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DEPARTMENT OF GENERAL SERVICES
Support Services Division



**SOLANO
COUNTY**

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REQUEST FOR PROPOSAL (RFP)
NUMBER: 952-0617-27
FOR
BEHAVIORAL HEALTH SERVICES ACT (BHSA)
EARLY INTERVENTION BEHAVIORAL HEALTH
SERVICES AND SUPPORTS: ADULTS AND OLDER
ADULTS

RELEASE DATE: June 17, 2026

RESPONSE DUE: July 17, 2026, 5:00 pm

SUBMIT PROPOSAL TO:	RFP COORDINATOR
Solano County digitally via OpenGov Solano County Portal website at: https://procurement.opengov.com/portal/solanocounty	Nesmith Despabiladeras Phone: (707) 784-6322 nadespabiladeras@solanocounty.gov
Any proposer participating in this solicitation is required to have a vendor application on file with the County. This application may be downloaded from the Solano County website at www.solanocounty.gov . Include the application with your proposal. The County will post any changes and information relating to this RFP digitally via OpenGov. Proposers are responsible for frequently checking OpenGov at https://procurement.opengov.com/portal/solanocounty for any changes or information relating to this RFP.	
"Smoking is not permitted in County Buildings or around Solano County campuses. Thank you in advance for your compliance."	

TABLE OF CONTENTS

1. Introduction	
2. Scope of Services	
3. Contract Duration and Funding Availability	
4. Evaluation of Proposals	
5. Award Notice and Acceptance Period.....	
6. Protest and Appeal	
7. Terms and Conditions	
8. Electronic Proposal Submittal	

Attachments:

A - Special Terms and Conditions

B - Start Up Budget Template

C - Exhibit C - General Terms 6_12_18

1. Introduction

The purpose of this Request for Proposals ("RFP") is to define the the County of Solano's minimum requirements, solicit proposals, and gain adequate information by which the County of Solano may evaluate the services offered by Proposers that fall within the Scope of Service/Project as further described in this RFP.

1.1. Summary

Solano County Behavioral Health is soliciting proposals from qualified organizations to provide ([Behavioral Health Services Act](#)) BHSA Early Intervention services for adults (ages 26-59 years) and older adults (ages 60 and over years) living in Solano County. This procurement focuses on a variety of priority populations, including but not limited to those experiencing early signs of mental health or substance use disorder conditions, those experiencing isolation and functional decline among other behavioral health symptoms associated with aging, and those experiencing homelessness or housing instability.

Early Intervention (EI) services are intended to proactively identify and address behavioral health needs for adults and older adults before those needs escalate into more severe, disabling or chronic mental health or substance use disorder conditions. For older adults, EI services should particularly emphasize prevention of crisis, functional decline, institutionalization, and avoidable emergency department utilization. EI activities may be provided to individuals lacking a specific diagnosis, including individuals at risk or experiencing early signs of a mental health or substance use disorder and/or known risk factors for poor outcomes.

EI programs are intended to function as an entry and linkage point to appropriate levels of care, including specialty mental health and substance use disorder services. EI services funded under this RFP should seek to align BHSA Early Intervention services with Solano County's broader continuum of care, including specialty mental health and substance use disorder services, primary care, Medi-Cal Managed Care Plans (MCPs), public health, aging services, housing and homelessness response systems, justice partners, and healthcare providers. Where possible, EI services should complement (and not supplant) Medi-Cal reimbursable services or other County-funded behavioral health programs. EI programs are expected to transition toward Medi-Cal billing over FYs 2026-2029 and thus must design EI services to maximize Medi-Cal reimbursement where feasible and build operational readiness for claim-based billing.

1.2. Background

California is undertaking a historic, multi-year Behavioral Health Transformation (BHT) effort to improve access to care, increase accountability and transparency for publicly funded behavioral health services, and expand the capacity of behavioral health care facilities across the state. Proposition 1 (2024) reforms the Mental Health Services Act (MHSA) into the Behavioral Health Services Act (BHSA) and aligns implementation with other major initiatives, including California Advancing and Innovating [Medi-Cal \(CalAIM\)](#), BH-CONNECT, CYBHI, Medi-Cal Mobile Crisis, and other statewide continuum and housing efforts.

A central orientation of BHT is a renewed focus on county-administered specialty mental health and substance use disorder services across the lifespan, including adults and older adults, and stronger cross-system collaboration with delivery system partners (including Medi-Cal Managed Care Plans (MCPs), public health, justice partners, and healthcare systems) to reduce disparities, improve timely access, and achieve measurable outcomes.

1.3. Contact Information

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Department:

Health and Social Services

1.4. Timeline

The County reserves the right to adjust this schedule as it deems necessary. Notifications of any adjustments to the schedule will be posted here on OpenGov and Proposers will be emailed directly regarding any such updates or Addenda posted to this procurement.

To receive electronic notifications regarding this opportunity with the County, click the follow button while viewing this solicitation on the County's eprocurement website.

RFP Issued	June 17, 2026
Question Submission Deadline	June 24, 2026, 5:00pm
County's Responses to Questions	June 30, 2026
Proposal Submission Deadline	July 17, 2026, 5:00pm
Interviews and Presentations via MS Teams (If Needed)	Week of 8/10/2026
Contractor Selection Date	August 14, 2026
Desired Contract Start Date	November 1, 2026

2. Scope of Services

2.1. Scope of Work

The selected vendor(s) will provide Behavioral Health Services Act (BHSA) Early Intervention (EI) services for adults ages 26–59 and older adults ages 60 and older residing in Solano County. Services are intended to proactively identify and address emerging mental health and substance use concerns before they escalate into more severe, disabling, or chronic conditions. Programs should particularly support adults and older adults experiencing behavioral health disparities, housing instability, isolation, functional decline, justice involvement, elevated crisis risk, or barriers to accessing behavioral health care.

Vendors may propose one or more Early Intervention service components, including outreach, access and linkage to care, and brief treatment services and supports. Contractors will be responsible for conducting culturally and linguistically responsive outreach and engagement activities; identifying and screening individuals experiencing early behavioral health concerns; providing navigation, referral, and warm handoff services; and coordinating access to specialty mental health, substance use disorder treatment, crisis services, housing resources, healthcare systems, and community supports. Vendors must demonstrate the ability to collaborate with Solano County Behavioral Health, Medi-Cal Managed Care Plans, healthcare providers,

justice partners, aging services, homeless response systems, and community-based organizations to ensure continuity of care and avoid duplication of services.

