**APPENDIX D**

**REQUIRED FORMS- EXHIBIT 2**

**BIDDER’S AFFIDAVIT OF ADHERENCE TO MINIMUM REQUIREMENTS**

|  |
| --- |
| **MENTAL HEALTH SERVICES ACT master Agreement****Recovery Resilience and Reintegration (RRR) -Transition Age Youth Drop-In Center****BIDDER’S AFFIDAVIT OF ADHERENCE TO MINIMUM REQUIREMENTS**  |
| **Complete the following:** 1. **Check yes/no for all minimum requirements met and sign form.**
2. **Attach copies of the licenses/certificates/proof registrations/narratives marked in specific categories.**
3. **Minimum Requirements will be verified as follows: 1.) Documentation submission; 2.) Site visit(s) by DMH staff.**
4. **Bidder acknowledges and certifies that firm meets and will comply with the Minimum Requirements as stated in Paragraph 1.4, of this Invitation for Bids, as listed below**
 |
| BIDDER NAME |
| PROPOSED TRANSITION AGE YOUTH DROP-IN CENTER ADDRESS SITE  |
| SERVICE AREA SITE |
| **Minimum Requirements**  | **Yes/No** |
| 1.4.1 | Bidder shall have three (3) years’ experience, within the last five (5) years providing equivalent or similar services stated in Appendix B, SOW to the population in Appendix B, SOW.**Verification: Bidder must attach a detailed narrative to demonstrate that Bidder meets the above-referenced requirement by providing detail information to support the number of years and description of service.****Indicate Years of Experience from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **mm/yr. mm/yr.** | [ ]  Yes[ ]  No |
| 1.4.2 | Bidder MUST be qualified as a Master Agreement Bidder under DMH’s MHSA Master Agreement list, specifically under the “CSS – RRR” service category, and indicated interest in the “TAY Drop-In Centers” focal area no later than the IFB release date (11/27/19). **DMH will verify this information.**  | [ ]  Yes[ ]  No |
| 1.4.3 | The Drop-In Center shall demonstrate the proposed site has been in operation for the past 2 years as of the date of SOQ submission.

|  |
| --- |
| **Verification: Bidder must attach a detailed narrative as Section B.2 to demonstrate that Bidder meets the above-referenced requirement by providing detail information to support the number of years and description of service** **Indicate Years of Experience from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **mm/yr. mm/yr.**  |
|  |

 | [ ]  Yes[ ]  No |
| 1.4.4 | Bidder **SHALL** currently operate a Drop In Center that provides a range of basic support services which must include, but are not limited to: 1. Clothing, resources on employment, education, housing, legal services, transportation, and health, to homeless and SED/SPMI TAY (ages 16-25); and
2. Nutritional meals that meet United States Department of Agriculture (USDA) dietary guidelines. Bidder must provide, at a minimum, one (1) meal during “Extended Hours” from Monday through Friday and a minimum of two (2) meals during “Extended Hours” on Saturday and Sunday; and
3. Full bathroom(s) that must include shower, toilet, and sink with cosmetics and a washer (must include laundry detergent) and dryer available to TAY for their use during extended hours;

**Verification: DMH will conduct a site visit.** | [ ]  Yes[ ]  No |
| 1.4.5 | Bidder **SHALL HAVE** a minimum of five (5) full-time equivalent (FTE) staff in total required during extended hours, which shall include professionals, paraprofessionals, counselors, mental health workers, and volunteers. Of the five (5) FTE staff:1. One (1.0 FTE) Peer Support Specialist is required during extended hours to assist TAY, including, but not limited to the following: provide outreach and engagement, accessing services to medical, mental health, economic, legal. In addition, teach basic life skills, coping skills and self-help strategies; and performs related duties as required.
2. One (1.0 FTE) Employment Specialist is required during extended hours to assist TAY with career development/placement, job search, resume preparation, interview coaching; and performs related duties as required.
3. One and half (1.5 FTE) Mental Health clinician and/or Licensed-Waiver professional is required during extended hours to provide SS groups that address and reduce risk factors while increasing skills and supports that promote healthy behaviors and decrease the likelihood that the youth will develop a mental illness.

