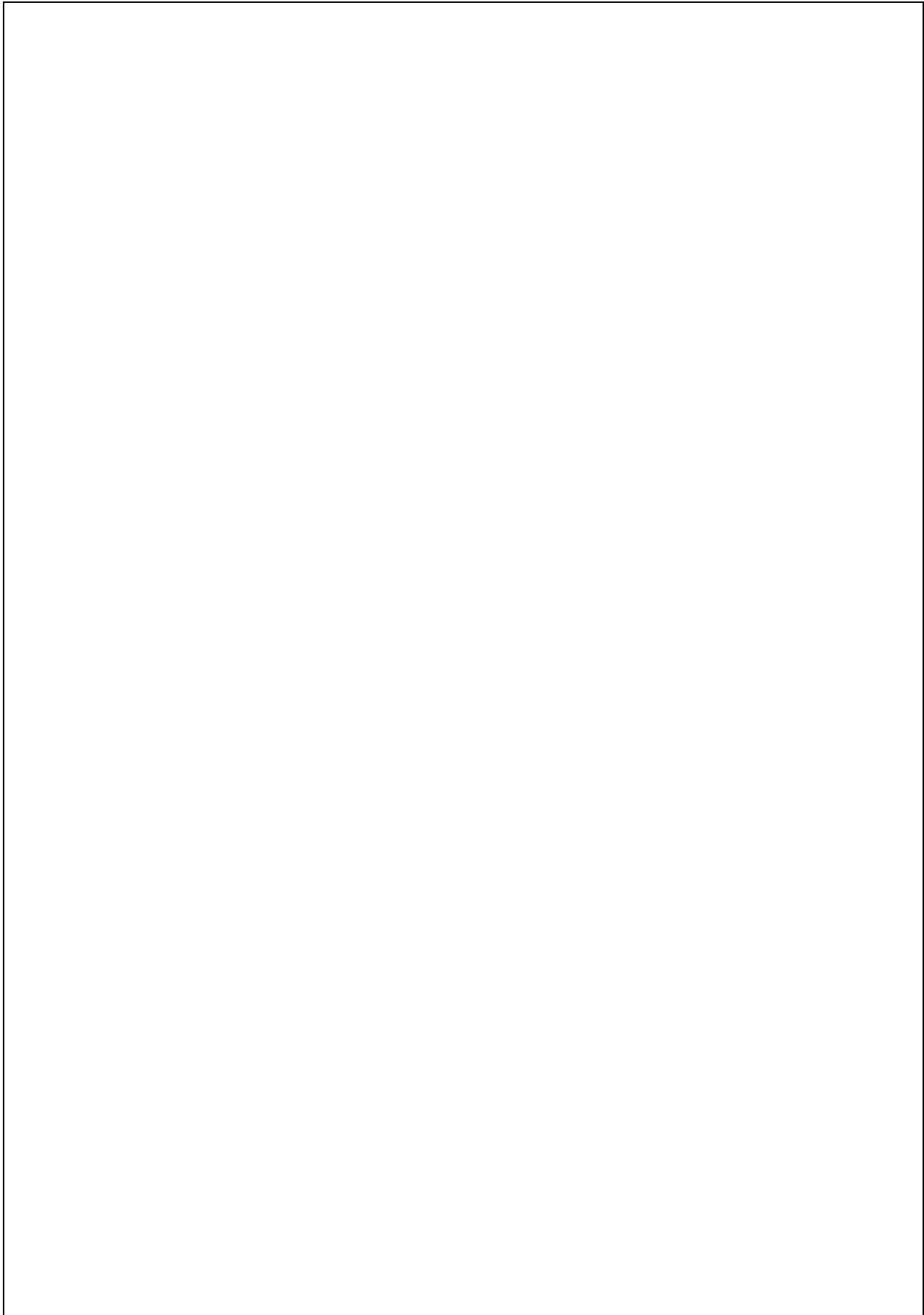


**Complete and submit one in each proposal.**

**5. b. Experience with Priority Population Needs and Service Delivery Approach: In no more than two pages:**

- i. **Describe Bidder's experience with the priority population.**
- ii. **Describe Bidder's experience with all of the treatment modalities Bidder is proposing.**
- iii. **Describe what Bidder has learned from prior experience with the priority population and treatment modalities.**
- iv. **Describe how Bidder has changed service delivery as a result of learned experience.**





