



HWS HOUSING AND
WORKFORCE
SOLUTIONS
ENGAGE. ENCOURAGE. EQUIP.

**HOMELESS HOUSING, ASSISTANCE AND PREVENTION
PROGRAM ROUND (HHAP)
&
CALIFORNIA EMERGENCY SOLUTIONS AND HOUSING
(CESH)
RAPID RE-HOUSING

INVITATION TO BID (ITB)
COARC-0012**

ITB Release Date: *Wednesday, December 15, 2022*

Submittal Deadline: *Monday, January 17, 2023, by 11:59pm*

By:
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Department of Housing and Workforce Solutions- Continuum of Care
3403 Tenth Street Ste. 310
Riverside, CA 92501
Email: Rwalker@rivco.org

**This Invitation to Bid (ITB) and any ensuing Addendums are available at the following links:
<https://rivcohpws.org/continuum-care-division> and www.publicpurchase.com**

**NOTE: BIDDERS ARE RESPONSIBLE TO READ ALL INFORMATION THAT IS STATED IN THIS
INVITATION TO BID AND PROVIDE A RESPONSE AS REQUIRED**

Appendix A

PURPOSE/BACKGROUND

The County of Riverside Department of Housing and Workforce Solutions (HWS) – Continuum of Care Division, hereafter referred to as the County, is seeking bids from interested, qualified, and experienced bidders to provide essential **Rental Assistance and Rapid Re-Housing (RRH)** assistance to support individuals or families who are homeless or at risk of homelessness move as quickly as possible into permanent housing and achieve stability in housing through a combination of housing identification, rental assistance and supportive services. The County will be combining two state funding sources as part of this Invitation to Bid which include:

- 1) There is \$245,419.99 from Homeless Housing, Assistance and Prevention (HHAP) Round 1 *youth specific set aside*, \$235,023.30 from Homeless Housing, Assistance and Prevention (HHAP) Round 2 and \$410,000.87 and \$196,336, youth specific set aside, from HHAP Round 3 for a combined total of \$1,086,780.16. HHAP is a \$1.3 billion block grant program provides support to local jurisdictions to continue to build on regional collaboration developed through previous rounds of Cal ICH funding and to provide flexible funding to continue efforts to end and prevent homelessness in their communities. HHAP is authorized by Assembly Bill (AB) 101 (Committee on Budget, Chapter 159, Statutes of 2019), which was signed into law by Governor Newsom on July 31, 2019. HHAP is also established pursuant to Chapter 6 (beginning with Section 50216) of Part 1 of Division 31 of the Health and Safety Code. The program is administered by the State of California Business, Consumer Services and Housing Agency (BCSH).

- 2) There is \$175,188.43 from California Emergency Solutions and Housing (CESH) Program provides funds for a variety of activities to assist persons experiencing or at risk of homelessness as authorized by SB 850 (Chapter 48, Statutes of 2018). The County is required by the California Housing and Community Development (HCD) to “make grants to qualified subrecipients to implement activities that address the needs of homeless individuals and families and assist them to regain stability in permanent housing as quickly as possible, as authorized by SB 850 (Chapter 48, Statutes of 2018)”. Authorizing legislation for the CESH program is under SB 850 (Stats. 2018, ch. 48, §4), and operates under the requirements of the Health and Safety Code, part 2 of Division 31 Chapter 2.8, commencing with section 50490 and including sections 50490.1, 50490.2, 50490.3, 50490.4, and 50490.5.

Funding should be housing-focused – either funding permanent housing interventions directly or have clear pathways to connect people to permanent housing options. The funding is designed to build on regional coordination, requires expending funds on evidence-based solutions that prevent, reduce and end homelessness. Funding may not be used to supplant existing local funds for homeless housing, assistance or prevention, and funds must be expended in compliance with Housing First requirements per Health and Safety Code Section 50220.5(g).

Funds can be used to cover costs towards rental subsidies and incentives to landlords, such as security deposits and holding fees.