Contractors providing access and linkage services will be expected to utilize validated screening and assessment tools, maintain closed-loop referral and follow-up processes, support benefits navigation and Medi-Cal enrollment where applicable, and implement referral pathways to crisis and specialty care services. Contractors proposing brief treatment services must provide evidence-based and/or community-defined evidence-based interventions that are time-limited, culturally responsive, and designed to reduce the duration and severity of untreated behavioral health conditions. Services should include flexible delivery approaches such as clinic-based, home-based, community-based, and telehealth modalities to reduce barriers to care.

Vendors will also be expected to align services with statewide Behavioral Health Transformation priorities and support the County's three-year transition toward increased Medi-Cal billing and long-term sustainability. Contractors must demonstrate operational readiness for claims-based reimbursement, including documentation standards, billing infrastructure, credentialing, compliance, and audit readiness. Additional responsibilities include maintaining data collection and reporting systems, participating in continuous quality improvement activities, protecting client privacy and data security, and supporting County oversight and BHSA reporting requirements to advance equitable access, reduce untreated behavioral health needs, and improve outcomes for adults and older adults across Solano County.

2.2. Bidder Eligibility

- Active status with California Secretary of State (if applicable).
- Not listed on federal exclusion lists such as the Office of Inspector General System for Award Management (OIG/SAM) and not debarred.
- Relevant experience serving adults and/or older adults.
- Capacity to meet reporting, privacy, documentation, and audit requirements.
- Ability to operationalize payer billing expectations where applicable (including Medi-Cal).

2.3. DHCS Definition and Orientation for Early Intervention

DHCS defines Early Intervention as a proactive approach to identifying and addressing behavioral health concerns in their early stages before they escalate into more severe, disabling, or chronic conditions. Under BHSA, Early Intervention must focus on strategies directed to eligible individuals, including indicated prevention and case identification (see [BHSA Policy Manual Section A.7.1](#) for details). Early Intervention services may be provided to individuals lacking a specific diagnosis, including individuals at risk or experiencing early signs of a mental health or substance use disorder and/or known risk factors for poor outcomes (e.g., trauma/ACEs, involvement with child welfare or justice systems).

County Early Intervention programs are intended to function as an entry and linkage point to appropriate levels of care, including specialty mental health and substance use disorder services, and should be coordinated with Medi-Cal MCPs, federally qualified healthcare centers, public health, and other partners to support continuity and avoid duplication.

2.4. Priority Populations (Examples)

This procurement is focused on adults (26–59) and older adults (60+). Priority populations may include, but are not limited to:

- Adults and older adults experiencing early signs of mental health or substance use disorder conditions

- Older adults experiencing isolation, functional decline, cognitive concerns, or early behavioral health symptoms associated with aging
- Individuals experiencing homelessness or housing instability, including unsheltered adults
- Justice-involved adults or individuals recently released from incarceration
- Individuals at elevated risk of behavioral health crisis, hospitalization, or institutional placement
- Communities experiencing disparities in behavioral health access and outcomes, including culturally and linguistically diverse communities
- LGBTQ+ adults and older adults
- Caregivers (including caregivers of older adults or adults with disabilities)

Proposers are not required to serve all priority populations; however, proposers must clearly identify the population(s), setting(s), and geography the program will prioritize and provide a rationale for prioritization.

2.5. Outreach (Indicated Prevention and Case Identification Entry Points)

Outreach must be directed towards BHSA-eligible individuals and priority populations and must have the goal of identifying individuals for access and linkage to services and supports. Outreach must go beyond general awareness and include a clear pathway to screening, access and linkage, and/or brief treatment when appropriate. Successful bidders should demonstrate an awareness of the specialty mental health and substance use disorder services available within Solano County to which they would refer and link.

At a minimum, outreach must include:

- A. Culturally and linguistically responsive targeted outreach strategies for high-risk and underserved populations that occur in relevant settings including, but not limited to primary care, community clinics, emergency departments, senior centers, faith-based organizations, community-based organizations to other sites where targeted outreach of adults and older adults might occur.
- B. Engagement of caregivers, family members, and trusted community partners.
- C. Outreach strategies specific to adults and/or older adults, including individuals residing alone, experiencing isolation, or impacted by elder abuse or neglect.
- D. Defined warm-connection procedures to the county's specialty mental health and substance use disorder services and Managed Care Plan behavioral services when appropriate via Access and Linkage to Care.

2.6. Access and Linkage to Care (Screening, Navigation, Warm Handoffs)

Access and linkage must ensure timely screening, assessment ([CalAIM-7 domains assessment criteria](#)), and referral so that care can be provided as early in the onset of behavioral health conditions as practicable. Activities must connect individuals to county specialty mental health and substance use disorder services and supports, Medi-Cal MCP resources, crisis services, and other supports, as needed.

At a minimum, access and linkage must include:

- A. The use of validated screening and assessment tools appropriate to population served and setting (e.g. ACEs/PEARLS, ASQ/ASQ-SE, PHQ-9, GAD-7, RAAPS, BQuIP, DHCS Adult and Youth Mental Health and Substance Use/ASAM screening tools).

1. ACEs - Adverse Childhood Experiences
 2. PEARLS - Pediatric ACEs and Related Life Events Screener
 3. ASQ - Ages and Stages Questionnaire
 4. ASQ-SE - Ages and Stages Questionnaire: Social-Emotional
 5. PHQ-9 - Patient Health Questionnaire-9
 6. GAD-7 - Generalized Anxiety Disorder-7
 7. RAAPS - Rapid Assessment for Adolescent Preventive Services
 8. BQulP - Behavioral Health Quality Improvement Program (Screening Tool Suite)
 9. DHCS Adult Screening Tool - Department of Health Care Services Adult Mental Health and Substance Use Screening Tool
 10. DHCS Youth Screening Tool - Department of Health Care Services Youth Mental Health and Substance Use Screening Tool
 11. ASAM - American Society of Addiction Medicine Criteria
- B. Closed-loop referral processes with tracking and follow-up to confirm connection to services.
 - C. Family engagement/navigation supports and benefits navigation.
 - D. Referral pathways to crisis services and to supportive services addressing social needs.
 - E. Protocols for identifying and referring individuals (ages 12 to 32) with potential early psychosis and mood disorders to appropriately specialty care pathway.
 - F. Operational coordination processes with Solano County Behavioral Health, Managed Care Plans, Public Health, schools, juvenile probation, child welfare and other partners to support continuity and avoid duplication.

