[](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwju_remreXmAhXvRt8KHXQeAr8QjRx6BAgBEAQ&url=https%3A%2F%2Fwww.mecknc.gov%2FPages%2FGovernment.aspx&psig=AOvVaw2R52rkJK86T9WkbUnUI_nU&ust=1578069543200534)

**PROCUREMENT DIVISION**

Health Department

Ryan White Part A Program

Grant Period March1, 2024 – Feb 28, 2026

Request for Proposal

Solicitation # 487-AA-HLT004033

October 25, 2023

*This Solicitation document is prepared in a Microsoft Word format. Any alterations to this document made by the* Subrecipients *may be grounds for rejection of proposal, cancellation of any subsequent award, or any other legal remedies available to Mecklenburg County.*

[](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwju_remreXmAhXvRt8KHXQeAr8QjRx6BAgBEAQ&url=https%3A%2F%2Fwww.mecknc.gov%2FPages%2FGovernment.aspx&psig=AOvVaw2R52rkJK86T9WkbUnUI_nU&ust=1578069543200534)

**Procurement Division**

**700 East 4th Street, 4th Floor**

**Charlotte, North Carolina 28202**

November 13, 2023

This serves as official notice that Mecklenburg County located in Charlotte, North Carolina, through its Health Department, is soliciting and will receive proposals for the Ryan White Part A Program. Requirements are outlined in the following specifications. Please review them carefully.

A **Non-Mandatory** Pre-Proposal Conference for the purpose of reviewing the Solicitation will be held as noted in the Schedule of Events**.** You mayaccess the conference via Teams.

Questions regarding the Solicitation must be submitted by the date noted in the Schedule of Events.

* Email to [Meckbids@mecklenburgcountync.gov](mailto:Meckbids@mecklenburgcountync.gov).
* In the Subject Line include:
  + Attention: Ryan White Part A Program - Solicitation # 487-AA-HLT004033
  + Asmeret Asghedom, Procurement Analyst

Proposals are to be submitted **electronically** in [MECKProcure](https://www.meckprocure.com/webapp/VSSPROD/AltSelfService) by the date noted in the Schedule of Events. Use the Checklist on the following page as a guide in preparing and submitting your response to the Solicitation.

* **NIGP Code**: 94848 Health Care Services

To submit a response to the Solicitation, Subrecipients must create a profile in [MECKProcure](https://www.meckprocure.com/webapp/VSSPROD/AltSelfService). For more information on vendor registration and how to submit a response, please visit the Vendor Resources Site [here](https://www.mecknc.gov/Finance/Procurement/Pages/Instructions-and-Forms.aspx).

Technical support to assist with completion of Business Diversity & Inclusion (BDI) Forms, registration or submission of your proposal/bid response will be available up until the proposal/bid due date in the Schedule of Events. Please be advised, any request for assistance made after 1:00pm (EST) on the proposal/bid due date may not result in a successful bid submission.

* Contact for Technical Support:
  + - Email: vendor.management@mecklenburgcountync.gov
  + Division Telephone: 980-314-2400
* Business Diversity & Inclusion (BDI) Forms Support:
  + Email: [bdi@mecklenburgcountync.gov](mailto:bdi@mecklenburgcountync.gov)
  + Division Telephone: 980-314-2863

All changes to the terms, conditions or specifications stated in this Solicitation will be documented in a written addendum, issued by the Procurement Analyst. Any Addenda will be posted in [MECKProcure](https://www.meckprocure.com/webapp/VSSPROD/AltSelfService), and may be accessed at this website by searching the Solicitation Number.

Sincerely,

Asmeret Asghedom

Procurement Analyst

**Checklist for Submitting A Proposal:**

***Instructions:*** This Checklist is to provide guidance in submitting a response to the Solicitation. The checklist must be followed.  The County may consider proposals non-responsive for any items or deadlines not met as listed below.

1. **Read the document fully.**
2. Submit **Form A. BID/Solicitation Participation Acknowledgement** to [Meckbids@mecklenburgcountync.gov](mailto:Meckbids@mecklenburgcountync.gov)**.**
3. Refer to this **Schedule of Events** for dates, times and locations specific to the Solicitation.

| **DATE** | **Time (EST)** | **LOCATION/Submittal Requirement** | **EVENT** |
| --- | --- | --- | --- |
| 11/30/2023 | N/A | [MECKProcure](https://www.meckprocure.com/webapp/VSSPROD/AltSelfService) | Issue Solicitation Notice |
| 12/8/2023 | Before 2:00pm | [Meckbids@mecklenburgcountync.gov](mailto:Meckbids@mecklenburgcountync.gov) | Form A. BID/Solicitation Participation Acknowledgement Forms Due |
| 12/14/2023 | 2:00pm | Microsoft Teams meeting   * Phone Access: 1-704-672-5181 * Conference # 586582541 * Team Link: [Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3ameeting_YjI4OThkYmEtZTdhZS00NWQ1LWFjMDUtOTc4OTQ3ZTljMGVk%40thread.v2/0?context=%7b%22Tid%22%3a%2202d870a2-d76b-4858-b1db-c0a67ed545c8%22%2c%22Oid%22%3a%220fce7feb-7bd8-43bc-95b6-6d56b3cb11be%22%7d)   • Passcode: gg3gYL | Pre-Proposal Conference |
| 12/20/2024 | Before 2:00pm | [Meckbids@mecklenburgcountync.gov](mailto:Meckbids@mecklenburgcountync.gov) | Questions Due |
| 1/4/2024 | Before 2:00pm | [MECKProcure](https://www.meckprocure.com/webapp/VSSPROD/AltSelfService) | Post County Response to Vendor Questions |
| 1/22/2024 | 2:00pm | [Vendor Registration Form Training](https://mecklenburgcounty.co1.qualtrics.com/jfe/form/SV_cxcuGZ81ui9eO0t) | Vendor Registration and Submittal Training |
| 1/23/2024 | Before 2:00pm | All proposals shall be submitted online via [MECKProcure](https://www.meckprocure.com/webapp/VSSPROD/AltSelfService) | Proposals Due |
| 2/2/2024 | 8:00am - 5:00pm | N/A | Short-list Vendor Interviews, if needed. Only selected vendors will receive notice. |
| 3/1/2024 | N/A | N/A | Contract Start Date |

***Note:*** *Mecklenburg County reserves the right to adjust this schedule as it deems necessary.*

1. **Proposal Format** - The following items must be submitted in the following order at the time of proposal submission. Vendors are encouraged to check off each item as the required action is completed:

☐Section 3.1 - Letter of Transmittal

☐Section 3.2 - Executive Summary

☐Section 3.3 - Statement of Work

☐Section 3.4 - Insurance

☐Section 3.5 - Permits and/or Licenses, if applicable

☐Section 3.6 - Audited Financial Statement, if applicable

☐Form B, Pricing Worksheets – Part A Worksheet and Unit Cost Worksheet

☐Form D, Addenda Receipt Confirmation

☐Form E, Agency Information - Background and Experience Form

☐Form F, Agency Reference

☐Business Diversity & Inclusion (BDI) Forms

☐Attachment 1: BDI Solicitation Coversheet

☐Attachment 2: BDI Form B – Identification of Subcontractor Participation

☐Attachment 3: BDI Form C – Statement of Intent to Perform Contract with OWN Workforce

☐Attachment 4: BDI Form D – MWBE Inclusion Plan

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## **Introduction**

## **Objective**

Mecklenburg County, in the State of North Carolina, is seeking proposals from agencies interested in using Ryan White Part A funds to provide HIV‐related health care/support services to low‐income people living with HIV in the Charlotte-Mecklenburg Transitional Grant Area (TGA) of Mecklenburg (NC), Gaston (NC), Cabarrus (NC), Union (NC), Anson (NC), and York (SC) counties. The purpose of this RFP is to:

Improve health outcomes for Ryan White clients as indicated by the achievement of viral load suppression.

