



HWS HOUSING AND
WORKFORCE
SOLUTIONS
ENGAGE. ENCOURAGE. EQUIP.

2023 EMERGENCY SOLUTIONS GRANT (ESG) & HOMELESS HOUSING ASSISTANCE AND PREVENTION (HHAP)

RAPID REHOUSING INVITATION TO BID (ITB)

COARC-0020

ITB Release Date: *Friday, February 9, 2024*

Submittal Deadline: *Wednesday, February 28, 2024, by 05:00pm*

By: Amy Primrose- Sr. Program Specialist
Department of Housing and Workforce Solutions- Continuum of Care
3403 Tenth Street Ste. 310
Riverside, CA 92501
Email: aprimrose@rivco.org

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

**NOTE: BIDDERS ARE RESPONSIBLE TO READ ALL INFORMATION THAT IS STATED IN THIS
REQUEST FOR PROPOSALS 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)** services to support individuals or families who are homeless move 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) California Department of Housing and Community Development (HCD) **has allocated \$299,499 for the 2023 Emergency Solution Grant (ESG)**. Funding under this Invitation to Bid (ITB) is made available pursuant to Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11371 et seq. This ITB should be read in conjunction with the following regulations that establish state and federal ESG requirements. Relevant legal authority includes, but is not limited to, the following:

- [ESG Federal Regulations](#)
- [ESG State Regulations](#)

The intent of the ESG funding is to supplement the existing operational budgets of nonprofit organizations and government agencies responding to the critical needs of the community.

- 2) **Homeless Housing, Assistance and Prevention (HHAP) Round 3** combined, is a \$1.3 billion block grant 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. 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). There is \$237,712.30 allocated under this ITB.

Funding requires expending funds on evidence-based solutions that prevent, reduce and end homelessness. HHAP 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). Programs must 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. Per HUD guidance, individuals and families assisted with these HHAP-Round 3 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.

Funding priorities are: (1) to serve those most in need through street outreach; and (2) to guarantee all eligible persons receive equitable services with dignity, respect, and compassion regardless of circumstance, ability, or identity. This includes marginalized populations, Black, Native and Indigenous, Latinx, Asian, Pacific Islanders, and other people of color, immigrants, people with criminal records, people with disabilities, people with mental health and substance use vulnerabilities, people with limited English proficiency, people who identify as transgender, people who identify as Lesbian, Gay, Bisexual, Transgender, Queer and others (LGBTQ+), and other individuals that may not have access to mainstream support.

Eligible Activities

Rapid Re-Housing (RRH) assistance to support individuals or families who are homeless move into permanent housing as quickly as possible, and achieve housing stability through a combination of supportive services, rental assistance, and landlord incentives such as security deposits and holding fees.

Target Populations

Literally homeless individuals as defined by as defined in 24 CFR 578.3 and Unsheltered homeless throughout Riverside County. 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 Riverside County's Homeless Action Plan, Strategy 14: Improves Access for People Experiencing Homelessness and Strategy: Increase the Number of Crisis Housing Beds Regionally in the County of Riverside. A copy of the plan can be found here [County of Riverside Homeless Action Plan.pdf \(rivcohws.org\)](https://rivcohws.org/County_of_Riverside_Homeless_Action_Plan.pdf).

Objectives

The objective of the programs is to partner with the Riverside County Continuum of Care to identify existing, qualified organizations that are available to provide Rapid Rehousing services and activities. Respondents are expected to be non-profit or governmental agencies that have the administrative and financial capacity to provide homeless stabilization services/activities, have knowledge of issues surrounding the homeless population in the community, and experience providing the services under the eligible components of the Program.

The most competitive proposals must demonstrate both a need for the project with data supported by the 2022 Riverside County Point-in-Time Count (or other federally recognized data source such as HMIS) and demonstrate that the project will have an immediate impact in addressing and providing assistance to persons experiencing homelessness in Riverside County by the end of the project's period of performance.

Required program components:

1. Projects shall, as applicable, participate in and accept referrals from Riverside County's Coordinated Entry System (CES).
2. Projects shall, as applicable, participate and provide data through the County of Riverside's **Homeless Management Information System (HMIS)**. Subrecipients shall collect the

applicable data set required for reporting purposes under SB850, 24 CFR 576 and 24 CFR 578.3, and HMIS Universal Data Elements.

3. Projects must provide eligible activities in a manner consistent with **Housing First practices** described in California Code of Regulations, title 25, section 8409, subdivision (b)(1)-(6). Projects that propose to provide permanent housing shall incorporate the core components of Housing First in the program design and service model, as provided in Section 8255, subdivision (b) of the Welfare and Institutions Code.
4. Projects serving HUD's Category 1 or Category 2 homeless populations shall be supported by data from the 2022 Riverside County Point-in-Time Count (or other federally recognized data source such as HMIS) that demonstrates need for the project.
5. Demonstrate a commitment to address racial disproportionality in homeless populations and achieve equitable provision of services and outcomes for Black, Native, and Indigenous, Latinx, Asian, Pacific Islanders and other People of Color who are disproportionately impacted by homelessness.
6. Projects must prioritize CES, Street outreach, and shelter referrals.
7. Grant funding proposals will not be considered for duplicative services or to subsidize existing beds, or for projects already receiving federal, state or local funding. ***Grant funding requests that supplant other federal, state or local funding will not be considered.***

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.