2.7. Mental Health and Substance Use Disorder Early Treatment Services and Supports

Early treatment services and supports must be time-limited and designed to reduce the duration of untreated serious mental health conditions and substance use disorders and assist individuals in quickly regaining productive lives. Proposals must specify the intended duration of brief treatment services and describe the methodology that will guide their delivery. Services must be culturally and linguistically responsive and grounded in evidenced based practices and community defined evidenced based practices (EBPs/CDEPs) (See [BHSA Policy Manual Section A.7.6](#) for more details).

At a minimum, brief treatment must include:

- A. Brief individual and/or group interventions, psychoeducation, and skill-building supports appropriate to the target population.
- B. Structured brief therapeutic interventions using EBPs/CDEPs appropriate to early intervention.
- C. Protocols to address co-occurring mental health and substance use concerns, including screening and referrals.
- D. Flexible modalities (clinic-based, home-based, community-based, telehealth) to reduce barriers.

- E. Clear criteria and workflows for stepping individuals up to specialty care or other levels of service when clinically indicated.

2.8. Advancing Statewide Behavioral Health Goals: Improving Access & Outcomes

Solano County Behavioral Health is committed to advancing the statewide behavioral health goals of improving access to care, reducing untreated behavioral health needs, and promoting equitable outcomes for all individuals served. Guided by the Division's Integrated Plan, the County seeks to reduce disparities that disproportionately impact adults and older adults—particularly disparities related to delays in accessing services, unmet behavioral health conditions, and the associated risks of homelessness, institutionalization, justice involvement, and family separation. In alignment with statewide priorities, the County has also identified the reduction of suicides as an additional behavioral health goal.

2.9. Payment Reform and Movement Toward Claims-Based (Fee-for-Service) Medi-Cal Billing

As part of statewide transformation, DHCS and counties are moving toward more standardized, claims-based reimbursement approaches that are consistent with California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Payment Reform, so that services covered by Medi-Cal and other payers are billed appropriately and BHSA funds can be targeted to fill gaps and support services and supports not otherwise reimbursable.

Consistent with BHSA fiscal policies, the County will require contractors to make good-faith efforts to (1) check for Medi-Cal and other applicable coverage when services may be covered, (2) support Medi-Cal enrollment as appropriate, and (3) bill Medi-Cal for covered services when the provider is enrolled/contracted to do so, while maintaining documentation sufficient to support claiming and audit requirements. Commitment and capacity to bill for services and support all operations through service revenue will be evaluated favorably.

County Focus: Three-Year Transition Toward Medi-Cal Billing (FY 2026–2029)

Solano BH will focus on the transition toward Medi-Cal billing over the next three years (FY 2026–2029). The County's objective is to increase the share of Early Intervention services that are delivered and sustained through Medi-Cal reimbursement where feasible (including claims-based/fee-for-service billing or other approved payment methodologies). The County will prioritize partnership with providers that can demonstrate a credible pathway to Medi-Cal billing and long-term sustainability, while recognizing that some EI functions (e.g., certain outreach and engagement activities) may not be fully Medi-Cal billable. Proposers must describe, in detail, how their program will align with this transition and how BHSA funds will be used strategically during the transition period.

2.10. Fiscal Policy Alignment: Insurance Screening and Medi-Cal Billing Expectations

Programs funded under this RFP must align with payer responsibility and efficient use of BHSA funds. Proposers must describe how they will:

- Identify when services are Medi-Cal billable and distinguish them from non-billable activities.
- Make good-faith efforts to check coverage (Medi-Cal and, where applicable, other health coverage) and support enrollment.
- Consistently bill Medi-Cal for covered services when enrolled/contracted to do so, and describe readiness steps if not currently billing.
- Maintain documentation sufficient to support claiming and audit requirements.

2.11. Data, Reporting, and Continuous Quality Improvement

Contractors must collect and report data necessary for County oversight and BHSA reporting and support continuous quality improvement, including measures of how much service is delivered, how well services are delivered, and whether participants are better off. Which can include:

- Collect and report service utilization data, including the number of individuals served, demographic information, service type, frequency, duration, and referral sources.
- Track participant engagement and access indicators, including outreach contacts, screenings completed, referrals made, wait times, enrollment rates, and service completion rates.
- Monitor service quality and program performance measures, including participant satisfaction, timeliness of service delivery, retention rates, staff training completion, and adherence to program requirements.
- Collect outcome data demonstrating whether participants experience improvements in behavioral health, functioning, coping skills, resilience, social connectedness, or other program-specific goals.
- Utilize standardized screening, assessment, or outcome measurement tools when appropriate to demonstrate participant progress and program effectiveness.
- Monitor disparities in access, engagement, retention, and outcomes across race, ethnicity, language, age, gender, sexual orientation, geographic region, and other priority populations identified by the County.
- Participate in County-required evaluation activities, quality improvement initiatives, site visits, audits, and data validation processes.
- Submit data, reports, and performance measures in a format and frequency specified by the County.
- Use data to identify service gaps, inform program improvements, and support continuous quality improvement efforts.
- Cooperate with County efforts to evaluate the effectiveness of BHSA-funded Early Intervention services in reducing untreated behavioral health conditions and improving access to care.

3. Contract Duration and Funding Availability

The County intends to award one or more contracts to the responsible proposer(s) whose proposal(s) are determined to be the most responsive to the requirements of this RFP. The total funding available through this RFP is estimated not to exceed \$980,000 annually. The County reserves the right to determine the number of awards and funding allocations based on proposal quality, service capacity, geographic coverage, population needs, and available funding. The initial contract term is anticipated to begin on or about November 1, 2026, and continue through June 30, 2027. Contracts may be renewed annually, at the County's sole discretion, based upon contractor performance, continued program need, availability of funding, and Board of Supervisors approval, as applicable. This procurement is part of the County's Behavioral Health Services Act (BHSA) 2026–2029 Integrated Plan strategy. Subject to annual appropriations, contractor performance, and applicable approvals, the County anticipates funding these services throughout the three-year BHSA Integrated Plan period ending June 30, 2029. However, no guarantee of future funding or contract renewal is expressed or implied.