**Complete and submit in each proposal.**

**5. c. Planned Organizational Structure and Staffing Include the following in no more than two pages:**

- i. Optional: Describe Bidder's ability and plan to prepare for Health Care Reform as described in this RFP.**
- ii. Optional: Describe how Bidder obtains and maintains diverse funding sources.**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for a fillable form.

**Complete and submit in each proposal.**

**5. c.**

- iii. Describe Bidder's current organizational chart, describing an overview of Bidder's current organizational structure. Insert where all proposed treatment modalities would fit as ATTACHMENT 2A in one page.**
- iv. A second chart, describing staff and supervision linkages for each proposed treatment modality ATTACHMENT 2B in one page each. For each treatment modality and **sub-modality**/region, Bidder is proposing to serve include the following, separated by labeled tabs per treatment modality:**
- v. Bidder's staff roles and responsibilities who will work in each proposed treatment modality and **sub-modality and region** and:**
  - One-page resumes for each currently employed staff, which will fill each treatment modality roles as ATTACHMENT 3A.**
  - One-page job descriptions for each yet-to-be hired staff, which describe the necessary roles for each treatment modality, responsibilities and qualification requirements for each position as ATTACHMENT 3B.**

For each treatment modality and ~~sub-modality~~ region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than one page per treatment modality:

5. d. i. Licensure and Certification: Describe Bidder's plan to maintain the required licensure and certification as required in this RFP as ATTACHMENT 4.

*For each treatment modality and ~~sub-modality~~ region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than one page per treatment modality:*