Target Population

Literally homeless individuals as defined by as defined in 24 CFR 578.3. Prioritization will be provided to individuals who are currently residing in emergency shelter to ensure turnover of beds to support existing

unsheltered populations. This effort aligns with Strategy 14: Improves Access for People Experiencing Homelessness and Strategy: Increase the Number of Crisis Housing Beds Regionally in the County of Riverside Department of Housing and Workforce Solutions and Continuum of Care Homeless Action Plan. A copy of the plan can be found here [County of Riverside Homeless Action Plan.pdf \(rivcohws.org\)](#) .

Objectives

1. Develop a more effective crisis response system including a coordinated rapid rehousing network to cover assigned geography, that will provide a targeted reach to individuals eligible for rapid rehousing through the Continuum of Care's Coordinated Entry System;
2. Link the targeted population in Riverside County to Rapid Re-housing programs for placement into permanent housing with individualized case management services. Clients will be assisted with developing Individual Service Plans (ISPs) highlighting goals and progress towards self-sufficiency;
3. Provide housing navigation assistance and implement landlord recruitment efforts to support households with identifying units, viewing, applying, securing, and moving into permanent housing units; and
4. Provide housing and services that are low barrier, trauma informed, culturally responsive and Housing First oriented which recognizes that the most effective solution to homelessness is permanent housing and all housing for the homeless should be provided immediately, without any preconditions, such as sobriety requirements. Individuals and families assisted with these funds must not be required to receive treatment or perform any other prerequisite activities as a condition for receiving shelter, housing, or other services for which these funds are used.

Program Outcome(s)

Collectively, a minimum of 100 households will be served through the Rapid Rehousing Program, with 80% of the households successfully transitioning into permanent housing by the end of the contract period.

Program Evaluation

The HWS - Continuum of Care Division will provide ongoing program monitoring and technical assistance to ensure that programs are meeting strict spending milestones established by the State. HWS requires subrecipients to meet the deadline(s) for funding. Should the subrecipient not meet the expenditure expectations, HWS in its sole discretion reserves the right to recapture the difference in funds between the actual expenditure amount at the expenditure deadline and expected expenditure. The Department also reserves the right in its sole discretion to mandate a corrective action or remediation plan to ensure future timely expenditure of funds.

Funding for Services

This ITB for Rapid Rehousing Program is funded through the Homeless Housing Assistance and Prevention Program (HHAP) and California Emergency Solutions and Housing (CESH) Programs. The HHAP Program combined is a block grant program that provides support to local jurisdictions to continue to build on regional collaboration developed through previous rounds of Cal ICH funding and to provide flexible funding to continue efforts to end and prevent homelessness in their communities. The CESH Program provides funds for a variety of activities to assist persons experiencing or at risk of homelessness as authorized by SB 850 (Chapter

48, Statutes of 2018). This ITB has been allocated **\$1,261,968.59** for Rental Assistance and Rapid Rehousing (RRH). From the \$1,261,968.59, **\$441,755.99.00** is designated for **youth specific** Rental Assistance and Rapid Rehousing services.

Tab A Bid Checklist

Instructions:

- This section must be filled in and each item checked off to ensure all items requested by the County in this ITB have been submitted.
- Follow the instructions in each section of this ITB.
- Present all requested items in the index tabs ordered A through J as shown
- Label each item presented and include additional items on your Table of Contents
- All bids must include a detailed description of each proposed service to be provided
- Bidders that do not follow the bid instructions found in the Terms and Conditions document "Section 5.0 General Requirements" may be found to be "non-responsive" and disqualified from the bid process

Legal name of Company: _____

DBA: _____

Service to provide: Rapid Re-housing

Bid Submission Checklist

General Bidder Information

Please provide one copy of the following items in your quote. Indicate the page number where the item is located.

Page Number

- Tab A – Bid Checklist (*this page*) _____
- Tab B – Bid Cover Page (*signed by Authorized Signatory*)..... _____
- Tab C – Company Profile/ Experience _____
- Tab D – Acknowledgements..... _____
- Tab E – Scope of Services _____
- Tab F – References _____
- Tab G - Credentials/Resumes/Certifications/Licenses..... _____
- Tab H – Bidder Attachment..... _____

Any response that bidders are finding difficulty pasting into the "Bidders Response" boxes in any section of the ITB, bidders shall paste in Tab H. When pasting attachments to Tab H, label the attachments "Attachment 1", "Attachment 2" and so forth. Enter the corresponding Attachment Number into the Bidder's Response box with the words "See Tab H." List all attachments with an index tab.