The County reserves the right to renegotiate and/or renew/extend, subject to contractor performance and continued funding, for two additional one-year terms without a competitive bid process, representing a total contract term of no more than three (3) years at the sole discretion of the County, provided the County notifies the Contractor in writing of its intention to do so at least thirty (30) days prior to the contract expiration date. An extension of the term of this contract will be affected through an amendment to the contract. If the extension of the contract necessitates additional funding beyond that which was included in the original contract, the increase in the County's maximum liability will also be affected through an amendment to the contract and shall be based upon rates provided for in the original contract and response.

The funding or portions of this funding for the contract resulting from this RFP may be contingent upon the State budget; receipt of funds from and/or obligation of funds by the Federal government to the State and from the State to the County; and inclusion of sufficient funding for the services hereunder in the budget approved by the County's Board of Supervisors for each fiscal year covered by said contract. If such approval, funding, or appropriations are not forthcoming, or are otherwise limited, the contract may be immediately terminated, reduced or modified without penalty.

4. Evaluation of Proposals

Evaluation Committee: A County Evaluation Committee (CEC) will evaluate all proposals. The CEC will be composed of County staff and other parties that may have relevant expertise or experience. The CEC will score and recommend proposals in accordance with the evaluation criteria set forth below. Evaluation of the proposals shall be within the sole judgment and discretion of the CEC.

If desired by the County, the top-rated firms scoring highest on the first round of evaluations may be invited for an interview and further rated. The County reserves the right to determine the number of proposers to be interviewed. The same evaluation criteria used for the proposal evaluation process will be used to rate the firms during the interviews. At the end of the interview process, the CEC will re-rank the firms to determine the best evaluated firm. The project manager and any key team members should attend the interview. The determination as to the need for interviews, the location, order and schedule of the interviews is at the sole discretion of the County. The evaluation interview panel may include representatives from the County and other agencies, but the specific composition of the panel will not be revealed prior to the interviews. The proposer must bear all costs incurred to attend.

If the evaluation process includes a two-stage approach to develop a short list of proposers that will continue to the final stage of oral interview and reference checks; the preliminary scoring will be based on the total points, excluding points allocated to references and oral interview. If a short list process is used for a solicitation, references shall only be performed on the short-listed proposers and the score is not included in the preliminary short list score. Only the proposers meeting the short list criteria will proceed to the next stage. All other proposers will be deemed eliminated from the process.

The County will select the proposal that presents the best value and is most advantageous to the County and the public. Accordingly, the County may not necessarily award the proposer with the lowest price proposal if doing so would not be in the overall best interest of the County. The County reserves the right to expand or reduce the proposed scope of work during the contract negotiations based on budget constraints and to award to a single or multiple proposers.

The evaluation criteria and their respective weights are as follows:

No.	Evaluation Criteria	Scoring Method	Weight (Points)
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1.	<p>Technical Approach and Program Design</p> <p>Evaluates the quality, feasibility, and alignment of the proposed Early Intervention program with BHSA requirements and Solano County priorities. Reviewers should consider:</p> <ul style="list-style-type: none"> • Demonstrated understanding of BHSA Early Intervention requirements and DHCS guidance. • Strength and clarity of the proposed service model. • Alignment with required EI components (Outreach, Access and Linkage, and/or Brief Treatment). • Ability to identify and serve priority populations and reduce behavioral health disparities. • Use of evidence-based practices (EBPs) and/or community-defined evidence practices (CDEPs). • Strength of referral pathways, warm handoffs, and integration with the behavioral health continuum of care. • Accessibility of services through culturally responsive, linguistically appropriate, and community-based approaches. <p>Scoring:</p> <p>24-30: Exceptional: Exceeds requirements in nearly all areas; demonstrates innovation, strong feasibility, low implementation risk, and clear alignment with County priorities.</p> <p>16-23: Good: Meets requirements with strong overall design and minor weaknesses.</p> <p>8-15: Adequate: Meets minimum requirements but contains notable gaps, risks, or limited detail.</p> <p>0-7: Limited or insufficient: Fails to adequately address requirements or demonstrates significant implementation concerns.</p> <p>Non-Scored Tie Breaker</p> <p>If two proposals receive equivalent scores, Solano County may give preference to organizations that:</p> <ul style="list-style-type: none"> • Demonstrate readiness to bill Medi-Cal within the first 12 months. • Serve high-need geographic areas such as Vallejo, Dixon, and Rio Vista. • Employ certified peer support specialists and individuals with lived experience. • Demonstrate multilingual and culturally specific service capacity. 	Points Based	30 (30% of Total)
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	<ul style="list-style-type: none">• Provide services in community-based settings that reduce barriers to access.		
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2.	<p>Organizational Capacity and Experience</p> <p>Evaluates the organization's ability to successfully implement and sustain the proposed services.</p> <p>Reviewers should consider:</p> <ul style="list-style-type: none"> • Experience providing behavioral health, substance use, prevention, early intervention, outreach, linkage, and/or brief treatment services. • Experience serving the proposed population(s). • Qualifications and expertise of key staff. • Organizational infrastructure and supervision capacity. • Demonstrated compliance with reporting, documentation, privacy, and contract requirements. • Experience with Medi-Cal billing, claims management, and regulatory compliance. • History of successful contract performance and program implementation. <p>Scoring:</p> <p>16-20: Exceptional: Demonstrates extensive relevant experience, highly qualified staff, strong organizational infrastructure, proven contract performance, and clear capacity to successfully implement and sustain services.</p> <p>11-15: Good: Demonstrates strong experience and capacity with only minor concerns regarding staffing, infrastructure, or implementation readiness.</p> <p>6-10: Adequate: Demonstrates sufficient experience and capacity to meet minimum requirements but contains notable gaps or moderate implementation concerns.</p> <p>0-5: Limited: Demonstrates limited relevant experience, insufficient organizational capacity, or significant concerns regarding successful implementation.</p> <p>Non-Scored Tie Breaker</p> <p>If two proposals receive equivalent scores, Solano County may give preference to organizations that:</p> <ul style="list-style-type: none"> • Demonstrate readiness to bill Medi-Cal within the first 12 months. • Serve high-need geographic areas such as Vallejo, Dixon, and Rio Vista. • Employ certified peer support specialists and individuals with lived experience. • Demonstrate multilingual and culturally specific service capacity. • Provide services in community-based settings that reduce barriers to access. 	Points Based	20 (20% of Total)
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3.	<p>Community Engagement and Partnerships</p> <p>Evaluates the proposer's ability to engage priority populations and collaborate with community partners.</p> <p>Reviewers should consider:</p> <ul style="list-style-type: none"> Existing partnerships within Solano County. Collaboration with schools, healthcare providers, MCPs, community-based organizations, housing providers, justice partners, and other relevant systems. Strategies to engage underserved and historically marginalized populations. Inclusion of individuals with lived experience, family members, and community stakeholders. Strength of outreach and engagement strategies. Evidence of community trust, cultural responsiveness, and local presence. Ability to create and maintain closed-loop referral pathways. <p>Scoring:</p> <p>13-15: Exceptional: Demonstrates strong existing partnerships, deep community engagement, effective strategies to reach priority populations, and clear evidence of collaboration across systems.</p> <p>10-12: Good: Demonstrates solid partnerships and community engagement strategies with only minor weaknesses.</p> <p>6-9: Adequate: Demonstrates basic partnerships and engagement strategies but lacks depth, specificity, or evidence of strong collaboration.</p> <p>0-5: Limited: Demonstrates limited partnerships, weak engagement strategies, or insufficient evidence of community collaboration.</p> <p>Non-Scored Tie Breaker</p> <p>If two proposals receive equivalent scores, Solano County may give preference to organizations that:</p> <ul style="list-style-type: none"> Demonstrate readiness to bill Medi-Cal within the first 12 months. Serve high-need geographic areas such as Vallejo, Dixon, and Rio Vista. Employ certified peer support specialists and individuals with lived experience. Demonstrate multilingual and culturally specific service capacity. Provide services in community-based settings that reduce barriers to access. 	Points Based	15 (15% of Total)
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4.	<p>Budget and Cost Effectiveness</p> <p>Evaluates whether the proposed budget is reasonable, justified, and</p> <p>Reviewers should consider:</p> <ul style="list-style-type: none"> • Budget alignment with proposed activities. • Reasonableness of staffing and operational costs. • Cost effectiveness and projected service volume. • Leveraging of Medi-Cal and other funding sources. • Financial sustainability and diversification of funding. • Clear justification for requested funding. • Ability to maximize BHSA funds while avoiding duplication of existing services. <p>Scoring:</p> <p>13–15: Exceptional: Presents a highly reasonable, well-justified budget that maximizes impact, demonstrates fiscal sustainability, and effectively leverages other funding sources.</p> <p>10–12: Good: Presents a reasonable and adequately justified budget with only minor concerns regarding cost effectiveness or sustainability.</p> <p>6–9: Adequate: Budget generally aligns with proposed activities but contains notable weaknesses, questionable assumptions, or limited justification.</p> <p>0–5: Limited: Budget is poorly justified, unreasonable, inconsistent with proposed activities, or raises significant fiscal concerns.</p> <p>Non-Scored Tie Breaker</p> <p>If two proposals receive equivalent scores, Solano County may give preference to organizations that:</p> <ul style="list-style-type: none"> • Demonstrate readiness to bill Medi-Cal within the first 12 months. • Serve high-need geographic areas such as Vallejo, Dixon, and Rio Vista. • Employ certified peer support specialists and individuals with lived experience. • Demonstrate multilingual and culturally specific service capacity. • Provide services in community-based settings that reduce barriers to access. 	Points Based	15 (15% of Total)
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<p>5.</p>	<p>Medi-Cal Billing Transition and Implementation Plan</p> <p>Evaluates the strength, feasibility, and readiness of the proposed plan to transition services to Medi-Cal reimbursement and sustain operations.</p> <p>Reviewers should consider:</p> <ul style="list-style-type: none"> • Demonstrates an understanding of Medi-Cal documentation, medical necessity, claiming, and compliance requirements. • Provides a realistic timeline and implementation strategy for achieving Medi-Cal billing capability. • Identifies staffing, training, technology, and operational supports needed for implementation. • Describes quality assurance, monitoring, and oversight processes to ensure billing compliance and service quality. • Demonstrates organizational readiness and capacity to successfully implement the transition within the proposed timeline. <p>Scoring:</p> <p>5: Exceptional: Presents a comprehensive, detailed, and highly feasible Medi-Cal billing transition plan. The applicant demonstrates strong organizational readiness, clear implementation milestones, robust compliance and quality assurance processes, and a realistic pathway to successful Medi-Cal reimbursement.</p> <p>4: Strong: Presents a well-developed transition plan with clear implementation steps and adequate readiness for Medi-Cal billing. Minor gaps exist but are unlikely to impede successful implementation.</p> <p>3: Adequate: Presents a basic transition plan that addresses key requirements but lacks detail in one or more areas such as staffing, timelines, training, compliance, or quality assurance.</p> <p>1–2: Limited: Presents limited planning for Medi-Cal billing implementation and raises substantial concerns regarding feasibility and organizational capacity.</p> <p>Non-Scored Tie Breaker</p> <p>If two proposals receive equivalent scores, Solano County may give preference to organizations that:</p> <ul style="list-style-type: none"> • Demonstrate readiness to bill Medi-Cal within the first 12 months. • Serve high-need geographic areas such as Vallejo, Dixon, and Rio Vista. • Employ certified peer support 	<p>Points Based</p>	<p>5 (5% of Total)</p>
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	specialists and individuals with lived experience. <ul style="list-style-type: none"> • Demonstrate multilingual and culturally specific service capacity. • Provide services in community-based settings that reduce barriers to access. 		
6.	<p>Evaluation and Quality Assurance</p> <p>Evaluates the organization's ability to measure outcomes, ensure quality services, and support continuous improvement.</p> <p>Reviewers should consider:</p> <ul style="list-style-type: none"> • Data collection and reporting capabilities. • Outcome measurement plan. • Ability to track service utilization, referrals, and participant outcomes. • Equity-focused data collection and stratification methods. • Continuous Quality Improvement (CQI) processes. • Experience participating in county, state, or grant-funded evaluation efforts. • Data privacy and security protections. <p>Scoring:</p> <p>13-15: Exceptional: Presents a comprehensive evaluation and quality improvement framework with strong outcome measurement, reporting capabilities, and use of data for continuous improvement.</p> <p>10-12: Strong: Presents a strong evaluation and quality improvement approach with only minor weaknesses.</p> <p>6-9: Adequate: Presents a basic evaluation and quality improvement approach that meets minimum requirements but lacks detail or sophistication.</p> <p>0-5: Limited: Presents a weak or incomplete evaluation and quality improvement approach.</p> <p>Non-Scored Tie Breaker</p> <p>If two proposals receive equivalent scores, Solano County may give preference to organizations that:</p> <ul style="list-style-type: none"> • Demonstrate readiness to bill Medi-Cal within the first 12 months. • Serve high-need geographic areas such as Vallejo, Dixon, and Rio Vista. • Employ certified peer support specialists and individuals with lived experience. • Demonstrate multilingual and culturally specific service capacity. • Provide services in community-based settings that reduce barriers to access. 	Points Based	15 <i>(15% of Total)</i>