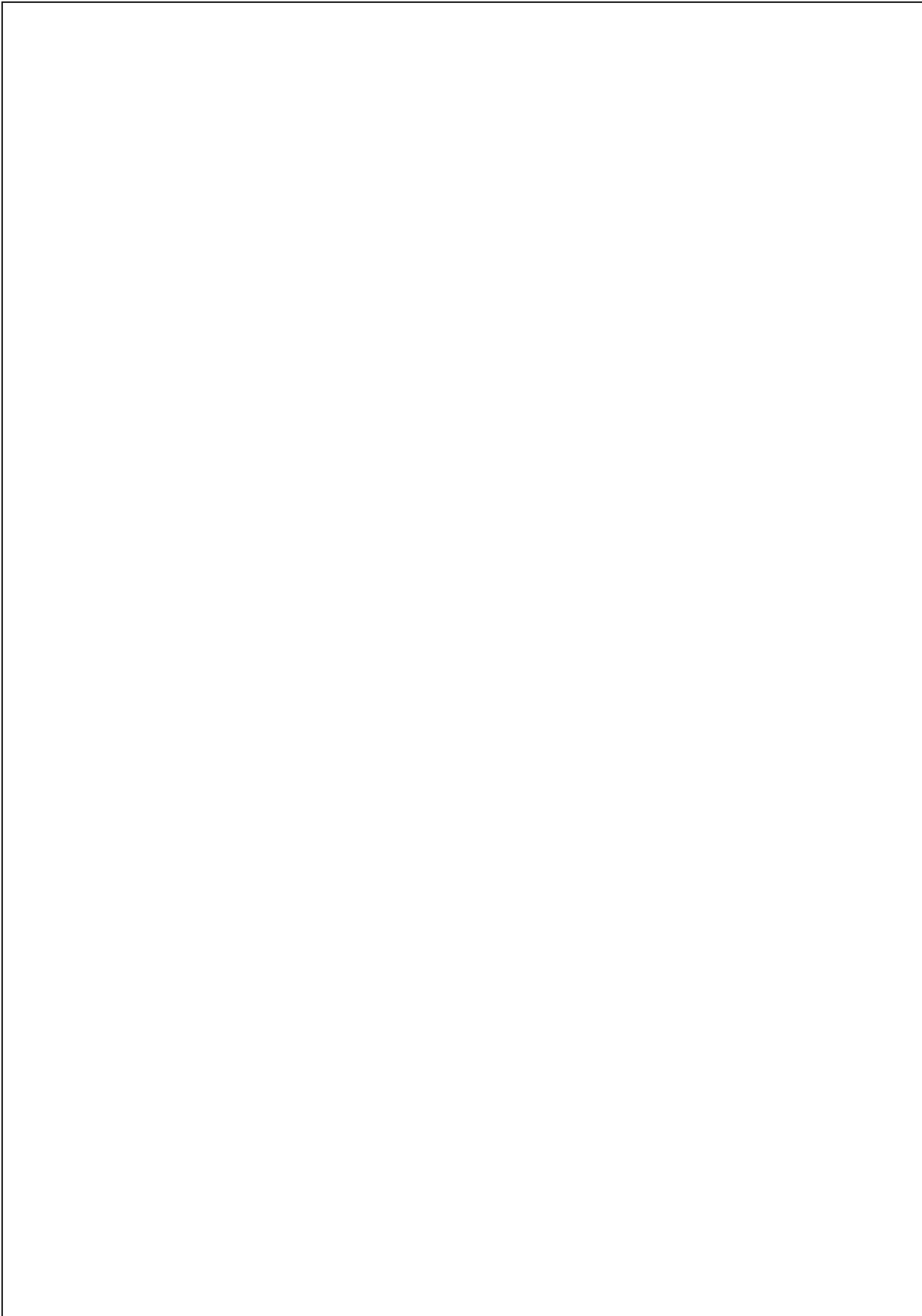
*5. d. ii. Describe Bidder's staffing and supervisory infrastructure to manage and deliver the proposed modality.*

Empty response area for bidder's staffing and supervisory infrastructure details.

For each treatment modality and ~~sub-modality~~/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than two pages per treatment modality:

**5. e. Partnerships and Coordination:**

- i. Describe Bidder's experience forming partnerships and/or collaborations, including challenges and solutions in forming and sustaining partnerships.*
- ii. Describe Bidder's plan to collaborate with other agencies and specific purpose of collaboration. Include names of any collaborating agencies.*
- iii. Optional: If Bidder is planning to collaborate/partner to provide more than one treatment modality, describe Bidder's plan, including the following:*
  - Names, specific roles and locations of collaborating agencies;*
  - Hand off process from one provider to another;*
  - Data sharing process; and*
  - Treatment update process.*
- If applicable, include a Memorandum of Understanding as ATTACHMENT 5.*