List all attachments included in this Section. Please use additional pages to list attachments if necessary.

Attachment Number	Document Title	Page Number
Attachment 1	_____	_____
Attachment 2	_____	_____
Attachment 3	_____	_____

Attachment 4	_____	_____
Attachment 5	_____	_____
Attachment 6	_____	_____
Attachment 7	_____	_____
Attachment 8	_____	_____
Attachment 9	_____	_____
Attachment 10	_____	_____
Attachment 11	_____	_____
Attachment 12	_____	_____
Attachment 13	_____	_____
Attachment 14	_____	_____
Attachment 15	_____	_____
Attachment 16	_____	_____
Attachment 17	_____	_____
Attachment 18	_____	_____
Attachment 19	_____	_____
Attachment 20	_____	_____

Cost and Financials

Please provide Tabs I and J in a clearly marked, sealed envelope. These items should only be included in the Original Bid.

- Tab I – Cost/Budget Narrative
- Tab J – Financial Statement

Tab B Bid Cover Page

This Bid Cover Page must be signed by an authorized representative. Signature by an authorized representative of the company on the quote cover page shall constitute a warranty, the falsity of which shall entitle the County of Riverside to pursue any remedy authorized by law, which shall include the right, at the option of the County of Riverside, of declaring any contract made as a result thereof, to be void.

BIDDER TO COMPLETE ALL APPLICABLE AREAS

The County of Riverside Department of Housing and Workforce Solutions – Continuum of Care Division is soliciting bids from qualified organizations to provide:

HHAP Rapid Rehousing

County of Riverside Department of Housing and Workforce Solutions – Continuum of Care Division
 ITB # COARC-0012
 3403 Tenth Street Ste 310
 Riverside, CA 92501

“Execution hereof is certification that the undersigned has read and understands the terms and conditions hereof, and that the undersigned's principal is fully bound and committed.”

Company Name:

Mailing Address:

City: State: Zip:

Remit to Address:

City: State: Zip:

Phone # () FAX # ()

Contractor Website:

Name: Title:

Signature: Date:

Email:

Please Check Disabled Veteran

Tab C Company Profile/ Experience

This section of the quote is designed to establish the bidder as an entity with the ability and experience to operate the program as specified in the ITB. The Company Profile should be concise and clear and include descriptive information regarding service delivery. The following information must be provided as follows:

1. Business name and legal business status (i.e. partnership, corporation, etc.)

BIDDER'S RESPONSE:

2. Company overview of services or activities performed, including:
 - a. Company hierarchy (President, Vice President, Company Officers, etc.) and an organizational chart. The organizational chart shall clearly identify all staff members that will provide services under this contract. Identify those with lived experience of homelessness and/or represent a marginalized or underserved population.
 - b. The number of years in business under the present business name, as well as prior business names, and the number of years of experience providing the proposed, equivalent or related services.
 - c. Company size - number of staff. Identify the number of staff with lived experience of homelessness and/or represent a marginalized or underserved population.
 - d. Location of the office from which the work under this contract will be provided and the staff allocation at that office.

BIDDER'S RESPONSE:

a)

b)

c)

d)

3. Please indicate whether the bidder holds controlling or interests in any other organization or is owned or controlled by any other person or organization if none that must be stated. Governmental agencies are exempt from this requirement.

BIDDER'S RESPONSE:

4. Financial interests in any other business. Individuals who are personally performing the contracted services and governmental agencies are exempt from this requirement.

BIDDER'S RESPONSE:

5. Names of persons with whom the bidder has been associated in business as partners or business associates in the last five (5) years. Governmental agencies are exempt from this requirement.

BIDDER'S RESPONSE:

6. An explanation of any litigation involving the bidder or any principal officers thereof in connection with any contract.

BIDDER'S RESPONSE:

7. Include the policy and procedures for the bidder’s company background checking procedures and company utilized. Bidders must conduct, at a minimum, a Department of Justice (DOJ) criminal background record check on all employees, subcontractors, and volunteers.

