**Request for Proposals #2019-BH02:**

**Behavioral Health Division**

**Mobile Crisis Services**

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| **ATTACHMENT A – PROPOSAL FORM** | | | |
| **COUNTY OF SOLANO**  **Health & Social Services Department,**  **Behavioral Health Division** | | **ISSUE DATE** | **July 12, 2019** |
| **REQUEST FOR PROPOSALS** | **#2019-BH02** |
| RFP Coordinator: | Anna Mae Gonzales-Smith | Return your Proposal in a sealed envelope, clearly marked:  **Solano County Health & Social Services**  **c/o Anna Mae Gonzales-Smith**  **RFP #2019-BH02**  **275 Beck Avenue, MS 5-250**  **Fairfield, CA 94533**  Proposals must be received no later than  **August 6, 2019; 5:00 PM PST**  Late Proposals will not be accepted. | |
| E-mail Address: | [ARGonzales@SolanoCounty.com](mailto:ARGonzales@SolanoCounty.com) |
| Address: | Solano County Health & Social Services Department  275 Beck Avenue, MS 5-250 Fairfield, CA 94533 |
|  | |
| **Proposal Instructions:** Proposers must fully complete this Proposal form (Attachment A), responding to every question, and attach all necessary requested documents. Proposers must fill in desired check boxes and adhere to page limits where indicated. | | | |

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| **Solano County Health & Social Services Department Request for Proposal** |
| **RFP #2019-BH02** |
| Proposer Organization: |
| Proposer Contact Name & Phone Number: |
| Proposer Address/City/State/Zip: |
| Form of Business:  For-profit  Non-profit  Government Agency  Other: |

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| The undersigned acknowledges that the County’s Standard Contract (Attachment C) has been reviewed and that, if awarded, all contract terms and conditions are accepted.  YES  NO  If NO, Qualifications to Funding Agreement (add additional pages as needed): | | | | | |
| The undersigned certifies and makes assurance of the Proposer’s compliance with:   * All requirements, terms, and conditions of RFP#2019-BH02; * The laws of the County of Solano <http://www.solanocounty.com/countycode.asp>; * Title VI of the federal Civil Rights Act of 1964 <http://www.usdoj.gov/crt/cor/coord/titlevi.htm>l; * Title IX of the federal Education Amendments Act of 1972 <http://www.usdoj.gov/crt/cor/coord/titleix.htm>l; * The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government <http://www.usdoj.gov/jmd/ps/4-1.html>; * The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government <http://www.ada.gov/pubs/ada.htm>l; * All contract employees performing services and/or work as a result of this solicitation must have documented legal authority to work in the United States of America; * The condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and * The condition that no amount shall be paid directly or indirectly to an employee or official of First 5 Solano as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Proposer in connection with the Procurement under this RFP.   YES  NO A NO response shall disqualify this Proposal. | | | | | |
| **FAILURE TO SIGN THIS SECTION MAY DISQUALIFY YOUR RESPONSE** | | | | | |
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| ORGANIZATION | |  |  |  |  |
|  | |  |  |  |  |
| SIGNATURE | |  | DATED |  | FED EMPLOYER ID NO. |
|  | If signature is other than “Executive Director”, **evidence showing authority to bind the organization must be attached**. | | | | |
| PRINTED NAME |  | | | | |
|  |  | | | | |
| TITLE |  | | | | |

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| **SECTION 1:** | |  | **PROPOSER INFORMATION** | | | | | |
| **A.** | **PERSON RESPONSIBLE FOR PREPARATION OF PROPOSAL** | | | | | | | |
|  |  | | | |  | | | |
|  | **NAME** | | | | **TITLE** | | | |
|  |  | | | | |  |  |  |
|  | **ADDRESS** | | | | | **FLOOR** | **SUITE** | **ROOM** |
|  |  | | | | |  |  | |
|  | **CITY** | | | | | **STATE** | **ZIP CODE** | |
|  |  | | |  | |  | | |
|  | **PHONE NUMBER** | | | **FACSIMILE NUMBER** | | **CELL PHONE NUMBER (OPTIONAL)** | | |
|  |  | | | | | | | |
|  | **E-MAIL ADDRESS** | | | | | | | |
| **B.** | **SIGNATORY ON PAGE 1 (if different than 1.A. above)** | | | | | | | |
|  |  | | | |  | | | |
|  | **NAME** | | | | **TITLE** | | | |
|  |  | | | | |  |  |  |
|  | **ADDRESS** | | | | | **FLOOR** | **SUITE** | **ROOM** |
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|  | **CITY** | | | | | **STATE** | **ZIP CODE** | |
|  |  | | |  | |  | | |
|  | **PHONE NUMBER** | | | **FACSIMILE NUMBER** | | **CELL PHONE NUMBER (OPTIONAL)** | | |
|  |  | | | | | | | |
|  | **E-MAIL ADDRESS** | | | | | | | |
| **C.** | **PERSON RESPONSIBLE FOR PROGRAM AND CONTRACT MANAGEMENT** | | | | | | | |
|  | Same as Section A above.  Same as Section B above. | | | | | | | |
|  |  | | | |  | | | |
|  | **NAME** | | | | **TITLE** | | | |
|  |  | | | | |  |  |  |
|  | **ADDRESS** | | | | | **FLOOR** | **SUITE** | **ROOM** |
|  |  | | | | |  |  | |
|  | **CITY** | | | | | **STATE** | **ZIP CODE** | |
|  |  | | |  | |  | | |
|  | **PHONE NUMBER** | | | **FACSIMILE NUMBER** | | **CELL PHONE NUMBER (OPTIONAL)** | | |
|  |  | | | | | | | |
|  | **E-MAIL ADDRESS** | | | | | | | |