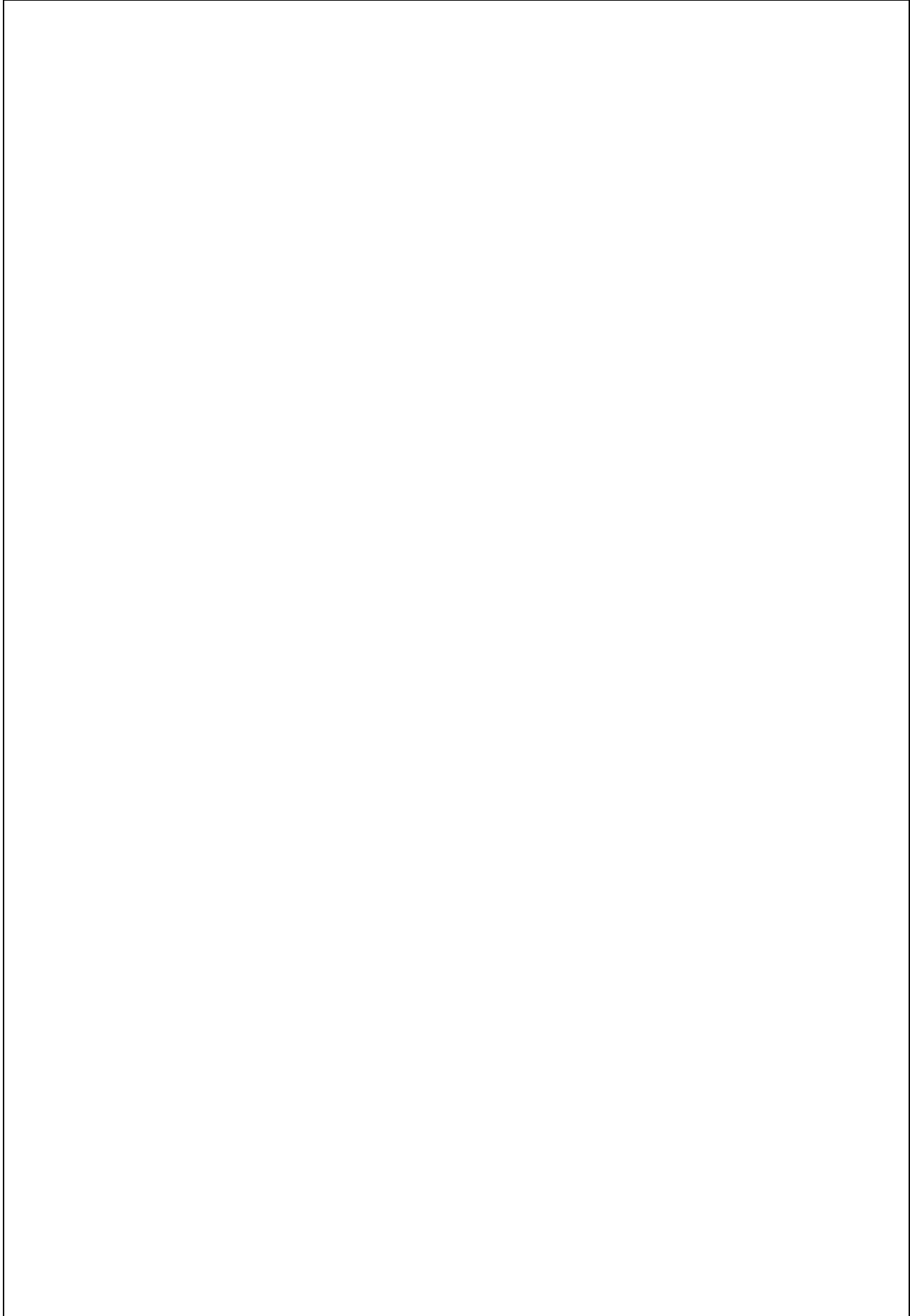




**Complete and submit one copy in each proposal.**

**5. f. Ability to Track Data and Outcomes: In no more than two pages:**

- i. Describe Bidder's current data systems, including capacity and procedures for collecting, analyzing and reporting data.**
  - Describe any specific outcomes that are tracked for programs similar to the proposed treatment modalities in this RFP; and
  - Describe how data is used to improve performance and Bidder's approach to quality improvement.
- ii. Describe what data will be collected for each proposed treatment modality, and how it will be used to track outcomes listed in this RFP.**



## 6. COST

For each treatment modality and ~~sub-modality~~/region and site (each address), Bidder is proposing to serve include the following, separated by labeled tabs ~~per treatment modality~~:

6. a. Using the BHCS provided template, provide a 2012-13 budget as EXHIBIT B-1: FUNDED PROGRAM and B-2: AGENCY COMPOSITE BUDGET. The budget must match the proposal and Implementation Schedule and Plan. See instructions below.

