

## DEPARTMENT OF ALCOHOL AND DRUG SERVICES

### Addendum to Request for Proposals

#### Adult Drug/Alcohol Treatment and Recovery Services for Santa Clara County Department of Alcohol & Drug Services Adult System of Care

April 14, 2009

The purpose of this addendum is to revise the schedule of events and clarify what is required for proposal submission.

1. On page 3 of the RFP, section II. Available Funding, third paragraph, the commencement date is expected to be September 1, 2009, not July 13, 2009.
2. On page 3 of the RFP, Section III. Schedule of Events, is revised as follows:

RFP Release Date	March 27, 2009
Educational Workshop/Bidders Conference (Recommended)	April 3, 2009
Proposal Due Date	May 15, 2009
Proposal Review Period	May 18-June 8, 2009
Notification to Applicants	June 22, 2009
Deadline for Appeals	June 29, 2009
Contract Negotiations	July 7-August 14, 2009
Service implementation to begin upon execution of agreements.	September 1, 2009

3. On page 4 of the RFP, section IV. Invitation to Submit Proposal, the first sentence should read "A proposal shall be submitted no later than **Friday, May 15, 2009, 3:00 PM.**"
4. On page 4 of the RFP, section IV. Invitation to Submit Proposal, second paragraph, second sentence should read: "If submitting a proposal for more than one type of modality, submit six (6) copies for each type of modality."
5. On page 8 of the RFP, second paragraph, the third sentence should read "It is anticipated that in FY10 the beds will be comprised of a 60%/40% split for men and women respectively, with three targeted populations: general population, dual diagnosed population, and the reception center in-custody population only." Reference to the medically compromised population has been deleted.

6. On page 9 of the RFP, 5<sup>th</sup> paragraph, second sentence should read, "If a program is not licensed at the time of proposal, the proposer must provide the County with satisfactory assurances, in the discretion of the County, that the program will be licensed by ADP no later than August 18, 2009."
7. On page 15 of the RFP, section VII. Explanation of Proposal, Format & Content, D. Instructions, first paragraph should read: "Provide all requested items below. The deadline for submission is Friday, May 15, 2009 at 3:00 PM at 976 Lenzen Ave., 3<sup>rd</sup> Floor, San Jose, CA 95126. **No proposals will be accepted or considered after 3:00PM on May 15, 2009**"
8. On page 15 of the RFP, section VII. Explanation of Proposal, Format & Content, D. Instructions, fourth paragraph, the following sentence has been added " The original copy can be single-sided."
9. On page 15 of the RFP, section VII. Explanation of Proposal, Format & Content, section E. has been revised as follows:

All proposals must include the following:

- Proposal Form for each type of modality (one proposal form per type of modality)
- Proposer's Questionnaire: Complete and fully executed.
- Proposal Narrative for each type of modality that proposal is for: maximum of three pages, double-sided (equivalent to six single-sided pages)
- Exhibit A-2: Description of Program Services for each type of modality that proposal is for
- Exhibit A-4: Program Budget for each type of modality that proposal is for. Proposer shall submit an annualized budget. Funding for the term of the initial contract(s) shall be prorated based on the effective start date of Agreement(s).
- Budget Narrative: Explanation/justification of each line item and a breakdown of cost estimates for each type of modality that proposal is for.
- Declaration of Contractor: Complete and fully executed. The Declaration of Contractor is included in the Contracting Principles (attached). If applicable, the Type II Contractor Information Packet shall be completed and submitted by selected contractor(s) prior to contract execution.

A revised proposal form is attached with this addendum.

10. The proposer's questionnaire, page 2, number 12, should read as follows: "List all governmental bodies with whom you have had arrangements or agreements in the past five (5) years for services. Provide contact person's name and phone number." The revised proposer's questionnaire is attached with this addendum.
11. On page 16 of the RFP, section VIII. Requirements, item 1., the target date is September 1, 2009, not July 13, 2009.