5. Award Notice and Acceptance Period

After the evaluation of proposals and final consideration of all pertinent information available, the County will either reject all proposals or issue a written notice of intent to award the Contract to the highest rated responsive Proposer. The notice shall identify the highest rated proposal. The notice shall not create rights, interests, or claims of entitlement for the highest rated Proposer and all proposals may still be rejected.

The highest rated Proposer should be prepared to enter into a Contract with the County which shall be substantially the same as the Standard Contract included as an attachment to this RFP. The Contract provided with this RFP is to be considered a sample and the County reserves the right to add terms and conditions, deemed to be in the best interest of the County based on the selected proposal, during final contract negotiations.

If a Proposer fails to sign and return the Contract drawn pursuant to this RFP and final Contract negotiations within 14 days of its delivery to the Proposer, the County may cancel the award and award the Contract to the next highest rated Proposer.

6. Protest and Appeal

Any actual Proposer who wishes to protest the notice of intent to award a Contract may submit a protest. The protest must be submitted in writing to the Director of the General Services Department within 7 calendar days after such Proposer knows or should have known of the facts giving rise to the protest, but in no event later than 7 calendar days after the date of the notice of intent to award the Contract. All letters of protest shall clearly identify the reasons and basis for the protest. The protest must also state the law, rule, regulation, or policy upon which the protest is based. The Director of the General Services Department will issue a written decision within 10 working days after receipt of the protest which shall include the reason for the action taken and the process for appealing the decision. Proposers shall frequently check the County website and <https://procurement.opengov.com/portal/solanocounty> for any updates related to this RFP.

7. Terms and Conditions

- A. The [County's Purchasing & Contracting Policy Manual](#) is fully incorporated into and made a part of this RFP by this reference and governs this RFP.
- B. RFP Amendment, Cancellation, and Right of Rejection.
 - 1. The County reserves the unilateral right to amend this RFP in writing at any time by posting an Addendum to the County's bidding website. Proposers are responsible for staying up to date on the project by reviewing all notifications and Addenda released through the bidding website. Proposers shall respond to the final written RFP and any Exhibits, Attachments, and Addenda to the RFP. The County also reserves the right, in its sole discretion, to reject any and all proposals or to cancel or reissue the RFP.
 - 2. The County reserves the right, in its sole discretion, to waive variances in proposals provided such action is in the best interest of the County. Where the County waives minor variances in proposals, such waiver does not modify the RFP requirements or excuse the

applicant from full compliance with the RFP. Notwithstanding any minor variance, the County may hold any proposal to strict compliance with the RFP.

- C. Confidentiality. The County will retain a master copy of each response to this RFP, which will become a public record after the award of a Contract unless the qualifications or specific parts of the qualifications can be shown to be exempt by law under Government Code section 7920.000 et seq. Proposers may clearly label part of a submittal as "**CONFIDENTIAL**" if the Proposer agrees to indemnify and defend the County for honoring such a designation. The failure to have so labeled any information shall constitute a complete waiver of all claims for damages caused by any release of the information. If a public records request for labeled information is received by the County, the County will notify the Proposer of the request and delay access to the material until 7 working days after notification to the Proposer. Within that time delay, it will be the Proposer's duty to act in protection of its labeled information. Failure to so act shall constitute a complete waiver.

8. Electronic Proposal Submittal

8.1. Proposal Requirements: *

The technical proposal (excluding the cover letter, resumes, sample forms, financials, writing samples, and County forms) shall not exceed a total of 25 single-sided, 8.5" x 11", numbered pages.

☐ Please confirm

*Response required

8.2. Federal Tax ID Number:*

Enter your Federal Tax ID Number

*Response required

8.3. Cover Letter:*

The proposal must be submitted with a cover letter describing the proposer's interest and commitment to the proposed project. The letter must state that the proposal is valid for a period of 90 days and include the name, title, address and telephone number of the individual to whom correspondence and other contacts should be directed during the selection process. The person authorized by the proposer to negotiate a contract with the County must sign the cover letter.

Address the cover letter as follows:

Solano County General Services Department
Purchasing Services
675 Texas Street Suite 2500
Fairfield, CA 94533
Attention: Nesmith Despabiladeras, RFP Coordinator

*Response required

8.4. Program Approach and Implementation Plan (Maximum 10 pages)*

This section will be scored. Proposers must identify which EI component(s) they are proposing (Outreach; Access and Linkage; Brief Treatment) and respond to all Core Questions (Q1–Q6) plus the component-specific questions for each selected component (Q7A, Q7B, and/or Q7C).

Core Questions (All Proposers Must Respond)

Q1. Target Population & Geography:

- Identify the priority population(s), age range(s), and geographic area(s) you will serve. Describe the needs you intend to address and how you will reduce disparities in access and health outcomes.

Q2. Program Model Overview

- Describe your overall Early Intervention model and how it aligns with DHCS EI orientation (indicated prevention and case identification) and links individuals to appropriate levels of care, including specialty mental health and substance use disorder services.

