**Request for Qualifications #2020-BH02:**

**Solano County Health & Social Services:**

**Behavioral Health Division**

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services for Children 6-21**

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| **ATTACHMENT A – PROPOSAL** | | | |
| **COUNTY OF SOLANO**  **Health & Social Services Department,**  **Behavioral Health Division** | | **ISSUE DATE** | **February 5, 2020** |
| **REQUEST FOR Qualifications** | **#2020-BH02** |
| RFQ Coordinator: | **Kevin Bristow** | Return your Proposal in a sealed envelope, clearly marked:  **Solano County Health &Human Services Department**  **c/o Kevin Bristow**  **RFQ #2020-BH02**  **275 Beck Ave.**  **Fairfield, CA 94533**  Proposals must be received no later than  **March 4, 2020; 5 PM PST**  Late Proposals will not be accepted. | |
| E-mail Address: | [kbristow@solanocounty.com](mailto:kbristow@solanocounty.com) |
| Address: |  |
| **Solano County Health &Human Services Department**  **c/o Kevin Bristow**  **RFQ #2020-BH02**  **275 Beck Ave.**  **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 Qualifications** |
| **RFQ # 2020-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 RFQ#2020-BH02; * The laws of the County of Solano <https://www.codepublishing.com/CA/SolanoCounty/>; * Title VI of the federal Civil Rights Act of 1964 <https://www.hhs.gov/civil-rights/for-individuals/special-topics/needy-families/civil-rights-requirements/index.html>; * Title IX of the federal Education Amendments Act of 1972 <https://www.justice.gov/crt/overview-title-ix-education-amendments-1972-20-usc-1681-et-seq>; * The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government <https://www.eeoc.gov/policy/laws.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 Solano County 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 RFQ.   YES  NO A NO response shall disqualify this Proposal. | | | | | |
| **FAILURE TO SIGN THIS SECTION MAY DISQUALIFY YOUR RESPONSE** | | | | | |
|  | | | |  |  |
| 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** | | | **E-MAIL ADDRESS** | | **CELL PHONE NUMBER (OPTIONAL)** | | |
|  | **PRIMARY CONTACT RELATED TO THIS PROPOSAL**  **INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS PROPOSAL** | | | | | | | |
|  |  | | | | | | | |
| **B.** | **SIGNATORY ON PAGE 1 (if different than 1.A. above)** | | | | | | | |
|  |  | | | |  | | | |
|  | **NAME** | | | | **TITLE** | | | |
|  |  | | | | |  |  |  |
|  | **ADDRESS** | | | | | **FLOOR** | **SUITE** | **ROOM** |
|  |  | | | | |  |  | |
|  | **CITY** | | | | | **STATE** | **ZIP CODE** | |
|  |  | | |  | |  | | |
|  | **PHONE NUMBER** | | | **E-MAIL ADDRESS** | | **CELL PHONE NUMBER (OPTIONAL)** | | |
|  | **PRIMARY CONTACT RELATED TO THIS PROPOSAL**  **INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS PROPOSAL** | | | | | | | |
|  |  | | | | | | | |
| **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** | | | **E-MAIL ADDRESS** | | **CELL PHONE NUMBER (OPTIONAL)** | | |
|  | **PRIMARY CONTACT RELATED TO THIS PROPOSAL**  **INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS PROPOSAL** | | | | | | | |
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| **SECTION 2** | |  | **GENERAL PROGRAM AND AGENCY INFORMATION** |
| **A.** | **Instructions:** Please complete the following | | |
| **Outpatient Component:**  Please check the component(s) you are applying for in this proposal.   * Outpatient Counseling * Therapeutic Visitation Services | | |
| **B.** | **List, if any, all current contractual relationships with the County of Solano** and all those completed within the previous five-year period. The list must include:   * the contract number; * the contract term; and * the core service(s) being delivered.   (NOTE: Current or prior contracts with the County are NOT a prerequisite to being awarded the maximum available points for the Proposer Qualifications and Experience category.) | | |
| **C.** | A statement as to whether there is any pending litigation against the Proposer. | | |
| **D.** | A statement as to whether, in the last ten years, the Proposer has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details. | | |
| **E.** | Attach 2 copies of the Proposer’s most recent year of independent audited financial statements for a fiscal year ended within the last 24 months (2 copies). In lieu of audited financial statements, the County will accept the agency’s Form 990. | | |
| **F.** | Attach 2 copies of documentation disclosing the amount of cash flows from operating activities for the Proposer’s most current operating period (2 copies). Said documentation must indicate whether the cash flows are positive or negative. If applicable, documentation must include a detailed explanation of any factors contributing to negative cash flows. | | |