Reduce and/or eliminate Ryan White clients’ barriers to access and maintenance in care.

Increase treatment adherence.

Reduce disparities in health outcomes in minority communities in the TGA that are disproportionately affected by HIV.

## **Business Diversity & Inclusion (BDI) Program**

It is the practice of the Mecklenburg County’s Business Diversity and Inclusion Program (the “BDI Program”), in conjunction with the County Procurement Division, to foster greater competition, increase opportunities for participation by all segments of the business community, and maximize value for the taxpayers’ dollars through efficient use of public funds.

The BDI Program accordingly is intended to promote full and equal business opportunities for all businesses contracting with Mecklenburg County by increasing the opportunity for purchase of goods and services from minority-owned and women-owned enterprises.

The [BDI Program Provisions Guide](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.mecknc.gov/oed/BDI/Documents/BDI-Provisions-Guide.pdf) requires Subrecipients to take all reasonably necessary steps to ensure maximum inclusion opportunity for Minority-owned, Women-owned, and Small Business Enterprises (collectively “MWSBE”), herein referred to as MBE, WBE or MWBE firms as well as other responsible subrecipients opportunity to participate in conducting business with Mecklenburg County. The county has [Solicitation Terms & Conditions](https://www.mecknc.gov/Finance/Procurement/Documents/Solicitation%20Terms%20and%20Conditions.pdf) posted on the internet site which speaks to non-discrimination and equal opportunity.

## **Mecklenburg County Rights and Options**

* County may in its discretion require one or more subrecipient to make presentations to the evaluation team or appear before management and/or its representatives for an interview.
* During such interview, the subrecipients may be required to present its proposal and to respond in detail to any questions posed. Additional meetings may be held to clarify issues or to address comments, as deemed appropriate.
* Subrecipients will be notified in advance of the time and format of such meetings. Since Mecklenburg County may choose to award a Contract without engaging in discussions or negotiations, the proposals submitted should define the subrecipients best offer for performing the services described in this Solicitation.
* The commencement of any such discussions, however, does not signify a commitment by County to execute a Contract or to continue discussions. County may terminate discussions at any time and for any reason.
* County will decide which proposal best meets the criteria outlined in the Solicitation.
* County reserves the right to waive any minor informalities or irregularities, which do not go to the heart of the proposal or prejudice other offers, or to reject, for good and compelling reasons, any and all proposals submitted.
* Should subrecipients find discrepancies or omissions in this Solicitation, or any other documents provided by County, the subrecipients should immediately notify the County of such potential discrepancy in writing via email as noted above, and a written addendum will be made available, if the County determines clarification are necessary.
* Subrecipients are encouraged to make a good faith effort to include environmental considerations supporting waste reduction and recycling and to buy recycled products supporting markets for recycled and other environmentally preferable products whenever practical.
* Final award of Contract is contingent upon availability of funds from Federal, State and/or local governing bodies.

**Background**

The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers the Ryan White HIV/AIDS Program (RWHAP). This is the largest federal program focused on HIV. The RWHAP funds HIV care and treatment services for low-income people with HIV. Many people who receive services through the RWHAP are uninsured or underserved.

HRSA awards RWHAP grants to cities, states, counties, and community-based groups to provide HIV medical care, treatment, and support services for people with HIV to improve health outcomes and reduce the transmission of HIV.

The Ryan White HIV/AIDS Program legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It has been amended and reauthorized four times in 1996, 2000, 2006, and 2009.

**Subrecipient Agreement**

Award of a subrecipient contract may be made to multiple subrecipients best qualified to deliver HIV quality health care/support services to clients with HIV disease within the Charlotte-Mecklenburg Transitional Grant Area (TGA) of Mecklenburg (NC), Gaston (NC), Cabarrus (NC), Union (NC), Anson (NC), and York (SC) counties. Selection will be made on a competitive basis following the process, terms and conditions as described in this Solicitation.

Contracts will be for a term of one year, with the County having the option to renew for a minimum of one (1) additional year term thereafter unless earlier terminated pursuant to the terms and conditions of the Contract.

Agencies shall provide pricing based on the requirements set forth in the solicitation. The proposed cost shall remain in effect for the duration of the Contract which includes the initial term and up to two additional consecutive one (1) year terms.

All awarded agencies must comply with all applicable terms and conditions of the Ryan White Part A Program, including federal Uniform Guidance, as applicable. All sub‐recipients expending $750,000 or more of federal assistance in a fiscal year shall obtain a financial and compliance audit made in accordance with the Single Audit Act. More information on Uniform Guidance is available at [eCFR :: 45 CFR Part 75 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#_top)

## **Agency Eligibility Requirements**

An agency must meet all of the following qualifications to be eligible to compete for the funds through this RFP:

* Agencies must be nonprofit or public corporations, commissions, or authorities. The only circumstance where a “for profit” entity may apply is under the rare circumstance where it can be clearly demonstrated that no non-profit is willing or able to provide a quality service for the specified geographic area.
* Agencies must comply with the Americans with Disability Act (ADA) and service locations must be accessible by public transportation.
* Both the applying agency and any partner agency(ies) must meet the eligibility criteria. For‐profit agencies are not eligible for funding through this RFP with very narrow exceptions set forth above. HRSA regulations prohibit not‐for‐profit agencies from serving as conduits that pass awards to for‐profit corporations. Subcontracting with governmental agencies is not allowed.
* Agencies must ensure the confidentiality of all client records including any records of HIV/AIDS status. Agencies covered by the Health Insurance Portability and Accountability Act (HIPAA) must agree to maintain information on individuals receiving services or to which the agency has access according to HIPAA’s provisions applicable to the information.

Agencies must demonstrate the ability to provide services specifically for HIV‐positive persons. Successful agencies will be required to ensure that staff members have knowledge of HIV, training, and cultural sensitivity appropriate to the populations that they serve. Successful agencies must have the capacity to provide services in the languages spoken by the populations served.