BIDDER’S RESPONSE:

8. **Federal Exclusion List** - System for Award Management (SAM) - If this Invitation to Bid is Federally or State funded, bidders must go to the following website and submit with their bid that the contractor is not listed on the System for Award Management (SAM) at <https://www.sam.gov> for:

- ✓ Central Contractor Registry (CCR)
- ✓ Federal Agency Registration (Fedreg)
- ✓ Online Representations and Certifications Application
- ✓ Excluded Parties List System (EPLS)

Excluded Parties Listing System (EPLS) (<http://www.epls.gov>) (Executive Order 12549, 7 CFR Part 3017, 45 CFR Part 76, and 44 CFR Part 17). The System for Award Management (SAM) is the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. If awarded a contract, awarded vendor must notify the County immediately if it is debarred at any time during the contract period.

BIDDER’S RESPONSE:

a.

Tab D Acknowledgements

1. Clarifications, Exceptions, or Deviations

All bidder(s) shall describe any exception or deviation from the requirements of the ITB. Each clarification, exception, or deviation must be clearly identified. If your firm has no clarification, exception, or deviation, a statement to that effect shall be included in this section. The sample service agreement is attached as Exhibit A (which is located in the Terms and Conditions Document) and incorporated herein by this reference.

The following contractual terms are **non-negotiable**.

- Indemnification
- All insurance terms prior to the start of the agreement
- Termination
- Ownership/Use of Contract Materials and Products
- Disputes
- Governing Law
- Confidentiality
- Subcontractors
- Reporting Requirements

Do you have any other exceptions/deviations? If so, please provide an explanation:

BIDDER'S RESPONSE:

2. Evidence of Insurability/Business Licenses

All bidder(s) shall submit evidence of all required insurance. An Accord cover page will suffice and if awarded the contract the bidder has ten (10) calendar days to produce the required insurances including a certified endorsement naming the County as additionally insured. The bidder shall certify to the possession of any-and-all current required licenses or certifications. Do not purchase additional insurance until this bid has been awarded. Provide a copy of current business license or other applicable licenses.

Please acknowledge that bidder will adhere to insurance requirements:

BIDDER'S RESPONSE:

5. Transition

Upon expiration or termination of the agreement for any reason, during the transition close-out period the bidder agrees to:

- a. Continue delivering services in all geographic areas currently served in Riverside County until notified otherwise; and
- b. Assist HWS in the orderly transition and transfer of all collaborations and committees to HWS and the subsequent contractor(s); and
- c. Provide, in a timely manner, all file and information deemed necessary by HWS for use in subsequent contracting activities without additional cost to HWS or the new contractor(s), upon termination or expiration of the agreement for any reason; and
- d. Cooperate with HWS during a transition close-out period to ensure orderly and seamless delivery of services to residents of Riverside County.

Please acknowledge that bidder will adhere to transition requirements:

BIDDER'S RESPONSE:

CERTIFICATIONS

I, _____, a duly authorized agent of _____
Printed Name of Agent/Officer Name of Organization

hereby certify that _____ by submission of this quote in response to the
Name of Organization

Professional Services ITB, agree upon contract award to carry out the requirements specified, and obligations set forth therein.

Signature _____ Date _____

Title of Agent/Officer _____

Tab E Scope of Services

This ITB has a space provided under each question the County has of the bidder. This ITB is available for electronic download at <https://rivcohhpws.org/continuum-care-division>

Bidders must address all points in this section. All questions are in italicized font in the box.

Select which Districts your bid will support through Rapid Rehousing and indicate if your bid would target any subpopulation/s.