Q3. Partnership & System Coordination:

- Describe how you will coordinate with Medi-Cal MCPs, public health, justice partners, and healthcare providers. Include how referrals will be initiated, tracked, and closed-looped.

Q4. Evidence-Based and Community-Defined Practices:

- Identify EBPs/CDEPs you will use. Describe staff training, supervision, and fidelity monitoring.

Q5. Data & Quality Improvement:

- Describe performance measures (how much/how well/better off), equity stratification, referral tracking, and your continuous quality improvement approach.

Q6. Sustainability and Medi-Cal Billing Transition (REQUIRED):

- Provide a detailed sustainability plan that addresses whether and how the program will be sustained through Medi-Cal billing over time. Be specific: identify which services will be billed, payer mix assumptions, a 0–12 / 12–24 / 24–36-month timeline, and operational readiness steps (credentialing, documentation, EHR/claims, compliance/audit readiness).

Component-Specific Questions (Respond Only for Component or Components You Propose)

Q7A. Outreach

- Describe outreach settings and strategies (e.g., primary care, schools/early learning, higher education, CBOs, ED/urgent care/first responders).
 - Describe how outreach activities move beyond awareness to create clear pathways to screening, access/linkage, and/or brief treatment.
 - Describe training/education approaches for families and community partners to recognize early signs and connect to EI pathways.

Q7B. Access and Linkage to Care

- Describe screening/assessment tools and protocols, including how you will select tools by age and setting.
 - Describe your closed-loop referral workflow, tracking methods, follow-up timelines, and escalation pathways.

- Describe how you will connect individuals to crisis services (including 988/mobile response), ECM/Community Supports when relevant, and to specialty care.
- Describe protocols for using the Prodromal Questionnaire-Brief for early psychosis and mood disorder identification and referral to appropriate specialty programs (including CSC where applicable).

Q7C. Brief Treatment / Early Treatment Services and Supports

- Describe the brief treatment model(s) (individual/group), duration/intensity, and clinical supervision structure.
- Describe how you will address co-occurring conditions, and criteria/workflows for stepping participants up to specialty services when indicated.
- Describe service delivery modalities (clinic/home/community/telehealth) and accessibility strategies (language, transportation, stigma reduction, etc.).

*Response required

8.5. Organizational Profile and Qualifications (Maximum 3 pages)*

- Organizational overview (history, mission, service areas).
- Experience serving adults and/or older adults and delivering EI-type services aligned to proposed component(s).
- Staffing and expertise relevant to proposed EI components.
- Community and cultural responsiveness; language access capacity.
- Quality/compliance history (contract performance issues, sanctions, or findings in the last five years).

*Response required

8.6. Team Member Qualifications and Experience:*

Proposer shall provide the qualifications and experience of the key team member(s) that will work on the project. Emphasize the specific qualifications and experience from projects similar to this project for the key team members as evidenced by resumes. Key team members are expected to be committed for the duration of the project. Replacement of key team members will not be permitted without prior consultation with and approval of the County.

Please download the documents provided below, complete them as required, and upload the finalized versions as part of your submission.

Supply three (3) References from Government Agencies and/or Firms of similar size as Solano County for whom the Key Team Member has provided similar services during the last three (3) years.

- [Key Team Member Reference F...](#)

*Response required

8.7. Agency References:*

The bidder shall provide the (3) references of government agencies and or firms for whom they have provided similar services during the last three (3) years.

Please download the documents provided below, complete them as required, and upload the finalized versions as part of your submission.

THESE REFERENCES SHOULD BE FROM DIFFERENT ENTITIES AND NOT FROM SOLANO COUNTY.

- [Agency Reference Form - RFP...](#)

*Response required

8.8. Staffing Plan and Organizational Capacity (Maximum 6 pages)*

- Proposed staffing plan with roles, responsibilities, and FTE allocations.
- Organizational chart showing reporting relationships.
- Brief biographies of key staff and relevant qualifications (including language capacity).

*Response required

8.9. Work Plan and Schedule:*

Proposer shall provide a description of how each task of the project will be conducted, this shall include identification of deliverables for each task and a schedule. The work plan should be in sufficient detail to demonstrate a clear understanding of the project. The schedule should show the expected sequence of tasks and include durations for the performance of each task, milestones, submittal dates and review periods for each submittal. Discuss the approach for completing the requested services for the project on schedule. The project is expected to commence no later than October 1, 2026 and all public meetings, draft and final documents fully completed by September 30, 2029.

*Response required

8.10. Cost Control:*

Proposer shall provide information on how project costs will be controlled to ensure all work is completed within the negotiated budget for the project. Include the name and title of the individual responsible for cost control.

*Response required

8.11. *Optional*** Additional Information:**

Please provide any additional or relevant information that you would like to have considered by the County of Solano.

8.12. Detailed Budget:*

The amount budgeted for this contract is estimated at a value not to exceed \$980,000 for the duration of the contract. The proposed budget shall include the following:

- A. A single agency line item budget (see Sample Budget Narrative) for the entire contract broken down by fiscal year..
- B. Budget narrative utilizing a format similar to that shown in the Sample Budget Narrative describing costs and detailing cost allocation methods utilized to prepare the budget.
- C. A cost allocation plan that clearly differentiates between direct and indirect costs. Agency to ensure the same costs have been treated as indirect costs have not been claimed or budgeted as direct costs, and that similar types of costs in like circumstances have been accounted for consistently.
- D. (If Applicable) A federally approved negotiated indirect cost rate. If Agency does not have such a negotiated indirect cost rate agreement, the Agency may claim an indirect cost rate of up to 10% of

modified total direct costs, provided the Agency does not use the Direct Allocation Method for allocating indirect costs.

Please download the documents provided below as a guide, and upload the finalized versions as part of your submission.

- [Start Up Budget Template.xlsx](#)

*Response required

8.13. Detailed Documentation of Financial Resources:*

The Proposer shall provide the following documentation of sufficient financial strength and resources to provide the scope of services as required:

- A. The Proposer's most recent independent audited financial statements for a fiscal year ended within the last 36 months.
- B. In lieu of audited financial statements, the County may accept, on a case-by-case basis,
 - a current written bank reference, in the form of a standard business letter, indicating that the Proposer's business relationship with the financial institution is in positive standing; **or**
 - Documentation disclosing the amount of cash flows from operating activities for the Proposer's most current operating period. Said documentation must indicate whether the cash flows are positive or negative, and, if the cash flows for the most recent operating period are negative, the documentation must include a detailed explanation of the factors contributing to the negative cash flows.

