

EXHIBIT A

BID RESPONSE PACKET

RFP No. HICAP-2018 – HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM

To: The County of Alameda

From: _____

(Official Name of Bidder)

- AS DESCRIBED IN THE SUBMITTAL OF BIDS SECTION OF THIS RFP, BIDDERS ARE TO SUBMIT ONE ORIGINAL HARDCOPY BID (EXHIBIT A – BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS 10 COPIES.
- ALL PAGES OF THE BID RESPONSE PACKET (EXHIBIT A) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED; ANY PAGES OF EXHIBIT A (OR ITEMS THEREIN) NOT APPLICABLE TO THE BIDDER MUST STILL BE SUBMITTED AS PART OF A COMPLETE BID RESPONSE, WITH SUCH PAGES OR ITEMS CLEARLY MARKED “N/A”.
- BIDDERS SHALL NOT SUBMIT TO THE COUNTY A RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF EXHIBIT A – BID RESPONSE PACKET OR ANY OTHER COUNTY-PROVIDED DOCUMENT.
- ALL PRICES AND NOTATIONS MUST BE PRINTED IN INK OR TYPEWRITTEN; NO ERASURES ARE PERMITTED; ERRORS MAY BE CROSSED OUT AND CORRECTIONS PRINTED IN INK OR TYPEWRITTEN ADJACENT, AND MUST BE INITIALED IN INK BY PERSON SIGNING BID.
- BIDDER MUST QUOTE PRICE(S) AS SPECIFIED IN RFP.
- BIDDERS THAT DO NOT COMPLY WITH THE REQUIREMENTS, AND/OR SUBMIT INCOMPLETE BID PACKAGES, SHALL BE SUBJECT TO DISQUALIFICATION AND THEIR BIDS REJECTED IN TOTAL.
- IF BIDDERS ARE MAKING ANY CLARIFICATIONS AND/OR AMENDMENTS, OR TAKING EXCEPTION TO POLICIES OR SPECIFICATIONS OF THIS RFP, THESE MUST BE SUBMITTED IN THE EXCEPTIONS, CLARIFICATIONS, AMENDMENTS SECTION OF THIS EXHIBIT A – BID RESPONSE PACKET IN ORDER FOR THE BID RESPONSE TO BE CONSIDERED COMPLETE.

BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the Bid Documents, including, without limitation, the RFP, Addenda, and Exhibits have been read.
2. The undersigned is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the Specifications, Terms & Conditions of the Bid Documents of RFP No. HICAP-2018.
3. The undersigned has reviewed the Bid Documents and fully understands the requirements in this Bid including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime Contractor, not a subcontractor, to County, and agrees that its Bid, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the Bid Documents.
4. The undersigned acknowledges receipt and acceptance of all addenda.
5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:
 - **Debarment / Suspension Policy**
[\[http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm\]](http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm)
 - **Iran Contracting Act (ICA) of 2010**
[\[http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm\]](http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm)
 - **General Environmental Requirements**
[\[http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm\]](http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm)
 - **General Requirements**
[\[http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm\]](http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm)
 - **Proprietary and Confidential Information**
[\[http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm\]](http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm)
6. The undersigned acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated Bid Documents.
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 Bid, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.
8. 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.

9. Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bid Response Packet, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

Cover Sheet

Official Name of Bidder: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Webpage: _____

Type of Entity / Organizational Structure (check one):

Corporation

Joint Venture

Limited Liability Partnership

Partnership

Limited Liability Corporation

Non-Profit / Church

Other: _____

Date of Organization Structure: _____

Federal Tax Identification Number: _____

Primary Contact Information:

Name / Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

SIGNATURE: _____

Name and Title of Signer: _____

Dated this _____ day of _____ 20_____

RFP Pre-screening Response Checklist

Bidders shall provide all of the documentation and exhibits identified below. Any material deviation from these requirements may be cause for rejection of the proposal, as determined at the County's sole discretion. Please verify each item below that it is correctly submitted as per the RFP specifications and check (✓) its corresponding Check Box and sign below.

