

REQUEST FOR PROPOSALS

COUNTY OF SALEM, NEW JERSEY

The Salem County Board of Chosen Freeholders, through its Department of Social Services /Drug and Alcohol Services, announces the anticipated availability of State contract funds (through the New Jersey Department of Human Services.) All funds awarded are subject to the availability of State appropriations. The time frame for the available funds is for a one-year period: January 1, 2010 through December 31, 2010 with two (2) one-year renewal options.

Request for Proposal packages may be obtained daily between 8:30 AM and 4:30 PM from the Salem County Purchasing Department, Salem County Administration Building, 94 Market Street, Salem, New Jersey, or they will be mailed on telephone request (856) 935-7510, extension 8401.

Proposals shall be made and submitted in the manner detailed and prescribed in the Request for Proposal package. They shall be enclosed in sealed envelopes bearing the legend, **Proposal for Providing Drug and Alcohol Treatment Services to the Salem County Alcohol and Drug Services Office** on the outside. The proposals shall be returned to the Salem County Purchasing Agent by **Thursday, November 5, 2009**, 11:00 AM prevailing time, when they will be opened and read in public. Late proposal submissions will not be considered.

Bidders are required to comply with the requirements of P.L. 1975, C. 127 (N.J.A.C. 17:27) Affirmative Action.

Any questions regarding the request for proposals prior to the opening may be addressed to the Salem County Purchasing Department, Salem County Administration Building, 94 Market Street, Salem, New Jersey, 08079; telephone (856) 935-7510 x 8401.

By order of the Board of Chosen Freeholders of the County of Salem, Lee R. Ware, Director.

Carol Wooten
Purchasing Agent



PUBLIC ANNOUNCEMENT

REQUEST FOR PROPOSALS

SALEM COUNTY BOARD OF CHOSEN FREEHOLDERS

Salem County Department of Social Services / Drug and Alcohol Services

94 Market Street

Salem, New Jersey 08079

(856) 935-7510 x 8460

e-mail: maggie.vaughan@salemcountynj.gov

Subject

The Salem County Board of Chosen Freeholders, through its Department of Social Services /Drug and Alcohol Services, announces the anticipated availability of State contract funds (through the New Jersey Department of Human Services) All funds awarded are subject to the availability of State appropriations. The time frame for the available funds is for a one-year period: January 1, 2010 through December 31, 2010 with two (2) one-year renewal options. The Department of Social Services / Drug and Alcohol Services Division is seeking proposals for the following alcoholism and drug abuse treatment services:

SUBACUTE RESIDENTIAL DETOXIFICATION SERVICES

ASAM Level III.7-D

\$48,300 for Adults

Sealed applications shall be accepted for the purpose of awarding agreements to public or non-profit agencies licensed by the State of New Jersey, Department of Human Services as a Residential Substance Abuse Treatment Facility. The exact unit prices stated in the application for these 2010 funds will be used to execute any recommended approved agreements from January 1, 2010 through December 31, 2010. Salem County seeks Subacute Residential Detoxification (Medically Monitored Inpatient Detoxification) services in a total amount of \$48,300. **Please note:** It is the expectation of all county-contracted agencies that accept Salem County clients for detoxification services that these clients are transitioned to residential care (when clinically appropriate) without an interruption of service.

SHORT-TERM SERVICES

ASAM Level III.7
\$38,000 for Adults

Sealed applications shall be accepted for the purpose of awarding agreements to public or non-profit agencies licensed by the State of New Jersey, Department of Human Services as a Residential Substance Abuse Treatment Facility. The exact unit prices stated in the application for these 2010 funds will be used to execute any recommended approved agreements from January 1, 2010 through December 31, 2010. Salem County seeks Short-Term (Medically Monitored Inpatient Treatment, ASAM Level III.7) services in a total amount of \$38,000 for adults.

OUTPATIENT/INTENSIVE OUTPATIENT SERVICES

ASAM Level I and II.1
\$52,077 for Adults

Sealed applications shall be accepted for the purpose of awarding agreements to public or non-profit agencies licensed by the State of New Jersey, Department of Human Services as an Ambulatory Care Drug Abuse Treatment Facility. The exact unit prices stated in the application for these 2010 funds will be used to execute any recommended approved agreements from January 1, 2010 through December 31, 2010. Salem County seeks Outpatient/Intensive Outpatient Services (ASAM Level I and II.1) in a total amount of \$56,643 for adults.

State/County Uniform Requirements

Potential applicants are hereby advised that all requirements imposed upon the County by the New Jersey Department of Human Services will be incorporated into subagreements to be developed by the County. Further, all county requirements shall similarly apply. County agreements awarded through these funds must be approved by the Salem County Local Advisory Board on Alcoholism and Drug Abuse, the Salem County Board of Chosen Freeholders and by the New Jersey Department of Human Services, Division of Addiction Services.