# **Solicitation Process**

## **Pre-Proposal Conference**

* A **Non-Mandatory** Pre-Proposal Conference will be conducted according to the **Schedule of Events.** While attendance at the Pre-Proposal Conference is not mandatory, all interested subrecipients are encouraged to attend.
* If special accommodations are required for attendance, please notify the County representative indicated herein in advance of the date and time above and identify the special accommodation(s) required.

## **Submission of Responses**

* Responses must be submitted electronically via [www.meckprocure.com](http://www.meckprocure.com).
* Responses sent by fax, email or flash drive will not be accepted.

## **Proposal Opening**

* As required by North Carolina General Statute 143 – 131 according to type of Solicitation:
* Procurement staff will not open any proposals received after the Due Date.
* Proposals will not be read aloud or made available to inspect or copy until any trade secret issues/proprietary and/or confidential information has been resolved and a Contract has been awarded.
* Public Bid Opening is required for Federally funded projects.

## **Evaluation**

The standard of award will be based on the most comprehensive, competitive and best value solution for the County based on 100-point scale for the following criteria/weights; the County reserves the right to modify the evaluation criteria or waive portions thereof:

* Below are the criteria that will be used by the review committee during the evaluation/review process. Please consider these criteria when responding to the RFP requirements.

1. **Agency Capacity and Experience** 25% • Agency demonstrates program successes and experience adapting to changes in funds and community needs. • First‐time agencies and agencies applying in new service categories for their agency, must provide a clear and realistic description and timeline for launching a new service/services. • Agency describes processes for maintaining quality staff that matches the levels needed to run the program as described. • Agency demonstrates knowledge, skill, and ability to provide services.
2. **Program Design Narrative Response** 25% • Agency presents a thorough description of the program that includes an understanding of the eligible activities and evidence of client‐centered services. • The program description shows a strong connection with the target population(s) and an understanding of their strengths, needs, and concerns. • Projected client numbers and service unit figures are feasible and reasonable, given the proposed program budget(s) and target client population(s).
3. **Budget And Budget Narrative** 15% • Agency completes the budget forms for the proposed project including other sources of funding. • Costs are reasonable and appropriate given the nature of the service, the target population(s), the proposed level of service, and the proposed outcomes. • The proposed program is cost effective given the type, quantity, and quality of services. • Agency explains in detail the method to calculate costs as well as how they are allocated to Ryan White Part A. • The Agency includes a detailed narrative for each expense included in the application. The Agency should specify the number of clients to be served in its budget narrative.
4. **Equity, Diversity, And Inclusion** 10% • Agency demonstrates understanding of equity, diversity, and inclusion strategies, and describes how it is incorporated into staffing and program design. • Agency demonstrates capacity to provide linguistically appropriate services. • Agency demonstrates the ability to provide services to diverse communities, demonstrates understanding of systemic barriers, and describes ability to overcome them.
5. **Quality Management & Data** **Quality** 10% • Agency describes their quality management infrastructure and current quality improvement activities. • Agency describes strategies for involving clients in improving program services. • Agency describes its capacity to collect, document, and report performance and outcome measurements related to clients.
6. **Financial Management** 10% • Agency demonstrates capacity to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds which may be awarded under the terms of this RFP. • Agency describes its financial management system, including its ability to maintain financial records and sound accounting systems. • Agency describes any audit findings or concerns from the last 24 months and how they were resolved, if applicable.
7. **Partnerships And Collaboration** 5% • Agency describes effective collaborations and partnerships that enhance service quality, minimize duplication, and bring other resources into the system.

Note: Interviews may be conducted with agencies at the sole discretion of the County. Any costs associated with interviews is the sole responsibility of the agency.

# **Proposal Content and Format**

# **Letter of Transmittal**

The proposal must include a cover letter of transmittal attesting to its accuracy, signed by an individual authorized to execute binding legal documents on behalf of the agency.

* The cover letter shall provide the name, address, telephone and facsimile numbers of the subrecipient along with the name, title, address, telephone and facsimile numbers of the executive that has the authority to Contract with County.
* Each agency shall make the following representations and warranty in the cover letter, the falsity of which might result in rejection of its proposal: **“The information contained in this proposal or any part thereof, including any exhibits, schedules, and other documents and instruments delivered or to be delivered to County, is true, accurate, and complete. This proposal includes all information necessary to ensure that the statements therein do not in whole or in part mislead County as to any material facts.”**
* The cover letter must identify any trade secret issues/proprietary and/or confidential information contain in the proposal.

## **Executive Summary**

A summary describing the agency’s understanding of the County’s requirements/specifications and the proposed solution.

* A proposed total cost for the project.
* A brief summary of the proposed total cost.
* A summary of the approach to be undertaken to perform the services.
* Highlights any superior or unique aspects of the proposal.
* If applicable, identification of the proposed project team (including responsibilities).
* If you wish to add supplemental information, please be sure the additional attachment(s) is labeled “Supplemental Information.”

## **Statement of Work**

The County has identified the requirements for this Solicitation in **Section 5: Scope of Work**. Agencies must submit a Statement of Work to demonstrate competency in performing services as defined in this Solicitation. The Statement of Work must include detailed description of the services to be completed along with sufficient information for the County to determine if the subrecipient meets each requirement.

* File size should not exceed 2MB
* Single-spaced pages
* One-inch margins
* Font: Times New Roman, size 12

## **Budget and Budget Narrative**

* Pricing will include all aspects of the project.
* Pricing will include travel at the [IRS Per Diem](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup/?action=perdiems_report&state=NC&fiscal_year=2021&zip=28202&city=Charlotte) rates for Charlotte, NC.
* Any costs incurred in the process of preparing and/or submitting a proposal shall be borne by the proposer.
* Regardless of exceptions taken, subrecipients shall provide pricing based on the requirements and terms set forth in this RFP. Pricing must be all-inclusive and cover every aspect of the Project. Cost must be in United States dollars rounded to the nearest quarter of a dollar. A pricing worksheet is provided in Form B to assist you.

## **Insurance**

* + - Evidence of adequate insurance or ability to obtain insurance must be include in the bid/response.
    - Provide one of the following documents for the required insurance minimums listed below:
      * A Certificate of Insurance.
      * A signed and dated letter from your insurance provider on their company letterhead stating your ability to obtain coverage.
      * Mecklenburg County must be listed as Certificate Holder on the accord.

**Commercial General Liability**

* Minimum $1,000,000
* Mecklenburg County must be listed as additionally insured.

**Automobile Liability**

* Minimum $1,000,000

**Professional Errors & Omissions**

* Minimum $1,000,000

**Worker’s Compensation and Liability**

* State of North Carolina statutory requirements
* If less than three (3) employees (including the owner(s)), provide signed statement on business letterhead that Worker’s Compensation not required and state the number of full-time and part-time employees including owner(s)

**Sexual abuse and Molestation**

* Minimum $1,000,000

**Permits and/or Licenses**

* Must procure all necessary permits and licenses and abide by all applicable laws, regulations and ordinances of all Federal, State, and local governments in which work under any resulting Contract is performed.