### BUDGET WORKBOOK INSTRUCTIONS

#### DIRECTIONS

- All amounts are rounded to the nearest whole dollar
- Submit one Budget Workbook for each proposed treatment modality.
- Fill in areas highlighted in yellow
- Start-up costs do not apply to this RFP
  - Do not include start-up costs
- Complete all four worksheets (B-1; Prof & Spec Sv Detail; Misc. Detail; & Admin Detail)
- Print all five worksheets(B-1; Prof & Spec Sv Detail; Misc. Detail; Admin Detail; Billable Staff Hours)

#### B-1 LINE ITEM DETAIL

- Fill in all the information pertaining to your organization that is required at the top of the page.
  - Insert Bidder Name
  - Insert Prepared by Name
  - Insert Telephone Number
  - Insert Date Prepared
  - Insert Program Name
  - Select treatment modality from the drop down menu

#### EXPENSES

- On Lines 3 through 23, under **Other Than Personnel Expenses**, enter the amount for each line item.
  - If any type of operational expense is not listed on any line item, it should be entered on **Miscellaneous** line item.
- Line 24 automatically adds Lines 3 through 23 for the **Total - Other Than Personnel Expenses**.
- Line 25 automatically adds Lines 1 and 24 for the total **GROSS COST**.
- All line items with an asterisk (\*) Recreational Supplies (including Activities), Travel, Training, Medical and Pharmaceutical Supplies, Professional and Specialized Services, Equipment, Measure A Capital Costs, Interest and Miscellaneous require submission of an **Explanation/Justification of Line-Items** form. Use the **Miscellaneous** line item for explanation/justification of any Equipment (except depreciable Equipment) needed to be purchased for each program
- An expenditure on the **Indirect Costs** (Line 23) line item requires submission of an Indirect Cost Rate Proposal (ICRP). **Create your own Excel Worksheet for listing indirect cost detail. Indirect cost should be less than 21% (County's department rate cap) of direct cost of the program.**

#### REVENUE

- Enter revenues on the appropriate line item for each program.
- NOTE: **Prior Year Excess Fees** (Line 31, if applicable): This figure should agree with the Total Excess Fees amount in the prior year cost report. If the budget is prepared prior to the

year-end cost report, and the figure in the budget differs from that in the final cost report, the budget figure must be adjusted either prior to approval of the budget or in a subsequent budget modification.

### **TOTAL REVENUE**

- Line 35 automatically adds Lines 27 through 34 for **TOTAL REVENUE**.

### **NET COST**

- Line 36 automatically totals Line 25 less Line 35 for **NET COST**.

**In no instance can the NET COST exceed the amount you are requesting for funding in RFP.**

<b>B-1: PERSONNEL EXPENSES</b>
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### **POSITION/INCUMBENT**

- List all staff titles and names of incumbents for your agency. Use a separate line for each staff member.
- If a position is unoccupied, list the incumbent as vacant. If there are more than fifty-six (56) staff members, use additional pages.

### **ANNUAL BUDGETED SALARY**

- This salary should reflect the annualized cost of the position.
- This reflects what the position would earn working **40 hours per week** for a year.
- If a full time equivalent is less than 40 hours at your agency, your full time salaries should be extrapolated to a 40 hour a week base.
  - Example: Your staff member works 37.5 hours a week for full time with an annual salary of \$30,000. If this individual were working 40 hours a week, the annualized salary would be \$32,000. This is the salary to use on this form. This individual would be .9375 FTE.

### **STATUS**

- Enter for each position as applicable. Use the following designations:  
**A** = Administrative    **S** = Supervisorial    **D** = Direct Program Staff
- If a staff person qualifies for more than one status, enter each one and in subsequent columns indicate the breakdown in percent FTE and salary.

### **NUMBER OF MONTHS**

- Enter the number of months that each position will be funded for the contract period.

### **PERCENT (%) FTE**

- This is automatically calculated.
- The % FTE should be reflective of the amount of time each position will be working in each program using a 40 hour week as base.
  - Examples: (a) if a person works 20 hours a week in a program, this is 50% FTE. (b) if a person works a total of 20 hours a week for the agency, but is projected to work in two programs for 10 hours each, then each program would be 25% FTE. (c) if a person works 37.5 hours per week in one program and this is considered full time, then this would be 93.75% FTE using a 40 hour per week base). In no instance should one individual staff member exceed 100% FTE on a 40 hour per week base. The total for each program is automatically calculated.