Process

1. Public announcement will be published in selected county media and will be mailed to agencies known to serve Salem County residents on or about **October 22, 2009**.

2. Proposal packets will be available on and after **October 22 , 2009** at Salem County Purchasing Department, Administration Building 2nd Floor, 94 Market Street, Salem, New Jersey 08079, during regular business hours of 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding holidays. Potential applicants may request a proposal packet: in writing, by e-mail, in person, or by calling the Purchasing Department at (856) 935-7510 x 8401.
3. **Sealed** proposals should be returned no later than **November 5, 2009 at 11:00 a.m.** to Carol S. Wooten, Purchasing Agent, Administration Building, 94 Market Street 2nd Floor, Salem, New Jersey 08079. Applicants must submit an original and four (4) copies.
4. **Sealed** proposals will be opened and the contents publicly announced at the Purchasing Department, Administration Building 2nd Floor, 94 Market Street, Salem, New Jersey 08079 at **11:00 a.m. on November 5, 2009**. The Salem County Department of Social Services / Drug and Alcohol Services reserves the right to reject any and all proposals that are not in compliance with the specification of this RFP and/or incomplete and/or not submitted by the deadline. **Note: Failure to submit the NJ Business Registration Certificate (if a for-profit organization) and the Statement of Ownership is mandatory cause for rejection.**
5. An Evaluation Committee of the Salem County Local Advisory Committee on Alcoholism and Drug Abuse will meet to evaluate and rank submitted proposals.
6. The Salem County Board of Alcohol and Drug Abuse Services anticipates taking action on the applications for these alcoholism and drug abuse treatment and prevention funds at its **November 12, 2009** meeting.
7. The final recommendation of the Local Advisory Board on Alcoholism and Drug Abuse will be forwarded to the County's Qualified Purchasing Agent who will prepare a report and recommendations to the Board of Chosen Freeholders.
8. The Board of Chosen Freeholders will thereupon adopt a resolution of award.

General Requirements

All contractors agree to the following requirements for the term of this agreement:

1. Maintain, in accordance with practices acceptable to the Salem County Department of Social Services, uniform records of services described herein and rendered.
2. Forward monthly service (programmatic) reports to the Program Coordinator for Drug and Alcohol Abuse no later than the fifth working day of the month immediately following the end of the month concerned.

3. Accept the general supervision and consultation services from the Department in regards to the services being provided.
4. Function as an independent contractor, not an employee of the County of Salem, and not enter into any agreement on behalf of the County of Salem.
5. Make no assignments of this contract or monies due during the term of this contract without prior written approval of the County.
6. Client payments shall be deducted from the County billable amount, where applicable.
7. All services shall be billable on a monthly basis, which shall, at a minimum, include a breakdown of the client co-payment.
8. Cooperate with the Department regarding reporting and referral procedures.
9. Enable the Program Coordinator to attend any and/or all of the contractors Board of Directors and/or Advisory Board meetings. The Coordinator shall conduct site visits on a frequency to be determined by the Coordinator.
10. Contractors shall be required to attend quarterly meetings of the Salem County Providers Committee.
11. Maintain an accounting system sufficient for addressing an annual audit by the County of Salem and/or its agent(s), should such audit be required.
12. All clients must meet indigence guidelines, which for outpatient services is defined as at, or below, 250% of Federal Poverty Guidelines; and for residential services is defined as at, or below 350% of the Federal Poverty Guidelines.
13. Submit all invoices on a monthly basis no later than the fifth working day of the month immediately following the end of the month during which the services were provided. The Local Advisory Committee on Alcoholism and Drug Abuse shall review contract progress and may, based upon contractor's performance, recommend an increase or decrease in the contract funding level and subsequent reallocation of unspent funds to or from other contractors in order to provide service needs in a particular contract category.
14. Either party may terminate this contract by providing fourteen (14) calendar days written notice, via certified mail, of such intention to the other party.
15. Any contract issued by the County of Salem shall be subject to sufficient funds being appropriated by the Salem County Board of Chosen Freeholders for the specific programs herein listed.