Program Measures

1. Number of unsheltered homeless persons served:
2. Number of program participants with an increase in total income from all sources at program exit:
3. Number of program participants (adult participants over the age of 18 only) with an increase in employment income at program exit
4. Number of program participants that achieve housing stability at program exit

Funding for Services

This ITB for Rapid Rehousing is administered by the California Department of Housing and Community Development (HCD) with funding received from the U.S. Department of Housing and Urban Development (HUD). The maximum request for this **ESG Rapid Rehousing bid is \$299,499**. To ensure adequate county coverage, more than one agency may be awarded.

This ITB for Rapid Rehousing is administered by the State of California Business, Consumer Services and Housing Agency (BCSH). Homeless Coordinating and Financing Council (HCFC), authorized by AB 83 (Committee on Budget, Chapter 15, Statutes of 2020), which was signed into law by Governor Gavin Newsom on June 29, 2020. **The HHAP Rapid Rehousing bid is \$237,712.30**. To ensure adequate county coverage, more than one agency may be awarded.

Activity	Amount	Funding Source
Rapid Rehousing	\$299,499	ESG
Rapid Rehousing	\$237,712.30	HHAP-3
Total:	\$537,211.30	ESG and HHAP-3

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 Rehousing

Bid Submission Checklist

General Bidder Information

Please provide one copy of the following items in your bid. 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 as a separate document via email with your Invitation to Bid (ITB).

- 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 bid 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 & ESG Rapid Rehousing

County of Riverside Department of Housing and Workforce Solutions – Continuum of Care Division
ITB # COARC-0020
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 bid 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)

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:

3. 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 bid 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 Street Outreach 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

Please list sub-population/s to be served through Bid: _____

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 contact and engage the most vulnerable individuals and families living on the streets, in cars, or other vehicles, in sheds, abandoned buildings and other places not meant for human habitation. Target individuals resistant to shelter services, who have substance use, physical/mental health struggles and are living in encampments.

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

2. Through ongoing engagements, Street Outreach Team(s) will build rapport with individuals, participate in the Coordinated Entry System, utilize and complete the CoC-approved common assessment tool to access individual needs, and collect and enter information individual engagements into the Homeless Management Information System (HMIS) to track project and services.

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

3. Bidder(s) will conduct an individualized needs assessment for individuals and work with them to develop an Individualized Service Plan (ISP) to address barriers preventing them from obtaining and/or searching for housing.

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

4. Bidder(s) will provide case management and supportive services that includes assessing housing and service needs and arranging/coordinating/monitoring the delivery of individualized services. For the purposes of defining case management as it related to street outreach and navigation, see the definition under 24 CFR.101(a)(2), Case Management.

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

5. Bidder(s) will ensure that all individuals are connected to mainstream services. All individuals shall have access to an array of supportive services, which includes but is 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.

6. Bidder(s) will be required to establish and ensure a direct connection with existing Street Outreach Program to promote coordination across all teams and ensure services are planned, strategic, and organized. This effort will be supported with the establishment of a Street Outreach Collaborative that will be led by HWS, with meetings co-facilitated by all Street Outreach recipients 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.

7. Bidder(s) will be required to respond to incidents related but not limited to evacuation emergencies and other specialized outreach events which directly impact or provide reach to individuals (e.g. engaging and coordinating services for individuals living at an encampment potentially impacted by flooding or those impacted by a future clean-up effort).

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

8. Bidder(s) will participate in the Coordinated Entry System (CES) and provide warm handoffs to coordinate entry to shelter, housing, and service providers.

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

9. Bidder(s) will be available to provide service on weekdays and through 8:00 p.m. on weekdays and weekends, in addition to completing shifts on weekends on a rotational basis. During the Annual Homeless Point-in Time (PIT) Count, Street Outreach Team(s) will be expected to mobilize teams to provide after-hours outreach (e.g. PIT Count starts at 4 a.m.).

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 HWS – CoC Division. 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:	

- 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:

- 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 bid 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: Located in “Attachment 1”

Please provide copy of Tabs I and Tab J as a separate document.

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). Bids 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.

1. Eligible Activities for the Continuum of Care Program can be found in 24 CFR Part 578, Subpart D, Program Components and Eligible Costs.
2. Matching requirements can be found in 24 CFR Part 578.73. The Subrecipient must match all ESG funding on a dollar-for-dollar basis.

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.)	
B. Program Expenses			
C1	Engagement Supplies (clothes, snacks, blankets, portable showers, etc.)		\$
C2	Emergency Health Services (PPE, medication, First Aid Supplies, etc.)		\$
C3	Other: specify one item per line		
	1.		\$
	2.		\$
	3.		\$
D. Travel			
D1	Vehicle Lease/Purchase		\$
D2	Mileage (include the per mile paid rate)		\$
D3	Public Transportation (i.e.: bus pass, Uber, etc.)		\$
D4	Other: specify one item per line.		
	1.		\$
	2.		\$
	3.		\$
E. Training			
E1	Training/Orientation		\$
E2	Training: Staff/Consultants		\$
E3	Other Training Costs (Please specify. One item per line.)		
	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
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 document.

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 bid 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

Funding may be awarded to multiple vendors depending on coverage and territory.