

RFP NO. 2025-0802

ATTACHMENT A
RFP COVER PAGE

Name of Person, Business or Organization:	
Type of Entity: (e.g. Sole-Proprietorship, Partnership, Corporation)	
Federal Tax ID Number:	
Contact Person – Name	
Contact Person – Address	
Contact Person – Phone Number (s)	
Contact Person – e-mail address	

By signing this *RFP Cover Page* I hereby attest:

1. that I have read and understood all the terms listed in the RFP;
2. that I am authorized to bind the listed entity into this agreement;
3. that neither I nor any principals are presently disbarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, any California State agency, or any local government agency;
4. that should this Proposal be accepted, I am authorized and able to secure the resources required to deliver against all terms listed within the RFP as published by TCMHA, including any amendments or addenda thereto except as explicitly noted or revised in my submitted Proposal;
5. that I did not, in any way, collude, conspire or agree, directly or indirectly, with any person, agency, corporation or other Proposer in regard to the amount, terms, or conditions of this Proposal; and
6. that the information contained in the Proposal Packet and all accompanying documents is true and correct.

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

PLEASE ATTACH ANY DOCUMENTS RELATED TO YOU OR YOUR AGENCY'S SUMMARY STATEMENT AS REQUIRED UNDER SECTION V.C.1 OF THIS RFP DOCUMENT.

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ATTACHMENT B
PROPOSER'S REFERENCES AND SUBCONTRACTORS

Company Name:	Address:
Owner, Principal Officer:	Headquarters Location/Date of Establishment:
Email:	Website:
Phone:	Fax:

1. List license(s) and corresponding numbers/classification applicable or required for the Scope of Work of this Proposal:

2. Have you ever operated this business under a different name? Yes _____ No _____.
If yes, please explain:

3. **Ongoing Legal Proceedings:** Provide details on any litigation in which you/your company have been the subject of a lawsuit in the past five (5) years. If none, then write "NONE."

4. Has the Proposer, any officer of the Proposer, or any employee of the Proposer who has proprietary interest in the Proposer, ever been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of a violation of law or safety regulation?

Yes _____ No _____

If the answer is yes, explain the circumstances in the following space:

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List references for projects of similar size and scope of work for this Proposal that you/your company are/is currently *working on or has completed* in the last 5 years:

1. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____

 Agreement Amount: _____ Agreement Start/End Date: _____

2. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____

 Agreement Amount: _____ Agreement Start/End Date: _____

3. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____

 Agreement Amount: _____ Agreement Start/End Date: _____

4. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____

 Agreement Amount: _____ Agreement Start/End Date: _____

5. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____
 Agreement Amount: _____ Agreement Start/End Date: _____

Subcontractors to be utilized, if applicable:

1. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Specialty: _____ Years in Business: _____
 Scope of Work: _____

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ATTACHMENT D
EXCEPTION(S) TO SPECIFICATIONS AND/OR
SAMPLE INDEPENDENT CONTRACTOR AGREEMENT

- We **have no** exceptions to the Scope of Work/Requirements
- We **have** exceptions to the Scope of Work/Requirements as listed below. Exceptions to the Scope of Work/Requirements stated herein shall be fully described in writing by the Proposer in the space provided below. Any alternate must be approved by Tri-City Mental Health Authority no less than 10 business days prior to the closing date.

- We **have no** exceptions to any other section of the RFP document or Independent Contractor Agreement.
- We **have** exceptions to the RFP document or Independent Contractor Agreement stated herein shall be fully described in writing by the Proposer in the space provided below.

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ATTACHMENT E
PROPOSER PRICE PROPOSAL

To ensure consistency and for proper analysis, cost/pricing submission should follow the format reflected and completed in its entirety. The Proposer should consider the Scope of Services as set forth in **Section III** and as required under **Section V.C.5** of this RFP.

The hourly rates shall include any required overhead or internal administrative services. Overtime, double-time, holiday pay, shall be calculated per the Department of Industrial Relations Prevailing Wage Labor Code, **if** applicable. Please include the billable hour for time and materials per assigned project manager or employees OR final price at the bottom of your cost Proposal as a total not-to-exceed amount to implement the Proposal. The Proposer shall state specifically what is being furnished, such as materials, labor, tools, and other equipment necessary to complete the scope of services or expected number of hours with hourly rate. The cost for the Scope of Services as stated in the Request for Proposals documents shall be a lump sum, as follows:

ITEM	COST PROPOSAL	
	FEE RATES	ALL INCLUSIVE ANNUAL MAXIMUM FEE
OWNER/PRINCIPAL	\$	\$
MANAGER	\$	\$
STAFF	\$	\$
SUBCONTRACTOR	\$	\$
Miscellaneous (Attach Detailed Description)	\$	\$
TOTAL FISCAL YEAR 2025-26	\$	\$
TOTAL FISCAL YEAR 2026-27	\$	\$

Company Name: _____

Name of Authorized Representative: _____

Authorized Representative Signature: _____

Date: _____