Target Population 1: Households currently residing in emergency shelters in Riverside County
Check the boxes for all Supervisorial District(s) your Bid is proposing to serve and list the number of individuals to be served in each District through this bid that are in the targeted population:

- District 1 _____
- District 2 _____
- District 3 _____
- District 4 _____
- District 5 _____

Congregate Shelter
Name of Shelter: _____
City where located: _____

Non-Congregate Shelter
Name of Shelter: _____
City where located: _____

Target Population 2: Households currently residing on the CES by-name list scoring for Rapid Rehousing
Check the boxes for all Supervisorial District(s) your Bid is proposing to serve and list the number of individuals to be served in each District through this bid that are in the targeted population:

- District 1 _____
- District 2 _____
- District 3 _____
- District 4 _____
- District 5 _____

Target Population 3: Marginalized populations experiencing homelessness

Check the boxes for all Supervisorial District(s) your Bid is proposing to serve and list the number of individuals to be served in each District through this bid that are in the targeted population:

- District 1
- District 2 _____
- District 3 _____
- District 4 _____
- District 5 _____
- _____

Target Population 4: Seniors aged 65+ experiencing homelessness

Check the boxes for all Supervisorial District(s) your Bid is proposing to serve and list the number of individuals to be served in each District through this bid that are in the targeted population:

- District 1
- District 2 _____
- District 3 _____
- District 4 _____
- District 5 _____
- _____

Target Population 5: Transitioned Aged you aged 18-24 experiencing homelessness

Check the boxes for all Supervisorial District(s) your Bid is proposing to serve and list the number of individuals to be served in each District through this bid that are in the targeted population:

- District 1 _____
- District 2 _____
- District 3 _____
- District 4 _____
- District 5 _____

Target Population 6: Veterans experiencing homelessness:

Check the boxes for all Supervisorial District(s) your Bid is proposing to serve and list the number of individuals to be served in each District through this bid that are in the targeted population:

- District 1 _____
- District 2 _____
- District 3 _____
- District 4 _____
- District 5 _____

Target Population 7: Families experiencing homelessness with at least one child under the age of 18.

Check the boxes for all Supervisorial District(s) your Bid is proposing to serve and list the number of individuals to be served in each District through this bid that are in the targeted population:

- District 1 _____
- District 2 _____
- District 3 _____
- District 4 _____
- District 5 _____

Target Population 8: Unaccompanied women experiencing homelessness

Check the boxes for all Supervisorial District(s) your Bid is proposing to serve and list the number of individuals to be served in each District through this bid that are in the targeted population:

- District 1 _____
- District 2 _____
- District 3 _____
- District 4 _____
- District 5 _____

GENERAL SERVICE REQUIREMENTS

Bidder must agree to do the following:

1. Bidder(s) will coordinate with Street Outreach Team(s) to contact and engage the most vulnerable individuals living on the streets, in cars, or other vehicles, in sheds, abandoned buildings and other places not meant for human habitation and with emergency shelters to facilitate direct placements into permanent housing.

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

2. Bidder(s) will participate in and accept referrals from the Continuum of Care's Coordinated Entry System (CES). The CES is a part of Riverside County CoC's cohesive and integrated housing crisis response system with existing programs, bringing them together into a "no-wrong-door" system. The CES is designed to coordinate program participant intake, assessment, and provision of referrals. CES participation is a federal and state requirement under the HEARTH Act 2009, 24 CFR parts 91 and 576; 24 CFR 576.400(d); and 25 CCR Section 8409.

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

3. Bidder(s) will participate in the Homeless Management Information System.
 - a. Must adhere to HMIS security policies and procedures related to entering required individual's-level data on a regular and timely basis.
 - b. County retains the right to the HMIS and case management software application used in the operations of this property. County will grant subrecipients access to use the HMIS software for the term of the Agreement.
 - c. Subrecipients will ensure that employees using HMIS for Participant intake capture all required data field, as set forth in the County of Riverside CoC HMIS Charter, which is located on the Riverside County CoC website: <https://rivcohhpws.org/continuum-care-division>
 - d. All subrecipients shall submit reports, as requested by County in order for County to comply with its reporting requirements.

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

4. Bidder(s) will assist individuals and families in quickly regaining stability in permanent housing after experiencing a housing crisis or homelessness. All projects must adhere to the Housing First Model to establish short-term or medium-term rental assistance. Rapid Rehousing activities must meet all State requirements specified in Health and Safety Code (HSC) § 50219(c)(1-8).