## **Audited Financial Statement**

Audited Financial Statement must meet the definition as outlined in the [Audited Financial Statement Requirements](https://www.mecknc.gov/Finance/Procurement/Documents/Audited%20Financial%20Statement%20Definitions.pdf)

* Must be prepared by an independent Certified Public Accountant.
* The year-end date for the financial statement must be within the past twelve (12) months.
* Submit Audited Financial Statement at the same time as the proposal response.
* If Audited Financial Statement is not submitted at the same time as the proposal response:
  + - Your CPA must submit a letter stating the Audited Financial Statement will be finalized and submitted within thirty (30) calendar days after the Proposal due date as identified on the **Schedule of Events**.
    - Letter must be signed and on CPA letterhead.
* The Audited Financial Statement and all correspondence related to the requirement must be sent to veronica.uche@mecklenburgcountync.gov
* Do not upload in MeckProcure.
  1. **Medicaid certification**
* Medical service providers must be Medicaid certified. Subrecipients must be able to check the status of clients to ascertain whether they are Medicaid eligible.
  1. **Agency Board of Directors**
* The agency must provide documentation of current Board of Directors.

# **Subrecipient Support**

## **Subrecipient Registration and Training**

Must be completed prior to response submission but is not required to access the Solicitation documents.

* See [www.meckprocure.com](https://www.meckprocure.com/webapp/VSSPROD/AltSelfService) to:
* To register as a subrecipient, click on Register located on the left side of the page.
* To access bid documents, click on Public Access located on the left side of the page.
* Training regarding Subrecipient Registration and Electronic Bid Submission will be provided by the Vendor Management Program Office. The training will assist with registration and electronic bid submission.
* To participate in the training, you must [Register for training](https://www.mecknc.gov/Finance/Procurement/Documents/Training%20Schedule%20for%20New%20Registrations.pdf).
* Confirmation of the scheduled training along with details will be forwarded to the **registrant.**

## **National Institute of Governmental Purchasing Codes (NIGP**)

* NIGP Code is a universal taxonomy for identifying commodities and services in procurement systems.

1. **Scope of Work**
   1. **Project Overview**

The County is a grantee recipient of Part A funds as part of the HIV/AIDS program as defined in the Public Health Services Act Title XXVI. The Ryan White Part A Grant Program provides HIV-related health and support services within the service areas detailed below. This program is 100% federally funded under the Health Resources Services Administration (HRSA).

* **The Ryan White Part A Grant Program**

Part A’s Transitional Grant Area, hereafter referred to as TGA, is comprised of the following North Carolina counties: Mecklenburg, Gaston, Cabarrus, Union, and Anson and York County, South Carolina. The County is responsible for administering the Part A program for the six (6) counties; therefore, the Subrecipient will be required to provide services to all clients within the TGA regardless of county of residence.

The purpose of the Part A Program is to augment the health care systems currently bearing the burden of HIV-related care. The purpose of funds awarded under this RFP is to enhance available HIV-related health and support services by funding Subrecipients to increase these services. The program will provide for medical services, oral health, health insurance assistance, mental health, medical case management, early intervention services, medical transportation, psychosocial support for youth, and emergency financial assistance and referral for healthcare and supportive services.

* **Minority AIDS Initiative Program**

The purpose of the Minority AIDS Initiative Program, hereafter referred to as MAI Program is to deliver needed services to HIV infected members of communities of color. The program will provide for medical services, medical case management and early intervention services. The purpose of the MAI Program is to “improve HIV-related health outcomes to reduce existing racial and ethnic health disparities”. As such, MAI funds provide direct financial assistance to develop or enhance access to high quality, community-based HIV/AIDS care services, and improve health outcomes for low-income minority individuals and families. For purposes of this RFP, “minority” is defined as an individual who self-identifies as a member of one of the racial/ethnic communities, including African-Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders, or as ‘more-than-one-race’. Any new/emerging minority populations identified in this application should be targeted with MAI funds.

More information about the Ryan White program can be found at [Ryan White | Ryan White HIV/AIDS Program (hrsa.gov)](https://ryanwhite.hrsa.gov/)

* 1. **Specification/Qualifications**

1. **Subrecipient Eligibility**

* **Non-Profit Sub-grantees or Subrecipients**

The agency must be a private nonprofit entity under state and local laws and as demonstrated through the attainment of a tax exempt 501(c) (3) classification from the IRS.  In addition:

* The agency must assure that no part of its net earnings inures to benefit any member, founder, contributor, or individual.
* The agency must assure that it has a functioning accounting system that is operated in accordance with generally accepted accounting practices.
* Not‐for‐profit agencies are prohibited from serving as conduits that pass awards to for‐profit corporations.
* **For-Profit Agencies (limited)**

The Ryan White 2009 legislation stipulates that Ryan White funds are restricted to “not for profit” entities. The only circumstance whereby private “for profit” entities may apply to provide services under the Ryan White Program is if the entities are located in a geographic area where there are no nonprofit entities able to provide those services and there is a demonstrated need for the services. Proposals from for-profit agencies must include written documentation supporting both the need and the contention that the geographic area does not have a non-profit entity service provider offering a comparable service. The determination of whether a “for-profit” agency is eligible to provides services is at the discretion of the County with HRSA consultation.

1. **Subrecipient Requirements**

* Medical service providers must be Medicaid certified. Subrecipients must be able to check the status of clients to ascertain whether they are Medicaid eligible.
* Have all appropriate licenses and certifications required by appropriate government agencies to perform the services and procure all permits, pay all charges, taxes, and fees.
* Obtain proof of an ambulatory or outpatient medical care visit for all clients within the past twelve (12) months. Possess all required North Carolina or South Carolina licenses, where applicable, as well as appropriate County licenses, and shall comply with all laws, ordinances, and regulations applicable to the Services for which it is bidding.
* Send at least one representative to every Subrecipient meeting that is scheduled by the County.
* Be prepared to submit upon request within 24 hours an audit or audited financial statements by an independent certified public accountant (“CPA”) for prior fiscal year that demonstrates financial responsibility to be determined by the County Finance Department and as dictated by federal law.
* Prior to Contract award, submit breakdown of administrative fees according to the pricing worksheet.
* Prove that they have equal opportunity plan in place.
* Report clinical and administrative activity to the County via direct entry on a monthly basis into CAREWare data management system as specified by the County in the Contract.
* Agree to make all client and financial records available for on-site audits by the County.
* Have a Memorandum of Understanding with all referring agencies/ points of entry.
* Agree to comply with any and all requests for information to ensure completion of federal and state reports and grant applications.
* Comply with the national standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
* Subrecipients of outpatient/ambulatory health services must provide continuing care and management of chronic diseases such as diabetes and hypertension and common physical and mental conditions; or have referral arrangements in place for the provision of such care.  If clients are referred for such care, the referral agreement must include provisions for billing the referring Ryan White Medical Subrecipient directly for reimbursement as opposed to the Ryan White client.