12. On page 16 of the RFP, section VIII. Requirements, item 2., the licensed date is no later than August 18, 2009, not June 24, 2009.
13. On page 18 of the RFP, section IX. The Proposal Narrative, Section A.1, second sentence should read "Describe the challenges in treatment to various ethnic groups who comprise your service area(s)."
14. On page 25 of the RFP, section XIV. Requests for Information and Appeal Process, the identified dates have changed and should read as follows:

On approximately Monday, June 22, 2009, the Department will fax and mail letters to applicants advising of the Director's decision. Applicants who have not received a letter by Wednesday, June 24, 2009 may call the Department at (408) 792-5680.

Applicants whose proposals are not selected may file a written appeal with the Director no later than Monday, June 29, 2009 by 3:00PM. The written appeal must clearly state the regulatory, legal or review process violation that is grounds for the appeal. The Director will issue a written response no later than Monday, July 6, 2009.

## PROPOSAL FORM

### Proposer

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

### Contact Person

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

### Proposal for

Check one box only. If submitting a proposal for more than one type of modality, complete one proposal form per type of modality.

- Service:  Detoxification
- Residential Treatment Services-General
- Women with Children Residential Treatment Services
- Residential Reception Center
- Dual Diagnosis Residential
- Outpatient Treatment Services
- Transitional Housing Units (THUs) - Single Women and/or Single Men Only
- Transitional Housing Units (THUs) - Single Women & Women with Children (DDTC)
- Transitional Housing Units (THUs) – Dual Diagnosis Specific Population (Men & Women)

**PROPOSAL FORM**

**(continued)**

**PROPOSER'S REPRESENTATIONS**

Proposer understands, agrees, and warrants:

1. That Proposer has carefully read and fully understands the information that was provided by the County to serve as the basis for submission of this proposal.
2. That Proposer has the capability to successfully undertake and complete the responsibilities and obligations of the proposal being submitted.
3. That all information contained in the proposal is true and correct to the best of Proposer's knowledge.
4. That Proposer did not, in any way, collude, conspire or agree, directly or indirectly, with any person, firm, corporation or other Proposer in regard to the amount, terms, or conditions of this proposal.
5. That proposer did not receive unauthorized information from: Any County staff member, or Consultant during the Proposal period except as provided for in the Request for Proposal package, addenda thereto, or the pre-proposal conference.
6. That by submission of this proposal, the Proposer acknowledges that the County has the right to make any inquiry it deems appropriate to substantiate or supplement information supplied by Proposer, and Proposer hereby grants the County permission to make said inquiries, and to provide any and all requested documentation in a timely manner.
7. That funding for any resulting contract is contingent on adequacy and availability.
8. Prospective Contractor warrants that it is not excluded from participation in any Federal or State funded health care program, that it will notify County of any such exclusionary action and will indemnify County against any loss resulting from such exclusion.
9. To comply with County's insurance provisions, to provide appropriate indemnification for the County and to hold the County harmless from contractor's performance of the contract.

**PROPOSER'S SIGNATURE**

No Proposal shall be accepted which has not been signed in ink in the appropriate space below:

By signing below, the submission of a proposal shall be deemed a representation and certification by the Proposer that they have investigated all aspects of the RFP, that they are aware of the applicable facts pertaining to the RFP process, its procedures and requirements, and that they have read and understand the RFP. No request for modification of the proposal shall be considered after its submission on the grounds that the Proposer was not fully informed as to any fact or condition.

1. If Proposer is an INDIVIDUAL, sign here:

Date \_\_\_\_\_

\_\_\_\_\_  
Proposer's Signature

\_\_\_\_\_  
Proposer's Typed Name and Title

2. If Proposer is a CORPORATION, the duly authorized officer(s) shall sign as follows:

The undersigned certify that they are respectively:

\_\_\_\_\_ and \_\_\_\_\_  
Title Title

of the corporation named below; that they are authorized to execute same for and on behalf of said CORPORATION.