Applicant Eligibility Requirements

1. Public or private non-profit agencies that have demonstrated experience working with persons having alcohol(ism) and drug abuse problems may submit applications.
2. Applicants for treatment services must possess a License as a Substance Abuse Treatment Facility from the N.J. Department of Human Services appropriate to the modality of service for which they seek funds.
3. Applicants must submit a fully-completed, typed application and six (6) copies by the required deadline in order to be considered for funds.
4. Applicants must agree to provide services to any eligible Salem County resident regardless of that person's national origin, race, creed, sexual orientation or physical disability.
5. The County may provide funds in each service category to one or multiple service providers.
6. These funds cannot be used to supplant or replace existing funds or resources from Federal, State or County government for existing alcoholism and drug abuse treatment services. Funds cannot be used for the purpose of capital construction or renovation.
7. Successful applicants must be willing to adhere to all reporting requirements and all policies required by the Salem County Department of Social Services/ Alcohol and Drug Abuse Services and must comply with program monitoring and evaluation conducted by the Department.
8. Successful applicants will be required to comply with P.L. 1975, (N.J.A.C. 17:27, et seq.) (Affirmative Action).
9. Successful applicants must agree to participate in the "New Jersey Substance Abuse Management System" (NJSAMS).
16. Successful applicants must agree to comply with stipulations in "Exhibit A" attached to the application in the proposal packet, especially Section 3, Item 4 concerning assurance "that grant funds are utilized for the provision of services to low income, uninsured persons..."
17. Successful applicants must demonstrate knowledge of and compliance with the federal "Health Insurance Portability and Accountability Act ("HIPAA").

18. The following documents should be submitted with the application per application instructions:

- (1) 501c(3) I.R.S. letter (unless a public agency);
- (2) Most recent IRS Form 990 EZ or letter of exemption;
- (3) Applicant's Table of Organization;
- (4) Applicant's conflict-of-interest policy;
- (5) Membership list of applicant's Board of Directors (including identification of Officers and terms of Officers and Director's);
- (6) A completed and signed "Certificate of Non-Debarment.";
- (7) copy of Applicant's Affirmative Action Certificate.

Purpose and Eligible Services

Through the award of these funds and other programs and projects, the Salem County Board of Chosen Freeholders hopes to reduce the incidence, prevalence and impact of alcoholism and drug abuse in Salem County.

Criteria for Award

The methodology for awarding agreements shall be based on an evaluation and ranking of the applications which shall include:

- Credentials and experience of agency staff
- Budget and management of the agency
- Experience of agency in providing treatment or prevention services and accreditation of agency
- Methodologies to evaluate quality and effectiveness of services
- Demonstration of accessibility for Salem County residents
- Projected Level-of-Service
- Statement of Need for proposed services
- Statement of goals, objectives, methods and outcome goals
- Service Profile description
- Agency's linkages to and from other agencies
- Consideration of service provision to special populations (ie: co-occurring disorders, disabled persons, aging adults)

QUESTIONNAIRE

Please answer the following questions.

List four (4) public or private agencies for whom you have completed projects similar in scope, size, and complexity to the project herein specified. Include a contact name and telephone number.

1. _____

2. _____

3. _____

4. _____

Do you have any exceptions to the specifications? Yes _____ No _____. If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of this document.

How many employees does your company presently employ? _____

Has your company ever failed to complete any contract with regard to any of the services herein described? Yes _____ No _____. If yes, provide details here: _____

Name and telephone numbers of personnel who can be contacted if problems or emergencies arise: _____

Name and telephone number of an individual who can be contacted at all times if service information is requested: _____

STATEMENT OF AUTHORITY

PROPOSAL SUBMITTED FOR:

COMPANY: _____

ADDRESS: _____

PROPOSAL SUBMITTED BY: _____
(Please Print)

SIGNATURE: _____
(Proposal must be signed to be valid)

TITLE: _____ DATE : _____

TELEPHONE: _____ FACSIMILE: _____

TAXPAYER IDENTIFICATION NUMBER: _____

Do you agree to extend the date for consideration of your proposal to December 31, 2007 as requested herein? Yes ___ No ___.

Have you included any exceptions to these specifications? Yes ___ No ___. If yes, the respondent shall list all exceptions on a separate sheet and attach said sheet to the front of this document.

By submitting and signing this proposal, we certify that we are familiar with all conditions and requirements of this proposal.

CORPORATE DISCLOSURE STATEMENT

- I certify that the list below contains the names and addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.
- I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.
- Partnership
- Corporation
- Sole Proprietorship

PLEASE CHECK THE APPROPRIATE BOXES ABOVE AND SIGN BELOW.

Stockholders

Addresses

THIS STATEMENT MUST BE INCLUDED WITH YOUR BID SUBMISSION

Subscribed and sworn before me
this ___ day of _____, 200__

(Affiant)

(Notary Public)

(Print Name and Title)

My Commission expires: _____

AFFIRMATIVE ACTION REQUIREMENTS

COMPANY NAME: _____

SIGNATURE: _____

TITLE: _____

BIDDERS ARE REQUIRED TO COMPLY WITH THE REQUIREMENTS OF P.L. 1975, c. 127 (N.J.S.A. 10:5-31, et seq.). See also N.J.A.C. 17:27 et seq.