1. **Restrictions**

* Cash payments to clients by Subrecipients are prohibited.
* Ryan White funds under this grant program shall be used only as a last resort for services not covered by other funding sources or programs, and cannot be used to replace local, state or federal funding for HIV health and support services.

# **Reporting Requirements**

* The awarded agency will use the Ryan White CAREWare data management system, developed by HRSA to manage service and financial data. The County will provide software training to the Subrecipient.
* The CAREWare data management system will be used for monthly reimbursement. Subrecipients will be required to have all prior month data for reimbursement entered into CAREWare by the 15th of each month. A paper copy of the Request for Reimbursement form (provided by the County), Fee for Service Detailed Report and Financial Report (created in CAREWare) must be received in the County’s Ryan White office by 4:00 p.m. on the 15th of each month. If the 15th of the month falls on the weekend, the Request for Reimbursement will be due the following Monday. If the 15th of the month falls on a holiday, the Request for Reimbursement will be due the next business day. Subrecipient’s ability to meet these deadlines will be considered by the County in future renewal and funding decisions.
* Subrecipient must submit the final invoice no later than thirty (30) days after expiration of the Contract period March 31, 2024, March 31, 2025 and March 31, 2026. If the Subrecipient fails to do so, all rights to payment may be forfeited and the County may not honor requests submitted after the Contract period. Any payment due under the terms of the Contract may be withheld until all reports due from the Subrecipient and necessary adjustments have been approved by the County.
* Subrecipients are required to send all quarterly reports by the 15th after the quarter ends.

Quality Management is a HRSA mandate. Subrecipients must develop and implement their own Quality Management programs. A quality management program is a systematic process with identified leadership, accountability, and dedicated resources that uses data and measurable outcomes to determine progress toward relevant, evidence‐based benchmarks. These include quality assurance and quality improvement activities as well as measurement of client satisfaction with services. A quality management program must incorporate quality management elements mandated by HRSA and the local Ryan White Part A Grant Program. Subrecipients must participate fully with the County’s reporting elements and any quality improvement project or campaigns mandated by the Department. For more information, please see [clinical-quality-management-pcn.pdf (hrsa.gov)](https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/clinical-quality-management-pcn.pdf)

1. **Direct Financial Assistance**

* The agency must assure that no part of its net earnings inures to benefit any member, founder, contributor, or individual.
* The agency must assure that it has a functioning accounting system that is operated in accordance with generally accepted accounting practices.
* The agency has among its purposes significant activities related to providing services to persons living with HIV/AIDS (PLWH/A) or related disease. The proposal was developed without collusion with any other Agency, competitor or employee of Mecklenburg County Government.
* The agency has the experience, capability and willingness to perform the work described in the Proposal.
* The agency does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), gender, marital status, political affiliation, national origin, sexual orientation, or disability.
* The clients to be served by the agency are infected with HIV and reside in Mecklenburg, Cabarrus, Gaston, Union and/or Anson counties in North Carolina and/or York County in South Carolina.
* The agency’s principal site of operations is in the counties as described above.
* The agency will provide sufficient staff/personnel, equipment, etc. at the cost proposed to successfully meet all requirements of this RFP and complete all activities approved for funding.
* The agency will comply with all Federal, State and local laws, statutes, regulations and codes applicable to proposed activities and funding sources.
* The agency will comply with the Charlotte TGA Ryan White Eligibility Policy and Procedure in determining client eligibility for services.
* The agency is not identified as suspended, debarred or otherwise declared ineligible from receiving Federal contracts or subcontracts by the General Services Administration’s Excluded Parties List System ([http://www.SAM.gov](http://www.sam.gov/)).
* Pursuant to Section 2605(a)(6) of the Ryan White Act, Part A funds will not be used to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, or any Federal or State health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis.
* Pursuant to Section 2605(a)(7)(A) of the Ryan White Act, Part A funded HIV primary medical care and support services will be provided, to the maximum extent possible, without regard to a) the ability of the individual to pay for such services or b) the current or past health conditions of the individuals to be served.
* Pursuant to Section 2605(a)(7)(B) of the Ryan White Act, Part A funded HIV primary medical care and support will be provided in settings that are accessible to low-income individuals with HIV disease.
* Pursuant to Section 2605(a)(7)(C) of the Ryan White Act, Part A of outreach services will be provided to low-income individuals with HIV disease to inform them of such services.
* Pursuant to Section 2681(d) of the Ryan White Act, Part A funded services will be integrated with other such services and programs will be coordinated with other available programs (including Medicaid), such that the continuity of care and prevention services of individuals with HIV is enhanced.
* Pursuant to Section 2684 of the Ryan White Act, no funds shall be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

1. **Client Eligibility**

Client eligibility for Services under this application and resulting HIV-Services Contracts shall be determined using the following criteria:

* Person with confirmed HIV infection.
* Affected family member and/or caregiver of an HIV/AIDs infected person in limited situation.
* Persons having an income at or below 300% of Federal Poverty Guidelines (this percentage may change based on federal revisions to this number); or
* Persons having no other funding source for services received, i.e., Medicaid, private insurance or services not funded through other sources; and
* Proof of residency within the TGA.

1. **Client Records**

Subrecipients shall be required to obtain, and keep on file, written documentation of seropositivity of HIV infected clients. Subrecipients shall assume the risk and be financially responsible for providing services to individuals:

* Not testing HIV positive;
* Who the Subrecipient has not documented as HIV positive; or
* Who have no HIV-positive family member.

Subrecipients must retain copies of the above eligibility criteria.

1. **The Payor of Last Resort**

Services funded through the Ryan White Part A Program that are billable to a third-party payer must be reimbursed by such payers and should be determined before Ryan White funds are used to pay for care, making Ryan White funding the “payer of last resort”. Ryan White funding may pay for services that fill the gaps in coverage of these other private or public health care programs; however, Ryan White funds cannot be used to balance a bill for services that should be reimbursed or paid by other payers. Subrecipients shall also assume the financial risk for delivering services for which other sources of funding could reasonably have been anticipated or determined.

1. **Program Income**

Program income is income earned by the Subrecipient that is directly generated by a supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed, collection of client co-pays, payment received from third party reimbursement and revenue generated under 340B contract pharmacy agreement. The Ryan White legislation states that income resulting from fees for services performed (e.g. direct payment or reimbursements from Medicare and third-party insurance) can be considered program income. [45 C.F.R. part 74.2]

All program income is to be used by the respondent to provide Ryan White-eligible services to Ryan White-eligible clients and to be tracked and reported to the Charlotte TGA administration. Recipients of Part A funding have the following responsibilities:

* Identify sources of potential program income,
* Maximize program income generated under the award,
* Establish program income account in your financial system,
* Deposit the program income to the designated program income account,
* Post the appropriate expenses to the designated program income account,
* Ensure program income-related expenses comply with the allowability of award,
* Understand and comply with program income accounting methods,
* Verify and confirm the total program income earned and the amount expended must be included in the financial report. Program income must be identified, appropriately documented, and the resulting revenue and expenses properly recorded and accounted for.