### **SALARY**

- Determine the salary for each position by the following formula: annualized salary divided by 12 times the number of months the position is funded times the percent FTE.
- The total for each program is automatically calculated. If an individual has mixed status, the FTE and salary should be shown separately for each status.

#### **EMPLOYEE FRINGE BENEFITS**

- Enter the amounts to be allocated for the appropriate line items.
- The total for each program is automatically calculated.

#### **TOTAL PERSONNEL EXPENSES:**

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

<b>B-1 EXPLANATION / JUSTIFICATION OF LINE ITEMS</b>
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- **One (1) separate form should be completed for each asterisk \* Line Item.**

Note: This form is to be used to describe in detail all expenditures allocated to any of the following line items:

- Recreational Supplies (including Activities)
- Travel
- Training
- Professional and Specialized Services
- Interest
- Measure A Capital Costs
- Miscellaneous

#### **DESCRIPTION OF EXPENDITURE**

- List each expenditure within the line item account separately, and include a complete description of the expenditure (e.g., subcontractor, description of services provided, dates of service, cost of service, etc.).

#### **AMOUNT**

Enter the actual total expenditure for the service for the 12-month period.

#### **TOTAL LINE ITEM AMOUNT**

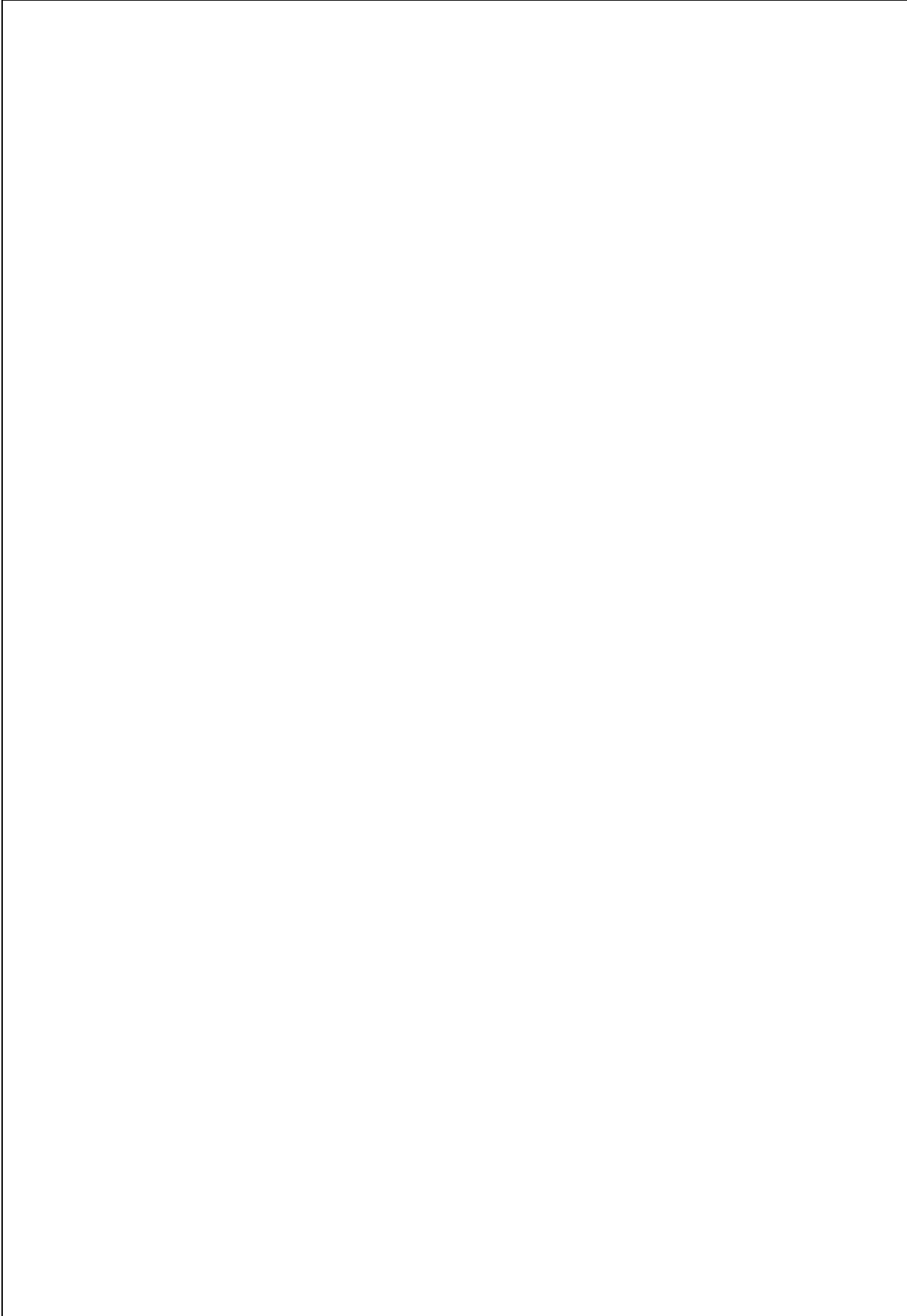
- The total of all the itemized expenditures for this line item is automatically calculated.
- **This total must be identical to the amount shown on the corresponding line item amount under Other Than Personnel Expenses (ExB Budg1).**