REQUIRED AFFIRMATIVE ACTION EVIDENCE

A. **PROCUREMENT & SERVICE CONTRACTS** (which are not subject to a Federally approved or sanctioned affirmative action program). All successful vendors must submit within seven (7) calendar days of the notice of intent to award or the signing of the contract, whichever is sooner, one of the following:

1. A PHOTOCOPY OF THEIR FEDERAL LETTER OF AFFIRMATIVE ACTION PLAN APPROVAL;

OR

2. A PHOTOCOPY OF THEIR CERTIFICATE OF EMPLOYEE INFORMATION REPORT;

OR

3. A COMPLETED AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT AA 302.

B. CONSTRUCTION CONTRACTS.

ALL SUCCESSFUL CONTRACTORS MUST SUBMIT WITHIN THREE (3) CALENDAR DAYS OF THE SIGNING OF THE CONTRACT AN INITIAL PROJECT MANNING REPORT AA 201 FOR ANY CONTRACT AWARD THAT MEETS OR EXCEEDS THE PUBLIC AGENCY BIDDING THRESHOLD.

CONSENT OF INSURANCE COVERAGE

WHEREAS, _____ as Principal, has submitted a bid to provide goods and/or services as specified in the subject bid to the County of Salem, and whereas, in order for such bid to be considered, proof of insurance must be submitted therewith;

NOW, THEREFORE BE IT KNOWN THAT, if the County of Salem shall accept the bid of the Principal and the Principal shall enter into a contract with the County of Salem in accordance with the terms of such bid, we the undersigned, do hereby state that we will provide the Principal with insurance coverage as set below:

- A. The insurance to be provided shall be underwritten by a company licensed to conduct business in the State of New Jersey and who also maintains an office in the State of New Jersey.
- B. Comprehensive General Liability insurance in an amount no less than \$1,000,000.00 combined single limit including broad form comprehensive general liability insurance liability endorsement, and \$2,000,000.00 aggregate property damage per accident; and shall include provisions for thirty (30) days prior written notice to the County of Salem of any changes, modifications, or cancellation of such coverage. The County of Salem shall be included as an additional named insured.
- C. Comprehensive General Automobile Liability insurance in an amount no less than \$1,000,000.00 combined single limit covering owned, non-owned, or hired vehicles and shall include provisions for thirty (30) days prior written notice to the County of Salem of any changes, modifications, or cancellation of such coverage. The County of Salem shall be included as an additional named insured.
- D. All policies maintained shall name the County of Salem as an additional named insured and shall provide for thirty (30) days prior written notice to the County of Salem of any changes, modifications, or cancellation terms of such policies and we shall provide the Office of the County Counsel with certificates of insurance evidencing such policies and provisions.
- E. All required insurance coverage's must be in effect no later than 12:01 A.M., prevailing time, at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

PRINCIPAL:

Sworn to and subscribed
Before me on this _____
Day of _____,
200__.

(Bidder's Company Name)

(Authorized Signature
on Behalf of the Principal)

NOTARY PUBLIC

INSURER:

My Commission expires: _____

(Insurer's Company Name)

(Authorized Signature
on Behalf of the Insurer)

NON-COLLUSION AFFIDAVIT

State of _____
County of _____ ss:

I, _____ residing in _____
(Name of Affiant) (Name of Municipality)
in the County of _____ and the State of _____, of full age, being
duly sworn according to law on my oath depose and say that:

I am _____ of the firm _____
(Title or Position) (Name of Firm)

the bidder making the proposal for the above named project, and that I executed the said proposal with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the County of Salem in the State of New Jersey relies upon the truth of the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by _____
(N.J.S.A. 52:34-15). (Name of Contractor)

Subscribed and sworn to
Before me this day
_____ 200__.

(Signature of Affiant)

(Signature of Notary Public)

(Typed or Printed Name of Affiant)

My Commission expires _____
(Month, Day, Year)

VENDOR INFORMATION SHEET

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, and to expedite future payments, the following information must be provided with this bid:

Name of Business: _____

Correspondence Address, including zip code:

Purchase Order Address, including zip code:

Payment Address, including zip code:

Telephone Number: _____

Facsimile Number: _____

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

<u>Addendum Number</u>	<u>Dated</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Acknowledged for: _____
(Name of Bidder)

By: _____
(Signature of Authorized Representative)

Name: _____

Title: _____

FAILURE TO ACKNOWLEDGE AND RETURN WITH YOUR PROPOSAL SUBMISSION THE RECEIPT OF ANY ISSUED ADDENDA FOR THIS PROPOSAL ON THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM SHALL BE CAUSE FOR YOUR PROPOSAL TO BE REJECTED. N.J.S.A. 40A:11-23.2.e.