*Response required

8.14. Non-Collusion Declaration:* **Non-Collusion Declaration**

The undersigned declares: I am the authorized representative of the party making the foregoing bid.

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The bid is genuine and not collusive or sham. The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or to refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder. All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed.

☐ Please confirm

*Response required

8.15. Certification of Compliance:*

The proposer does hereby make certification and assurance of the Proposer's compliance with:

The laws of the County of Solano:

<http://www.codepublishing.com/CA/SolanoCounty/>

Title VI of the federal Civil Rights Act of 1964:

<https://www.justice.gov/crt/fcs/TitleVI-Overview>

Title IX of the federal Education Amendments Act of 1972:

<https://www.justice.gov/crt/title-ix-education-amendments-1972>

The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government:

<https://www.justice.gov/jmd/hr-order-doj12001-part-4-equal-employment-opportunity>

The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government:

<https://www.ada.gov/pubs/adastatute08.htm>

All contract employees performing services and/or work as a result of this solicitation must have documented legal authority to work in the United States of America,

The condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and,

The condition that no amount shall be paid directly or indirectly to an employee or official of the County of Solano as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Proposer in connection with the Procurement under this RFP for Behavioral Health Services Act (BHSA) Early Intervention Behavioral Health Services and Supports: Adults and Older Adults.

☐ Please confirm

*Response required

8.16. Solano County Reservations:*

County of Solano Hereby Reserves the Following Rights:

The County of Solano reserves the right to make an award in whole or in part or any varying combination of the following requirements that will be in the best interest of the County, and not necessarily to the lowest Contractor. The intended award of Contract shall be made to the highest rated Proposer based on the evaluation Criteria stated within the RFP.

Right of Rejection

The County reserves the right to reject any and all proposals, or to cancel this RFP in part or in its entirety.

The County reserves the right to waive any variances in proposals provided such action is in the best interest of the County.

The County reserves the right to amend this RFP at any time. The County also reserves the right to cancel or reissue the RFP at its sole discretion.

Any proposal received which does not meet the stated pre-requisites of this RFP for Behavioral Health Services Act (BHSA) Early Intervention Behavioral Health Services and Supports: Adults and Older Adults, may be considered to be non-responsive, and may be rejected. The County may reject any proposal that does not comply with all of the terms, conditions, and performance requirements as stated within the RFP.

To cancel any award and re-solicit proposals for services herein specified due to the increased or added costs, if in its opinion increased prices are greater than those of the general market.

To cancel any award and re-solicit bids in the event services cannot commence with ten (10) days after the specified date for start of work.

To reject any and all proposals considered not to be in the best interest of the County.

To waive any and all minor irregularities in proposals.

To reduce or increase any specification, in whole or in part due to changes in budget allocations.

I declare under penalty of perjury under the laws of the State of California that I have read the above Reservations as stated by the County of Solano.

☐ Please confirm

*Response required

8.17. Drug-Free Workplace Certification:*

The contractor or grant recipient named on this proposal hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The contractor will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).

2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:

- A. The dangers of drug abuse in the workplace
- B. The person's or organization's policy of maintaining a drug-free workplace
- C. Any available counseling, rehabilitation and employee assistance programs
- D. Penalties that may be imposed upon employees for drug abuse violations

3. Provide, as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:

- A. Will receive a copy of the company's drug-free policy statement
- B. Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant

CERTIFICATION

I, the official submitting this proposal, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this Certification, executed on the date of proposal submittal and in the County below, is made under penalty of perjury under the laws of the State of California.

☐ Please confirm

*Response required

8.18. Disclosure of Criminal and Civil Proceedings:*

Describe all ongoing and past civil and criminal proceedings within the last 10 years. Indicate the status of current proceeding and the outcome of closed or completed actions. Also, describe, if any, how the outcome of actions impacted company business operations.

Note: if no civil and criminal proceedings within the last 10 years, indicate here.

*Response required

8.19. Debarment Certification:*

By submitting a bid/offer/proposal/quote to the County of Solano, under penalty of perjury, I, the Proposer, hereby certify that the Prospective Contractor and/or its officers, directors, and employees:

- A. Are not currently excluded, debarred, or otherwise ineligible to participate in a federally funded program
- B. Have not been convicted of a criminal offense related to the provision of federally funded items or services nor has been previously excluded, debarred, or otherwise declared ineligible to participate in any federally funded programs, and
- C. Are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in contractor being excluded from participation in federally funded programs.

This representation shall be an ongoing representation during the term of any contract awarded to the Prospective Contractor. If awarded a contract, Prospective Contractor hereby commits to immediately notify the County of any change in the status of the representations set forth in this Form.

Prospective Contractor authorizes the County to independently verify its suspension and debarment status.

Prospective Contractors are cautioned that making a false certification may subject the certifier to criminal prosecution or administrative sanctions.

I certify that I am authorized by the company named above to respond to this request.

☐ Please confirm

*Response required

8.20. County Contract - Proposer accepts all terms and conditions without reservation or any qualifications?*

If the proposer makes no qualifications to the Standard Contract or any additional terms provided, including any additional attachments or exhibits, then it shall be deemed that the Proposer accepts all terms without reservation or any qualifications. Proposers shall include a statement of acknowledgment that the Proposer has reviewed the County of Solano Standard Contract, and any Special Terms provided and has accepted it with or without qualification.

☐ Yes

☐ No

*Response required

When equals "No"

8.20.1. What qualifications (i.e., exceptions or conditions) are being requested by the Proposer?*

If the Proposer takes qualifications, those qualifications must be identified and listed along with suggested modifications to the contract and provided here. The County is under no obligation to accept your qualifications; however, they will be reviewed on a case-by-case basis.

[Note: Scope of Work and Budget Detail and Payment Provisions and Special Terms and Conditions for the contract, will be finalized during the contract negotiation process.]

*Response required

8.21. Signature Page: *

Please download the documents provided below, complete them as required, and upload the finalized versions as part of your submission.

- [Signature Page RFP-OG.pdf](#)

*Response required