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

5. Bidder(s) will complete an Individualized Intake and Housing Assessment for each household served to collect information to identify and address barriers to housing stability. The Housing Plan will be utilized to facilitate the provision of housing stabilization services and financial assistance. Services include but not limited to:
 - a. Rental application fees
 - b. Security deposits (not to exceed 2 months) and holding fees
 - c. Landlord Incentives
 - d. Standard utility deposits
 - e. Housing search and placement
 - f. Housing Stability
 - g. Tenant-based rental assistance

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

6. Bidder(s) will provide wraparound case management services not to exceed a 1:15 ratio to allow for optimal level of supports to successfully place and stabilize households in permanent housing.

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

7. Bidder(s) will provide housing stability services to individuals and families to ensure they transition to self-sufficiency. This includes arrangement, monitoring, and delivery of services related to the housing needs and stability of individuals. The case manager will meet with the individual at least three times per month for the first three months, then at a minimum once per month for a total of 12 months. The case manager will develop an Individualized Housing Plan (IHP) with the household and utilize information from the intake assessment to ensure appropriate housing placement. Case Management shall begin day one and continue through aftercare/follow-up services to ensure that employment and strengths are sustained long-term. Case Manager shall reevaluate individuals, at a minimum of once quarterly, to:
- Ensure that individual has sufficient resources and support networks in place to retain housing.
 - Determine the appropriate type and level of assistance that the individual needs to retain housing.

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

8. Bidder(s) will on an as needed basis, be required to assist with targeted outreach/resource events to assist individuals with completing intake forms, housing assessment tools, rental agreements, and other housing related applications.

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

9. Bidder(s) will be required to establish and ensure a direct connection with existing rapid rehousing teams to promote coordination across all teams and ensure services are planned, strategic, and organized. This effort will be supported with the establishment of a Rapid Rehousing Collaborative that will be led by HWS, with meetings co-facilitated by all Rapid Rehousing providers to strategize, problem-solve and case conference cases.

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

10. Bidder(s) will ensure that all individuals have access to Supportive Services. All individuals shall have access to an array of supportive services, which includes but not limited to:
- a. Temporary housing/emergency shelter
 - b. 2-1-1 hotline for social services
 - c. Social Security benefits
 - d. Cal-Works and other income security programs
 - e. Cal-Fresh assistance
 - f. Low Income Energy Assistance Programs
 - g. Affordable housing information
 - h. Employment assistance and job training programs
 - i. Health care and mental health services
 - j. Services for victims of domestic violence
 - k. Veteran Services
 - l. Legal service and credit counseling
 - m. High School Diploma completion or GED test preparation

BIDDER'S RESPONSE: Bidder must acknowledge that they have read and will comply with the statement above.

Tab F References

1. **References**
 All bidder(s) must include present and past performance information with a minimum of three (3) references of recent similar projects. References cannot include Riverside County Elected Officials, Department Directors, or staff as a reference. Please verify that all reference information is correct.

Reference 1	
Company name:	
Address:	
Contact person:	
Email address:	
Telephone address:	
Project name:	
Dates worked performed:	
Summary of scope of services:	
Project cost:	

Reference 2	
Company name:	
Address:	
Contact person:	

Email address:	
Telephone address:	
Project name:	
Dates worked performed:	
Summary of scope of services:	
Project cost:	

Reference 3	
Company name:	
Address:	
Contact person:	
Email address:	
Telephone address:	
Project name:	
Dates worked performed:	
Summary of scope of services:	
Project cost:	

2. Provide a list detailing contracts that your company has been awarded during the last five (5) years, showing year, type of services, dollar amounts of services provided, location, contracting company, contact name, and phone number.

BIDDER'S RESPONSE:

3. Provide details of any failure or refusal to complete a contract. If none, that must be stated.

BIDDER'S RESPONSE:

Tab G Credentials/Resumes/Certifications/Licenses

1. BIDDER REQUIREMENTS

Contractor must complete a criminal background check on all employees, subcontractors, and volunteers providing services. Criminal records clearance must be obtained from the State of California Department of Justice prior to any individual providing services to individuals. A statement affirming that appropriate clearance has been obtained must be maintained in everyone’s personnel file.

BIDDER’S RESPONSE: Bidder must acknowledge that they have read and will comply with the above statement.