Program income should be considered additive to the award and used to further the award activities. Program income must be used for the purposes for which the award was made and may only be used for allowable cost under the award. For more information:

* 45CFR 75.307 [https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75\_1307](https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75%22%20\l%20%22se45.1.75_1307)
* PCN 15-03 – Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf>

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| --- | --- | --- |
| Health Care / Support Services | | |
| Ambulatory/ Outpatient – Health Services (OAHS) – Vision Care | Part A | Supports diagnostic and therapeutic services, such as primary care, diagnostic testing including laboratory testing, treatment adherence, and specialty services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Includes referral to and provision of specialty care related to HIV diagnosis, including ophthalmology. |
| Child Care Services | Part A | Pays for intermittent services for children living in the household of clients with HIV so they can attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.Can be provided by a licensed or registered childcare provider or informal childcare provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services). |
| Food Bank/ Home-Delivered Meals | Part A | Provides food items, hot meals, or a voucher program to purchase food.Can be used for essential non-food items limited to personal hygiene products and household cleaning supplies, plus water filtration/purification systems in communities with water safety issues.Unallowable costs include household appliances, pet foods, and other non-essential products. |
| Housing services | Part A | Provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.May include core medical or support services.Also includes housing referral services, including assessment, search, placement, and housing advocacy services, and related fees. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client’s linkage to permanent housing. |
| Referral for Healthcare and Supportive services | Part A (Eligibility Specialist RWISE) / MAI | Supports referral of clients to needed core medical or support services in person or through telephone, written, or other types of communication; may also include referrals to assist clients in obtaining access to public or private benefit programs for which they may be eligible.Reviews and certifies initial eligibility of Ryan White Part A clients. Updates the eligibility of enrolled Ryan White Part A Program clients annually utilizing face-to-face, telephonic, and/or US Mail; obtains supporting eligibility documentation; screens clients for Ryan White services eligibility; follow-ups on all incomplete applications; enters into CAREWare final eligibility dispositions and documentation supporting eligibility decisions; mails renewal notices to Ryan White Part A clients; responds to inquiries regarding services and forwards to appropriate RWPA providers. |
| Psychosocial Support Services | MAI | Provides group or individual support and counseling services to assist clients to address behavioral and physical health concerns, including support groups, nutrition counseling provided by a non-registered dietitian, and other types of counseling. Does not require that services be provided by a licensed mental health professional |
|  | | |

* **Statement of Work.** The Statement of Work should specify which of the above services the agency is applying to offer. The statement of work should address all seven topics listed below. Each section should be appropriately labelled.

1. Agency Capacity and Experience

* Describe the size of the agency, types of services that are provided, geographic location(s), community partnerships or collaborations, and strengths of the staff or previous achievements that contribute to the reputation and specialty of the agency in the community.
* Describe your agency’s experience providing services to the TGA.
* If applicable, describe your plan and timeline for staff recruitment, training, supervision, and retention for the proposed program.

1. Program Design

* Describe your program model and outline the key service components and activities in your program. Include where and when services will be delivered and by whom.
* Describe how these service components will help your program achieve the required outcomes of retention in medical care and viral load suppression.
* If you are proposing to provide any new (for your agency) services, attach a start‐up timeline for each service.
* Describe target population(s) to be served, including the expected unduplicated number of individuals to be served.
* In what part of the TGA are your services primarily provided? Note: If awarded funding, applicants are required to provide services to all eligible clients in the TGA.

1. Equity, Diversity, and Inclusion

* Describe efforts in place that ensure the agency is incorporating equity, diversity and inclusion through agency values and client services.
* Based on your understanding of the population(s) to be served, describe how you will ensure the program will be culturally relevant, sensitive, and linguistically accessible for the individuals that will be served.

1. Quality Management and Data Collection

* Describe the quality management infrastructure at your agency and the quality improvement activities your program engaged in during the past year to improve the quality of your services and the outcomes of those efforts.
* Describe your program’s mechanisms/strategies for involving clients in improving program services and how your program has used client input and feedback to improve your services.
* All agencies awarded funding through this RFP will be required to collect and report client‐level data using the CAREWARE. Please demonstrate your agency’s capacity to collect, document, and report performance and outcome measurements that ensure clients are gaining and maintaining access to medical services If your program is not currently participating in data collection systems, please include a plan for increasing agency capacity to quickly begin collecting and entering data.

1. Financial Management

* Please describe your agency’s financial management system. In your description, please address: your agency’s ability to maintain financial records in accordance with generally accepted accounting principles (GAAP); records that identify all designated donations, grants, and other revenues, including local, federal and state revenues and all costs by type of service; personnel records that account for time and effort; internal controls, and other sound accounting practices.
* Describe any audit findings or concerns during the last 24 months and how they were resolved.

1. Partnerships and Collaboration

* Include information about both informal and formal partnerships and include roles and responsibilities.
  1. **Budget and Budget Narrative**

Proposers are expected to estimate and develop an initial budget covering proposed goals, activities, and outcomes. Contracts awarded under this RFP are anticipated to begin March 1, 2024. Proposers should think holistically and realistically about the costs associated with their proposed project and do their best to estimate these costs in the proposed budget. Once awarded funding, organizations may have an opportunity to adjust the budget during the procurement/contracting process. Use Form B, Pricing Worksheet to enumerate all costs and provide a budget narrative that explains each unit cost and the methodology utilized to arrive at this cost. Costs for administrative fees may not exceed 10% of the proposed costs. The budget should include the following categories: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual Services and Other.  Personnel costs should include each position to be funded and the percentage of effort being paid for by the Ryan White grant. Administrative costs should be labelled as such.

# **Submittal Forms**

The following forms must be submitted at the time of proposal submission. Please refer to the Solicitation Checklist on page

* Form A, BID/Solicitation Participation Acknowledgement
* Form B, Pricing Worksheet
* Form D, Addenda Receipt Confirmation
* Form E, Subrecipient Company Information - Background and Experience Form
* Form F, Subrecipient Reference
* Attachment 1: BDI Solicitation Coversheet
* Attachment 2: BDI Form B – Identification of Subcontractor Participation
* Attachment 3: BDI Form C – Statement of Intent to Perform Contract with OWN Workforce
* Attachment 4: BDI Form D – MWBE Inclusion Plan

## **Form A. BID/Solicitation Participation Acknowledgement**

This form is to acknowledge that you are interested in participating in this project. Failure to submit this form by the designated date as identified on the Schedule of Events shall not preclude the Company from submitting a proposal.