Response Format:

Check Boxes

Item		✓
1.	One (1) original proposal marked "Original" plus five (5) copies of the proposal.	<input type="checkbox"/>
2.	The "original" bid response must be signed in blue ink with an authorized signature.	<input type="checkbox"/>
3.	The "original" bid response is to be either loose-leaf or in a three (3)-ring binder, not bound.	<input type="checkbox"/>
4.	Proposals must be printed on white 8 ½" by 11" paper. The font must be at least 12-point type in "Times New Roman" or equivalent font. <u>Lines shall be single-spaced.</u>	<input type="checkbox"/>
5.	Table of Contents: Bid responses shall include a table of contents listing the individual sections of the quotation/proposal and their corresponding page numbers. Tabs should separate each of the individual sections.	<input type="checkbox"/>

Response Package:

Check Boxes

Item		✓
1.	Proposal Checklist – signed original in blue ink.	<input type="checkbox"/>
2.	Cover Letter: – signed original in blue ink.	<input type="checkbox"/>
3.	Bid Form (Exhibit A) with all questions completed as specified	<input type="checkbox"/>
4.	Budget form as specified in Exhibit C	<input type="checkbox"/>
5.	Organizational Chart	<input type="checkbox"/>
6.	If a Non-Profit Agency; Non-profit determination letter (501[c][3])	<input type="checkbox"/>
7.	If a Non-Profit Agency; Articles of Incorporation	<input type="checkbox"/>
8.	If a Non-Profit Agency; Most recent Bylaws	<input type="checkbox"/>
9.	If a Non-Profit Agency; Roster of Board of Directors	<input type="checkbox"/>
10.	If a Non-Profit Agency; Copies of minutes of last two Board of Director meetings	<input type="checkbox"/>

Our agency certifies that all above request information have been completed for RFP No. 2018-HICAP.

Signature: _____ Print Name: _____ Date: _____

Agency Name: _____

BID FORM

COST SHALL BE SUBMITTED ON EXHIBIT A AS IS. NO ALTERATIONS OR CHANGES OF ANY KIND ARE PERMITTED. Bid responses that do not comply will be subject to rejection in total. The cost quoted below shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for any contract that is a result of this bid.

Quantities listed herein are annual estimates based on past usage and are not to be construed as a commitment. No minimum or maximum is guaranteed or implied.

Bidder hereby certifies to County that all representations, certifications, and statements made by Bidder, as set forth in this Bid Form and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

PLEASE PROVIDE A SEPARATE PROPOSAL PACKET FOR EACH SERVICE CATEGORY.

CHECK THE PROPOSED SERVICE CATEGORY BELOW (PLEASE CHECK ONLY ONE):

HICAP (HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM)

PLEASE NOTE THE GEOGRAPHIC AREA OF SERVICE AND PERCENTAGE OF TOTAL CLIENTS SERVED IN EACH AREA (IF YOU ARE PROPOSING TO SERVE MULTIPLE AREAS):

NORTH ____% SOUTH ____% COUNTYWIDE ____%

CENTRAL ____% EAST ____%

PLEASE INCLUDE YOUR PROPOSAL SPECIFICS IN THE FOLLOWING CHART:

SERVICE CATEGORY / GEOGRAPHIC AREA (selected above)	# SENIORS SERVED	# UNIT MEASUREMENTS PROPOSED	AMOUNT REQUESTED	TOTAL PROGRAM COST

REQUIRED DOCUMENTATION AND SUBMITTALS

All of the specific documentation listed below is required to be submitted with the Exhibit A – 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. Mission, Experience and Community Involvement, Program Delivery, Administrative & Fiscal Qualifications, etc.).