2. RESUMES

Bidder shall specifically provide the following information on all employees to be providing services related to this ITB:

- A. Position Title
- B. Responsibilities
- C. Qualifications/Experiences
- D. Certifications/licenses, if applicable
- E. Any other information, which will assist in evaluating qualifications.

BIDDER’S RESPONSE:

- A.
- B.
- C.
- D.
- E.

Bidder can add as many sections to this bid response box as they need to state all employees providing services.

Tab H Bidder Attachment

Any response that bidders are finding difficulty pasting into the “Bidders Response” boxes in any section of the ITB, bidders shall paste in Tab H. When pasting attachments to Tab H, label the attachments “Attachment 1”, “Attachment 2” and so forth. Enter the corresponding “Attachment Number” into the Bidder’s Response box as the example shows below:

Below is an example:**Tab D Company Profile**

This section of the quote is designed to establish the bidder as an entity with the ability and experience to operate the program as specified in the ITB. The Company Profile should be concise and clear and include descriptive information regarding service delivery. The following information must be provided as follows:

1. Business name and legal business status (i.e. partnership, corporation, etc.)

BIDDER’S RESPONSE:

Please provide copy of Tabs I and Tab J in a separate file.

Tab I Cost Proposal & Budget Narrative

In this section, please complete and include the Budget Narrative/Cost Proposal Sheet. The County reserves the right to negotiate final fees with the selected bidder(s). Quotes must fully describe all costs and charges to County as part of this service/project. Bidders must provide fully inclusive blended rates, which are inclusive of all of the bidder’s project-related or supported expenses, including travel expenses. Expenses not included in the Line Item Budget will not be reimbursed. Bidders may also include any other documents as information to further explain the proposed costs.

Line-Item Budgets must be all-inclusive and include, but not be limited to, the following administration, travel, training and operating costs. **Cost should reflect expenditures for the full term of the contract.** Bidder must include a **Budget Narrative** that describes each line item.

ITEM	SALARIES AND BENEFITS Item Descriptions	Budget Narrative/Cost Proposal (include formulas and a clear description of each item)	
		Expand the number of cells and/or the amount of information in each cell, as needed.	Total
A. Salaries (Per Position)			
List each type of Position that would provide direct services to this contract.			
In the Justification provide: (a) # of positions, (b) full-time of part-time percentage. (c) average pay, (d) formula to support your proposed annual cost.			
	Example: Licensed Clinical Therapist	3 LCT Staff, 1 at each site. All 3 FTE. Avg Pay = \$22.00/hr. [Formula: \$22/hr. X 2080 hrs. = \$45,760 X 3 staff = \$137,280] Job Duties are outlined in the RFP Narrative on Page “x “	\$137,280
A1	Position 1:		\$
A2	Position 2:		\$
A3	Position 3:		\$
SALARY SUBTOTAL			\$
B. Benefits			
Provide details of each benefit item. Include the percentage of salary allocated towards each item. Provide the formula to support your proposed annual cost.			
B1			\$
B2			\$
B3			\$
B4	Other: (Please specify one item per line.)	Include any additional Salary or Benefit line item costs that were not listed above. List one item, per line. Provide details of each additional item. Provide the formula to support your proposed annual cost.	
	1.		\$
	2.		\$
	3.		\$
BENEFIT SUBTOTAL			\$
TOTAL SALARIES & BENEFITS			\$

