

**COUNTY OF ALAMEDA
BEHAVIORAL HEALTH CARE SERVICES (BHCS)**

**ADDENDUM NO. 1
TO
RFP NO. 13-04
FOR
SUBSTANCE USE DISORDER TREATMENT OF BAY AREA SERVICE NETWORK (BASN)
AND AB 109 PARTICIPANTS**

NOTICE TO BIDDERS

THIS COUNTY OF ALAMEDA, BHCS RFP ADDENDUM HAS BEEN ELECTRONICALLY ISSUED TO POTENTIAL BIDDERS VIA E-MAIL. E-MAIL ADDRESSES USED ARE THOSE IN THE COUNTY'S SMALL LOCAL EMERGING BUSINESS (SLEB) VENDOR DATABASE OR FROM OTHER SOURCES. IF YOU HAVE REGISTERED OR ARE CERTIFIED AS A SLEB PLEASE ENSURE THAT THE COMPLETE AND ACCURATE E-MAIL ADDRESS IS NOTED AND KEPT UPDATED IN THE SLEB VENDOR DATABASE. THIS RFP/Q ADDENDUM WILL ALSO BE POSTED ON THE BHCS WEBSITE LOCATED AT [HTTP://WWW.ACBHCS.ORG/DOCS/DOCS.HTM#RFP](http://www.acbhcs.org/docs/docs.htm#RFP) AND THE GENERAL SERVICES AGENCY (GSA) CONTRACTING OPPORTUNITIES WEBSITE LOCATED AT & [HTTP://WWW.ACGOV.ORG/GSA/PURCHASING/BID_CONTENT/CONTRACTOPPORTUNITIES.JSP](http://www.acgov.org/gsa/purchasing/bid_content/contractopportunities.jsp).

Changes are noted in **yellow highlight and bold** while deletions are noted in yellow **highlight and strikethrough**.

CLARIFICATIONS TO THE RFP & FILLABLE FORMS TEMPLATE

- **Pages 26 through 28 of the Fillable Forms Template should read:**

6. COST

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs per treatment modality:

- 6. a. Using the BHCS provided template, provide a 2012-13 budget as EXHIBIT B-1: FUNDED PROGRAM and B-2: AGENCY COMPOSITE BUDGET. The budget must match the proposal and Implementation Schedule and Plan. See instructions below.*

BUDGET WORKBOOK INSTRUCTIONS

DIRECTIONS

- *All amounts **are should be** rounded to the nearest whole dollar*
- *Submit one Budget Workbook for each proposed treatment modality.*
- ***Fill in areas highlighted in yellow***
- *Start-up costs do not apply to this RFP*
 - *Do not include start-up costs*
- *Complete all **and print** ~~four~~ **applicable tabs and requested information:** ~~worksheets~~*
 - ***Ex B-1 for line items***
 - ***Ex B-1 Personnel for personnel costs for personnel between 1 to 21***
 - ***Ex B-1 Personnel for personnel costs for personnel between 1 to 56***
 - ***Expl-Just if to explain line items in Ex B-1. One separate form should be used for each asterisk line item.***
 - ***Composite for Bidder's current budget***
 - ***Deprec Sched if Bidder entered anything in lines 20a through 20c on Ex B-1***
(~~B-1; Prof & Spec Sv Detail; Misc. Detail; & Admin Detail~~)
 - ***Indirect Cost Proposal if Bidder has indirect costs***

- ~~Print all five worksheets (B-1; Prof & Spec Sv Detail; Misc. Detail; Admin Detail; Billable Staff Hours)~~

EX B-1 LINE ITEM DETAIL

- Fill in all the information pertaining to your organization that is required at the top of the page.
 - Insert Bidder Name
 - Insert Prepared by Name
 - Insert Telephone Number
 - Insert Date Prepared
 - Select treatment modality from the drop down menu
 - **If you choose the incorrect modality, clear the cell by pressing delete and re-select the correct modality**
 - Insert Program Name

PERSONNEL EXPENSES

- **Insert total personnel costs from Ex B-1 Personnel and Ex B-1 Personnel 2**

OTHER THAN PERSONNEL EXPENSES

- On Lines 3 through 23, under **Other Than Personnel Expenses**, enter the amount for each line item.
 - If any type of operational expense is not listed on any line item, it should be entered on **Miscellaneous** line item.
- Line 24 automatically adds Lines 3 through 23 for the **Total - Other Than Personnel Expenses**.
- Line 25 automatically adds Lines 1 and 24 for the total **GROSS COST**.
- All line items with an asterisk (*) **Recreational Supplies (including Activities), Travel, Training, Medical and Pharmaceutical Supplies, Professional and Specialized Services, Equipment, Measure A Capital Costs, Interest and Miscellaneous** require submission of an **Explanation/Justification of Line-Items** form. Use the **Miscellaneous** line item for explanation/justification of any Equipment (except depreciable Equipment) needed to be purchased for each program
- An expenditure on the **Indirect Costs** (Line 23) line item requires submission of an Indirect Cost Rate Proposal (ICRP). **Create your own Excel Worksheet for listing indirect cost detail. Indirect cost should be less than 21% (County's department rate cap) of direct cost of the program.**