\_\_\_\_\_  
Corporation Name (type or print)

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**PROPOSER'S QUESTIONNAIRE**

All information requested in the Questionnaire shall be furnished by the proposer, and shall be submitted with the proposal. Statements shall be complete and accurate and in the form requested. Omission, inaccuracy or misstatement may be cause for the rejection of a proposal.

1. Name of proposer exactly as it is to appear on an agreement with the County and address which proposer would designate under the Notice provision of the agreement:

\_\_\_\_\_  
\_\_\_\_\_

2. Proposer, if selected, intends to carry on the business as Individual ( ), Corporation ( ), or Other ( ): If "Other" attach explanation.

3. If a corporation, answer the following:

- A. When incorporated? \_\_\_\_\_
- B. In what state? \_\_\_\_\_
- C. Authorized to do business in California? \_\_\_\_\_  
If so, what date? \_\_\_\_\_
- D. Whether your corporation is for profit or not for profit? \_\_\_\_\_
- E. Does your organization have 501 C (3) status? \_\_\_\_\_
- F. Is your organization a faith-based/religious organization? \_\_\_\_\_
- G. Is your organization a non-religious community-based organization? \_\_\_\_\_

4. Have any agreements held by you for services to the County of Santa Clara ever been canceled, terminated or not renewed?

YES ( ) NO ( ) If yes, give details.

5. Has your agency or a related agency ("related agency" means any agency or person that is a parent, subsidiary, partner, agent, contractor, officer, director, or is in any way affiliated with the agency submitting this proposal) or any of your employees, agents or contractors is or has been investigated by or the County of Santa Clara for non-performance of obligations or program performance under any contract with the County?

YES ( ) NO ( ) If yes, give details.

6. Does your agency or a related agency or any of your employees, agents or contracts have any resolved or unresolved material contract or performance dispute with the County of Santa Clara?

YES ( ) NO ( ). If yes, give details.

**PROPOSER'S QUESTIONNAIRE  
(continued)**

7. Has your agency or a related agency or any of your employees, agents or contractors is or has been the subject of any investigation, audit, or complaint related to contract or program performance?

YES ( ) NO ( ) If yes, give details.

8. Is your agency or a related agency or any of your employees, agents or contractors is or has been in litigation with the County of Santa Clara, or is the County of Santa Clara contemplating litigation against your agency or a related agency or any of your employees, agents or contractors relating to contract performance?

YES ( ) NO ( ) If yes, give details.

9. Are you now engaged in any litigation, which does now or could in the future affect your ability to perform under the Agreement?

YES ( ) NO ( ) If yes, give details.

10. List Board Members names and addresses.

11. List all governmental bodies with whom you currently have arrangements or agreements for services.

Provide contact person's name and telephone number.

12. List all governmental bodies with whom you have had arrangements or agreements in the past five (5) years for services. Provide contact person's name and phone number.

13. References: Give names, addresses and telephone numbers of at least two (2) business references. In addition, please provide contact information (name, address and telephone number) for one reference from the County of Santa Clara if you have now or ever had a contract or agreement with the County of Santa Clara.

14. Do you wish to claim LOCAL PREFERENCE status? YES ( ) NO ( )

If yes, please provide a copy of your County of Santa Clara Business License and/or written evidence of a principal business office or branch or satellite office with at least one full time employee located in Santa Clara County with your submittal. If you fail to submit the proper information with you proposal, you will be denied consideration for local preference. The information cannot be submitted later.

**PROPOSER'S QUESTIONNAIRE**  
**(continued)**

The undersigned hereby declares under penalty of perjury that all statements, answers and representations made in this questionnaire are true and accurate, including all supplementary statements hereto attached. In the case of a corporate proposer, the signature of one duly authorized representative is sufficient.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Please Print or Type name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Please Print or Type Name)

\_\_\_\_\_  
Title