ITEM	PROGRAM/ OPERATIONAL COSTS Item Descriptions	Budget Narrative/Cost Justification (include formulas and a clear description of each item)	
		Expand the number of cells and/or the amount of information in each cell, as needed.	Total
PROGRAM/ OPERATIONAL COSTS		Provide details of each Program / Operational item. Include per person, per mile, per class, etc... costs as needed in your justification. Provide the formula to support your proposed annual cost. Program Operational costs are costs dedicated 100% to this particular service. If this is a shared cost, then list dedicated costs here with the percentage and the balance under Administrative / Overhead costs with the percentage. (Example, 80% of office space is used for this service. So, only 80% of the total rent is listed here.)	
C. Financial Assistance			
C1	Security Deposits		\$
C2	Landlord Incentive		\$
C3	Rental Assistance		\$
C4	Moving Expenses		\$
C5	Storage Expenses		\$
C6	Utility Expenses		\$
C7	Application Fees		\$
C8	Unit Repairs		\$
C9	Appliances		\$
C10	Other: specify one item per line		
	1.		\$
	2.		\$
	3.		\$
D. Travel			
D1	Vehicle Lease/Purchase		\$
D2	Mileage <i>(include the per mile paid rate)</i>		\$
D3	Public Transportation <i>(i.e.: bus pass, Uber, etc.)</i>		\$
D4	Other: specify one item per line.		
	1.		\$
	2.		\$
	3.		\$
E. Training			
E1	Training/Orientation		\$
E2	Training: Staff/Consultants		\$
E3	Other Training Costs <i>(Please specify. One item per line.)</i>		
	1.		\$
	2.		\$
	3.		\$
F. Office Expenses			

F1	Rent		\$
F2	Maintenance/Janitorial		\$
F3	Utilities		\$
F4	Equipment (New)		\$
F5	Equipment Maintenance		\$
F6	Equipment Depreciation (Purchased Prior)		\$
F7	Accounting		\$
F8	Telephone		\$
F9	Postage		\$
F10	Photocopying / Printing		\$
F11	Supplies		\$
F12	Personnel Advertising		\$
F13	Other: (Please specify. One item per line.)	Include any additional Program/ Operational line item costs that were not listed above. List one item, per line. Provide details of each additional item. Provide the formula to support your proposed annual cost.	
	1.		\$
	2.		\$
	3.		\$
			TOTAL PROGRAM/ OPERATIONAL COSTS
ITEM	ADMINISTRATIVE / OVERHEAD COSTS Item Descriptions	Budget Narrative/Cost Justification (include formulas and a clear description of each item)	
		Expand the amount of information in each cell, as needed.	Total
G. Administrative /Overhead Costs			
G1	Corporate/Regional Office Expense		\$
G2	Legal/ Claims/ Damages		\$
G3	Other:(Please specify. One item per line.)	Include any additional Administrative/ Overhead line item costs that were not listed above. List one item, per line. Provide details of each additional item. Provide the formula to support your proposed annual cost.	
	1.		\$
	2.		\$
	3.		\$
			TOTAL ADMINISTRATIVE / OVERHEAD COSTS

Please bring forward the following dollar figures		Please calculate the % of Grand Total
SALARIES SUB TOTAL	\$	%
BENEFITS SUB TOTAL	\$	%
PROGRAM / OPERATIONAL TOTAL	\$	%
ADMINISTRATIVE / OVERHEAD COSTS TOTAL	\$	%
GRAND TOTAL	\$	100%

For cost analysis:

- What is your annual per person costs for those served through this proposal? _____
 - What is annual per household costs for those served through this proposal? _____
- Please Note: For programs serving only single individuals, these to numbers will be the same.*

This space is provided to bidder for any budget narrative:

BIDDER'S RESPONSE:

CERTIFICATIONS

I, _____, a duly authorized agent of _____
 Printed Name of Agent/Officer Name of Organization
 hereby certify that _____ by
 submission of this Quote in response to the
 Name of Organization
 Professional Services ITB, agree upon contract award to carry out the requirements specified, and obligations set forth therein.

Signature _____
 Date _____

Title of Agent/Officer _____

Tab J Financial Statement

Please place financials in a separate file.

Financial statements will be submitted to the Accounting Office for review, then separated as “Confidential.”

The bidder must submit financial statements (balance sheet and income statement) for its business that are dated no more than twelve (12) months prior to the date of the quote submission and cover a period of at least one (1) year. These statements should clearly identify the financial status and condition of the bidder's entire business entity.

Financials should provide sufficient detail to assure the County of Riverside that bidder can support services being offered and as a bidder the firm will not seek early payment for services delivered, expedited payments, or checks delivered by any means other than regular mail through the County Auditor/Controller’s Office.

Tab K Evaluation and Awarding Process

The awards will go to the lowest cost and most qualified of the most responsive and responsible bidders. However, we may be awarding to multiple vendors depending on coverage and territory.