



Superior Court of California
COUNTY OF ALAMEDA

ATTACHMENT 9

Technical Proposal

PROSPECTIVE BIDDER INFORMATION

Prospective Bidder's Name: _____
(as shown on most recent W-9)

Business Address: _____

Mailing Address: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Federal Tax Identification Number: _____

PROSPECTIVE BIDDER'S DESIGNATED REPRESENTATIVE

Name: _____

Title: _____

Address: _____

Telephone Number: _____

Email Address: _____

MINIMUM QUALIFICATION CHECKLIST

1. Do you have at least 1 year of experience providing supportive services to adult populations?
☐ Yes ☐ No
2. Do you have adequate accounting and record-keeping practices in place to allow for the submission of accurate and complete monthly invoices for referred individuals.
☐ Yes ☐ No
3. Are you in compliance with the American with Disabilities Act and Access Requirements?
☐ Yes ☐ No
4. Are you on the list of federally debarred, suspended or other excluded parties?
☐ Yes ☐ No

SERVICES PROVIDED

Please check all services that you provide.

- ☐ Outpatient mental health treatment
- ☐ Outpatient substance abuse treatment
- ☐ Case management
- ☐ Anger management classes
- ☐ Parenting classes
- ☐ Medication management
- ☐ Employment assistance
- ☐ Job training
- ☐ Education
- ☐ Temporary/emergency housing
- ☐ Peer support
- ☐ Housing navigation
- ☐ Other: _____

BUSINESS LICENSE AND INSURANCE

1. Do you have a business license? ☐ Yes ☐ No *If yes, please attach a copy to this document*
2. Do you have insurance? ☐ Yes ☐ No *If yes, please attach a copy to this document*

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a contract with the Superior Court, I understand that false or misleading information in my application may result in the dissolution of the contract.

Print Name: _____ Title: _____

Signature: _____ Date: _____