* Please complete and submit this form to the email address: [Meckbids@mecklenburgcountync.gov](mailto:Meckbids@mecklenburgcountync.gov).
* In the Subject Line include: Attention: Ryan White Part A Program Solicitation # 487-AA-HLT004033 Asmeret Asghedom, Procurement Analyst

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| --- | --- | --- | --- |
| **AGENCY CONTACT INFORMATION** | | | |
| Name: |  | Phone: |  |
| Fax: |  | Email: |  |

|  |  |
| --- | --- |
| **AGENCY INFORMATION** | |
| Agency Name: | |
| Name: | Title: |
| Address:  City:       State:       Zip Code: | |
| Business Designation (check One)  Individual [ ] Sole Proprietorship [ ] Public Service Corp [ ] Partnership [ ]  Corporation [ ] Government/ Nonprofit [ ] LLC [ ] | |

Please check the appropriate box and provide the requested information:

* YesNo  **Will attend the Pre-Proposal Conference and will submit a Proposal**

Number of attendees: In-Person       Via Teleconference

* YesNo  **Will not attend the Pre-Proposal Conference; however, intend on submitting a Proposal**

Reason:

* YesNo  **Will not attend the Pre-Proposal Conference nor submit a Proposal**

Reason:

## **Form B. Pricing Worksheet**

Regardless of exceptions taken, Companies shall provide pricing based on the requirements and terms set forth in this RFP. Pricing must be all-inclusive and cover every aspect of the Project. Cost must be in United States dollars. **If there are additional costs associated with the Services, please add to this chart. Your Price Proposal must reflect all costs for which the County will be responsible.**

For purposes of this Solicitation, assume an initial term of one (1) years, with the County having an option to renew for two (2) additional consecutive one (1) year terms thereafter.

1. Provide an all-inclusive annual rate for the proposed services.

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| --- | --- | --- | --- |
| **Service** | **Proposed Cost** | | |
|  | Year 1 | Year 2 | Year 3 | |
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1. Provide hourly billing rates for all personnel included in the statement of work.

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| **Job Title/Labor Category**  **Include % of FTE** | **Salary** | **Fringe** | **Total** | **Administrative (Y/N)** |
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| **Supplies** | **Amount** | **Administrative (Y/N)** | **Total Cost** |
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| **Sum:** | | |  |

## **Form B. Pricing Worksheet continued**

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| **Contract Services** | **Amount** | **Administrative (Y/N)** | **Total Cost** |
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| **Sum:** | | |  |

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| **Equipment** | **Amount** | **Administrative (Y/N)** | **Total Cost** |
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| **Sum:** | | |  |

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| **Travel** | **Amount** | **Administrative (Y/N)** | **Total Cost** |
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| **Sum:** | | |  |

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| **Other** | **Amount** | **Administrative (Y/N)** | **Total Cost** |
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| **Sum:** | | |  |

***Additional Comments:***

**BUDGET NARRATIVE**

On a separate document labelled Budget Narrative, provide an explanation of all costs listed on the pricing worksheet. Please explain the methodology utilized to generate costs. An example of a budget justification can be found here: [Sample Budget Narrative (hrsa.gov)](https://bphc.hrsa.gov/sites/default/files/bphc/funding/nhhcs/sample-budget-justification.pdf). The budget narrative should be organized according to the following sections:

1. **Personnel**

Include what the positions will be doing for Ryan White, annual salaries and what percentage is being requested from Ryan White. Explain fringe benefit calculation by component.

1. **Supplies**

Include quantity and per unit cost and why the supplies are necessary for service delivery.

1. **Contracted Services**

Include per unit cost and total cost and why the contracted service is necessary.

1. **Equipment**

Include quantity and per unit cost and why the equipment is necessary for the service provision.

1. **Travel**

Include all travel costs. Mileage must be calculated at the IRS rates.

1. **Other**

## **Form D. Addenda Receipt Confirmation**

**Instructions:** Please acknowledge receipt of all addenda posted to [MECKProcure](https://www.meckprocure.com/webapp/VSSPROD/AltSelfService) by including this form with your Proposal.

**ADDENDUM #: DATE Reviewed:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

I certify that this proposal complies with the General and Specific Specifications and conditions issued by Mecklenburg County except as clearly marked in the attached copy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print Name) Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company Name

## **Form E. Subrecipient Company Information - Background and Experience**

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| --- | --- | --- |
| **Subrecipient Background** | | |
| **Question** | **Response** |
| **Subrecipient Identification** | | |
| Subrecipient Legal Name: |  |
| Subrecipient Assumed or DBA Name: |  |
| Subrecipient Address: |  |
| Subrecipient Contact Information: |  |
| **Corporate Notes** | | |
| **Ownership:** | | |
| State company ownership status   * Non-profit * Sole Proprietor * Partnership * Corporation * Limited Liability Corporation (LLC) * Other |  |
| State what city and state the company was legally formed. |  |
| State the date the company was formed. |  |
| **Certified Partnerships:** | | |
| Identify certifications held for implementing another firm’s products. Include how long the partnership or certification has been effect. |  |
| **Organization Size:** |  |
| Describe organization, including any parent companies, subsidiaries, affiliates and other related entities.   * If a Subsidiary * # of employees of proposing company/division * Identify revenues of proposing company/division |  |
| **Subrecipient Experience** | | |
| **Customer Base:** | | |
| # Of public sector clients. |  |
| # Of clients that are municipalities/counties |  |
| # Of clients served similar in size to the County |  |
| **Terminated Projects:** | | |
| List any terminated projects. Please disclose the jurisdiction and explain the reason for the termination. |  |
| **Litigation:** | | |
| List any litigation that you have been involved with during the past two (2) years regarding services provided. |  |
| **Additional Narrative Response** | | |
| **Background:** | | |
| Describe company in terms of size, type of services offered, and clientele served. |  |
| Describe track record for providing services and/or deliverables similar to the Scope of Work in the Solicitation. |  |
| **Financial Information:** |  |
| State whether the company or its parent company (if any) has ever received any sanctions or is currently under investigation by any regulatory or government body. |  |
| **Minority Women Business Enterprise (MWBE) Participation** | | |
| Provide a brief explanation of your company’s approach to internal diversity and inclusion.   * Provide diversity in demographics within your organization * Provide community involvement with diverse stakeholders/organizations. |  |
| Briefly explain your company’s approach to utilizing NC Office of Historically Underutilized Businesses Minority and Women sub-firms and how they will contribute as part of the project team. |  |
| Provide good faith information on previous projects, similar in scope and scale and the achieved diversity and inclusion on those projects. |  |
| **Project Team** | | |
| Describe the project team key individuals responsible for performing the Statement of Work services and/or deliverables.   * Provide resume with information regarding * Experience * Qualifications * Professional certifications/licensures * Other information as deemed necessary |  |
| Provide organizational chart, listing key individuals and responsibilities, including location of office(s).   * A percentage/ratio of male to female employees and the percentage/ratio of minority employees within the prime consultant firm. You may also choose to provide other examples or types of diversity within the firm. * A percentage/ratio of male to female employees and the percentage/ratio of minority employees within the sub- firms. Sub-firms may also choose to provide other examples or types of diversity within their firms. * Identify any MBE /WBE certified sub-firms included on your team, and identify which certification (M, W) those sub-firms have. * Any additional information you may have regarding any efforts on the part of the prime or sub-firms towards inclusion and diversity. This may include any professional agency or university outreach efforts, internship, or education programs, etc. |  |
| **Communication** | |
| Describe communication scheme you will use to keep the County informed about services? |  |
| What risks are associated with project? What contingencies have been built in to mitigate those risks? |  |

## **Form F. Subrecipient Reference Form**

Please provide the following information for three (3) customers of comparable size and scope as outlined in this Solicitation, particularly North Carolina public sector customers that the subrecipient has been under Contract with during the past five (5) years, as well as any additional municipality references.