<b>B-2 AGENCY COMPOSITE BUDGET</b>
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- Complete an agency composite budget to reflect the agency's total budget.

For each treatment modality and **sub-modality**/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than two pages per treatment modality:

**6. b. Include a budget narrative to describe the budget.**



**7. IMPLEMENTATION SCHEDULE AND PLAN**

*For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than two pages per treatment modality:  
7. a. Include Bidder's Implementation Schedule and Plan.*

Activity	Responsible Persons	Milestone/Measurement	Due Date



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For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than one page per treatment modality:

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

Barriers	Mitigation Strategies

**SMALL LOCAL EMERGING BUSINESS (SLEB)  
PARTNERING INFORMATION SHEET**

**Complete and submit one copy in each proposal.  
Every Bidder must fill out and submit a signed SLEB Partnering Information Sheet, indicating their SLEB certification status and, if not certified, the name, identification information, and services to be provided by the SLEB partner(s) with whom the Bidder will subcontract to meet the County SLEB participation requirement. If a SLEB subcontractor(s) is named, the Exhibit must be signed by the SLEB(s) according to the instructions. 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 (OCC).

County departments and the OCC will use the web-based Elation Systems to monitor contract compliance with the SLEB program (Elation Systems: <http://www.elationsys.com/elationsys/index.htm>).

**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: \_\_\_\_\_

**BIDDER IS NOT A CERTIFIED SLEB AND WILL SUBCONTRACT \_\_\_\_\_% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES: \_\_\_\_\_**

SLEB BIDDER Business Name: \_\_\_\_\_

SLEB Certification #: \_\_\_\_\_ SLEB Certification Expiration Date: \_\_\_\_\_

SLEB Certification Status:  Small /  Emerging

NAICS Codes Included in Certification: \_\_\_\_\_

SLEB Subcontractor Principal Name: \_\_\_\_\_

SLEB Subcontractor Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon award, 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 participation including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

Bidder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXCEPTIONS, CLARIFICATIONS, AMENDMENTS**

**Complete and submit one copy in each proposal. This shall include clarifications, exceptions and amendments, if any, to the RFP/Q and associated Bid Documents, and shall be submitted with your bid response using the template on page <#> of this 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.	<b>Bidder takes exception to...</b>

\*Print additional pages as necessary