BID RESPONSE NARRATIVE: Please respond to the following questions:

**MISSION, EXPERIENCE AND COMMUNITY INVOLVEMENT:
(Maximum two (2) pages; minimum 12 pt. font)**

1. Describe the organization’s history, purpose and mission statement. (5 points)
2. Discuss the needs of older adults in Alameda County, including demographic and geographic data that are relevant to the program for which you are applying. Describe the religious, cultural, income and language considerations affecting the potential population. (5 points)
3. Describe the organization’s efforts to coordinate with local and regional community services to integrate the service delivery system in Alameda County. Provide specific examples of how these efforts have led to increased opportunities for older adults to live more independently. (5 points)
4. Describe the organization’s experience in providing community-based services to older adults in Alameda County. Document the number of individuals served by type of service. (5 points)
5. Will your agency recruit, train, supervise and recognize volunteers in providing the proposed service? If so, how will this be accomplished? (4 points)

**PROGRAM DELIVERY:
(Maximum six (6) pages; minimum 12 pt. font)**

1. Using the following format, please describe in detail the service category and units that you will provide. Please provide a narrative description of how you will provide the services. (6 points)

Service Category	Seniors Served	# of Unit Measures
(e.g. HICAP)	(e.g. 200 Seniors)	(e.g. 500 Hours)

2. Are you currently providing this service, and if so, how many units are you providing. Please describe your plans to maintain or expand your services? (6 points)
3. HICAP requires that services be targeted to hard to reach individuals. Please tell us how you plan to ensure low-income, ESL, and other hard to reach people will be engaged in services at levels required by this RFP. (6 points)
4. Discuss the outreach/public information methods the organization intends to employ to generate participation in the program. (4 points)
5. Describe the qualifications and responsibilities of all staff directly responsible for delivery of program services, including any bi-lingual capability. (6 points)
6. Federal regulations mandate that persons receiving services be given the opportunity to freely contribute to the cost of service. At the same time, these participants must not be subjected to any kind of test to determine their ability to contribute. Please describe your plan to provide participants with a voluntary opportunity to contribute, including how privacy is ensured, what procedures are used to account for and safeguard funds. (6 points)
7. Describe the quality assurance procedures your agency will use to evaluate the services you propose to provide. Include any procedures you have developed to track measurable outcomes. How will you ensure that caregivers, seniors and community participants are involved in the planning and evaluation of your services? (6 points)

ADMINISTRATIVE & FISCAL QUALIFICATIONS:
(Maximum four (4) pages; minimum 12 pt. font)

1. Using the following format, please provide your agency's staffing plan and percentage of time allocated to this program. Please note that staffing plans must match personnel costs on budget. (5 points)

Staff Summary Form		
Job Title/Position	Total Agency % FTE	% FTE for this program

2. Using the following format, please provide a three-year history of total income vs. Total expense for your agency. In narrative form, please explain any large fluctuations in income or expense. Please provide an explanation for any deficit. (2 points)

	2014-2015	2015-2016	2016-2017
Revenue			
Expense			
Over/Under			

3. Using the instructions and template provided in Exhibit C, please submit a Line-Item Budget for this program. In narrative form, please describe your approach for deploying the most cost effective program. (5 points)
4. Describe the organization’s current accounting system, including the following: areas and frequency of accounting for receivables and payables, payroll processing, financial statement preparation and internal/external auditing. (2 points)
5. Discuss your plan for securing the required 10% non-federal match. What are your short and long-term funding needs and goals for ongoing support of the proposed project? Please indicate if you have a current strategic plan that addresses these issues. (5 points)
6. Describe special attributes of your current or proposed board of directors that would: 1) augment your capabilities to outreach and serve your specific targeted group; 2) contribute knowledge/expertise with services you will provide; 3) provide guidance in quality assurance measurements; and 4) accept responsibility in developing and implementing strategic plans with both short and long-term needs and goals, especially financial stability. (2 points)
7. Describe the organization’s physical facilities and equipment that will enable adequate provision of services. (5 points)
8. Please describe the organization’s capacity to provide reporting and client data and service unit delivery. (5 points)
9. Please describe your organization’s current plan for providing services to seniors in the case of a catastrophic event (earthquake, fire, etc.). (5 points)

EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

RFP No. HICAP-2018 – HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM

Bidder Name: _____

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for bid disqualification.

Reference to:			Description
Page No.	Section	Item No.	
p. 23	D	1.c.	<i>Vendor takes exception to...</i>

*Print additional pages as necessary