REVENUE

- Enter revenues on the appropriate line item for each program.
- **NOTE: Prior Year Excess Fees** (Line 31, if applicable): This figure should agree with the Total Excess Fees amount in the prior year cost report. If the budget is prepared prior to the year-end cost report, and the figure in the budget differs from that in the final cost report, the budget figure must be adjusted either prior to approval of the budget or in a subsequent budget modification.

TOTAL REVENUE

- Line 35 automatically adds Lines 27 through 34 for **TOTAL REVENUE**.

NET COST

- Line 36 automatically totals Line 25 less Line 35 for **NET COST**.

In no instance can the NET COST exceed the amount you are requesting for funding in RFP.

EX B-1: PERSONNEL EXPENSES & EX B-1: PERSONNEL EXPENSES 2

POSITION/INCUMBENT

- List all staff titles and names of incumbents for your agency. Use a separate line for each staff member.
- If a position is unoccupied, list the incumbent as vacant. If there are more than fifty-six (56) staff members, use additional pages **Ex B-1 Personnel 2**.

ANNUAL BUDGETED SALARY

- This salary should reflect the annualized cost of the position.
- This reflects what the position would earn working **40 hours per week** for a year.
- If a full time equivalent is less than 40 hours at your agency, your full time salaries should be extrapolated to a 40 hour a week base.
 - Example: Your staff member works 37.5 hours a week for full time with an annual salary of \$30,000. If this individual were working 40 hours a week, the annualized salary would be \$32,000. This is the salary to use on this form. This individual would be .9375 FTE.

STATUS

- Enter for each position as applicable. Use the following designations:
A = Administrative **S** = Supervisorial **D** = Direct Program Staff
- If a staff person qualifies for more than one status, enter each one and in subsequent columns indicate the breakdown in percent FTE and salary.

NUMBER OF MONTHS

- Enter the number of months that each position will be funded for the contract period.

PERCENT (%) FTE

- This is automatically calculated.
- **In no instances should one individual staff member exceed 100% FTE.**
- The % FTE should be reflective of the amount of time each position will be working in each program using a 40 hour week as base.
 - Examples: (a) if a person works 20 hours a week in a program, this is 50% FTE. (b) if a person works a total of 20 hours a week for the agency, but is projected to work in two programs for 10 hours each, then each program would be 25% FTE. (c) if a person works 37.5 hours per week in one program and this is considered full time, then this would be 93.75% FTE using a 40 hour per week base). In no instance should one individual staff member exceed 100% FTE on a 40 hour per week base. The total for each program is automatically calculated.

SALARY

- Determine the salary for each position by the following formula: annualized salary divided by 12 times the number of months the position is funded times the percent FTE.
- The total for each program is automatically calculated. If an individual has mixed status, the FTE and salary should be shown separately for each status.

EMPLOYEE FRINGE BENEFITS

- Enter the amounts to be allocated for the appropriate line items.
- The total for each program is automatically calculated.

TOTAL PERSONNEL EXPENSES:

- The sum of Total Salaries/FTEs and Total Fringe Benefits is automatically calculated.

B-1 EXPLANATION / JUSTIFICATION OF LINE ITEMS
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EXPL-JUST

- One (1) separate form should be completed for each asterisk * Line Item.

Note: This form is to be used to describe in detail all expenditures allocated to any of the following line items:

- Recreational Supplies (including Activities)
- Travel
- Training
- Professional and Specialized Services
- Interest
- Measure A Capital Costs
- Miscellaneous

DESCRIPTION OF EXPENDITURE

- List each expenditure within the line item account separately, and include a complete description of the expenditure (e.g., subcontractor, description of services provided, dates of service, cost of service, etc.).

AMOUNT

Enter the actual total expenditure for the service for the 12-month period.

TOTAL LINE ITEM AMOUNT

- The total of all the itemized expenditures for this line item is automatically calculated.
- **This total must be identical to the amount shown on the corresponding line item amount under Other Than Personnel Expenses (ExB Budg1).**

B-2 AGENCY COMPOSITE BUDGET

- Complete an agency composite budget to reflect the agency's total budget.

DEPEC SCHED

- Complete if you have any costs on any Depreciation line items on EX B-1.