**Verification: Bidder MUST SUBMIT: 1.) An organizational chart for all staff providing services at the Drop In Center; and 2.) Identify the assigned staff and provide copies of resumes and professional license(s) for a minimum of five (5) professional, paraprofessional, counselors, mental health workers, peer counselors, peer advocate, employment specialist and/or volunteers staff that will be providing services during extended hours.** | [ ]  Yes[ ]  No |
| 1.4.6 | Bidder **SHALL HAVE** one (1) clinical staff on premises to respond to clinical urgencies and provide case management to secure resources for client, family and significant other during all hours of operation for this work order. **Verification: Bidder shall identify below the clinical staff on premises to respond to clinical urgencies and provide case management to secure resources for client, family and significant other during all hours of operation for this work order.** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  Yes[ ]  No |
| 1.4.7 | Bidder **SHALL NOT** be on the LAC’s Debarment List ((<http://doingbusiness.lacounty.gov/DebarmentList.htm>) or on the Office of Inspector General (OIG) Health and Human Services (HHS) Debarment List (<https://exclusions.oig.hhs.gov/>). **DMH will verify if Bidder is on the Debarment List prior to Work Order Amendment execution.** | [ ]  Yes[ ]  No |
| 1.4.8 | Bidder **SHALL NOT CURRENTLY** have a Settlement Agreement or an extended repayment arrangement with DMH for repayment of funds. DMH has placed a moratorium on expansion and/or implementation of any new programs for Bidders with such Agreements/arrangements. Any exemption under the moratorium will require justification that this restriction will not negatively impact planned program services. **DMH will verify.** | [ ]  Yes[ ]  No |
| 1.4.9 | Bidder SHALL DEMONSTRATE the ability to sustain operation of the Drop-In Center’s current normal business hours (a minimum of twenty (20) hours, Monday through Friday) without County funding and demonstrate financial viability. **Verification:** **Bidder shall demonstrate financial viability by the submission of the agency’s most current and prior two (2) fiscal years (e.g., 2017 and 2016) financial statements. Statements should include the company’s assets, liabilities, and net worth. At minimum, the statements should include a Balance Sheet, Statement of Income, and Statement of Cash Flows. It should be noted that depending on the nature of the submitting entity, (i.e., for-profit, non-profit, governmental), the title of these statements may differ. For example, a non-profit entity may refer to the Balance Sheet as the Statement of Financial Position. If audited statements are available, these should be submitted to meet this requirement. Income Tax Returns will not be accepted to meet this requirement.** **DMH will conduct financial viability analysis. Only agencies that pass the financial viability will be considered for execution of a Work Order Amendment. Agencies that do no pass the financial viability will be deemed disqualified.** | [ ]  Yes[ ]  No |
| 1.4.10 | Bidder **SHALL NOT HAVE** unresolved questioned costs identified by the Auditor-Controller, in an amount over $100,000.00, that are confirmed to be disallowed costs by the contracting County department and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.  If Bidder has unresolved costs, as referenced above provide the relevant information below. If not applicable, indicate “Not applicable” below:**Verification: DMH will verify.**  | [ ]  Yes[ ]  No |
| APPLICANT ACKNOWLEDGES THAT IF ANY FALSE, MISLEADING, INCOMPLETE, OR DECEPTIVELY UNRESPONSIVE STATEMENTS IN CONNECTION WITH THIS SOQ MAY BE REJECTED. THE EVALUATION AND DETERMINATION IN THIS AREA SHALL BE AT THE DIRECTOR’S SOLE JUDGMENT AND HIS JUDGMENT SHALL BE FINAL.I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. |
| PREPARER’S SIGNATURE | DATE |
| PRINT PREPARER’S NAME | TITLE |
| ADDRESS | CITY, STATE, ZIP CODE |