References may be called at any time during the procurement process. The County will not notify Subrecipients before reference checks begin.

The County reserves the right to check any other reference(s) that might be indicated through the explicitly specified contacts or that result from communication with other entities involved with similar projects.

If your Bid/Proposal includes a Third-Party Provider, you must also submit a separate copy of this form for each Third-Party Provider.

**REFERENCE 1:**

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary and Scope of Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Operating Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client # of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE 2:**

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary and Scope of Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Operating Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client # of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE 3:**

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary and Scope of Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Operating Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client # of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10/2018

## **Attachment 1: BDI Solicitation Coversheet**

**BUSINESS DIVERSITY & INCLUSION (BDI) PROGRAM PROVISIONS GUIDE**

Mecklenburg County Government **Formal Documents**

**BDI SOLICITATION COVERSHEET**

The County maintains a strong commitment to the inclusion of MWBEs in the County’s

contracting and procurement process. Accordingly, BDI provides information and forms that

Bidders will supply to be considered for the Program.

Bidders are expected to review the entire BDI Program Provisions Guide and this BDI

Solicitation Coversheet as they are planning to submit the BDI form(s) with their Bid/Proposal.

The Bid/Proposal should outline any supplies and/or services to be provided by Subcontractors,

including each certified Minority Business Enterprise (MBE) and Women Business Enterprise

(WBE) for the Contract. Submittals (forms) and time frames can be referenced in Section-4.

**PROJECT NAME:** **Ryan White Part A Program – Solicitation # 487-AA-HLT004033**

**INDUSTRY CATEGORY**Architect & Engineering Construction Professional Services Other Services Goods  
 **Review the established participation goal type selected with the  below for this specific solicitation.**

**PARTICIPATION GOAL TYPES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. CONTRACT-BY-CONTRACT GOALS**  THE ESTABLISHED PARTCIPATION GOALS FOR THIS PROJECT ARE: | | | | |  | |
|  | **MBE** |  | **WBE** | |

*\*Note: the goals must be achieved independently and not in combination*

Required Bid forms associated with this participation goal type are:

* [Form A] Listing of Good Faith Efforts (GFE)
* [Form B] Identification of Subcontractor Participation
* Joint Ventures Documentation (include when  is selected)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. ACHIEVEMENT GOALS**  THE ESTABLISHED PARTICIPATION GOALS FOR THIS PROJECT ARE: | | | | |
| **11%** | **MBE** | **4%** | **WBE** | |

*\*Note: the goals must be achieved independently and not in combination*

Required Bid forms associated with this participation goal type are:

* [Form B] Identification of Subcontractor Participation
* [Form C] Statement of Intent to Perform Contract with Own Workforce
* [Form D] MWBE Inclusion Plan
* Joint Ventures Documentation (include when  is selected)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C. SPECIAL PROJECTS**  THE ESTABLISHED PARTICIPATION GOALS FOR THIS PROJECT ARE: | | | | |
|  | **MBE** |  | **WBE** | |

*\*Note: the goals must be achieved independently and not in combination*

Required Bid forms associated with this participation goal type are:

* [Form D] MWBE Inclusion Plan
* Joint Ventures Documentation (include when  is selected)

|  |
| --- |
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**Attachment 2: BDI Form B – Identification of Subcontractor Participation BUSINESS DIVERSITY & INCLUSION (BDI) PROGRAM PROVISIONS GUIDE**

**Mecklenburg County Government Formal Documents**

**Form B – Identification of Subcontractor Participation**[Submit with Bid]

The County maintains a strong commitment to the inclusion of MWBEs in the County’s contracting and procurement process when there are

viable subcontracting opportunities. Bidders must submit this form with their Bid/Proposal outlining any supplies and/or services to be provided

by all Subcontractors, including each MBE, WBE, and non-certified firms for the Contract.

\*\*\*Prior to submission, review your documents for accuracy and ensure all items are complete\*\*\*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Bidder:** *(Company Name)* |  | | | | | | **Certification Status** *(check all that apply)***:** | | MBE WBE NCSBE  CBI-SBE NCDOT-DBE | | |
| **Project Name:** |  | | **Solicitation #:** | |  | | | | | **Total Bid Amount:** |  |
| **Authorized Person:** | |  | | **Telephone:** | |  | | **Email:** |  | | |

I, the Authorized Person, do hereby certify that on this Contract, we intend to use the following certified **MWBEs** and non-certified firms as Subcontractors (subconsultants, subrecipients, suppliers, and/or providers of professional and/or other services). We intend to expend the amounts/percentages below of the total dollar amount of the contract with the businesses listed

**\*\*MBE and WBE Certification with the NCHUB Office is required to be counted toward participation goals.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Utilization Amount** | **Total Utilization Percentage** | **Total MBE Amount** | **Total MBE Percentage** | **Total WBE Amount** | **Total WBE Percentage** | **Total Non-Certified Amount** | **Total Non-Certified Percentage** |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # | Firm Name /  Contact Person | Telephone /  Email | County /  State | Scope of Work | MBE Amount | WBE Amount | Non-Certified Amount |
| 1 |  |  |  |  |  |  |  |
|  |  |  |
| 2 |  |  |  |  |  |  |  |
|  |  |  |
| 3 |  |  |  |  |  |  |  |
|  |  |  |
| 4 |  |  |  |  |  |  |  |
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| 5 |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |

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**BUSINESS DIVERSITY & INCLUSION (BDI) PROGRAM PROVISIONS GUIDE**

**Mecklenburg County Government Formal Documents**

|  |  |  |  |  |  |  |  |
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*(add additional sheets if needed)*

Pursuant to GS143-128.2(d), the undersigned will enter into a formal agreement with the firms listed on this form, conditional upon execution of a

contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract, giving rise to all contract and/or statutory

remedies, including but not limited to cancellation of the contract.

The undersigned hereby certifies that he or she has read the BDI Program Provisions Guide and the terms of this commitment and is authorized to

bind the Bidder to the commitment herein set forth.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Authorized Person |  | Title |  | Date |

|  |
| --- |
| Page **3** of 5 |
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**Attachment 3: BDI Form C – Statement of Intent to Perform Contract with OWN Workforce BUSINESS DIVERSITY & INCLUSION (BDI) PROGRAM PROVISIONS GUIDE**

**Mecklenburg County Government Formal Documents**

**Form C – Statement of Intent to Perform Contract with OWN Workforce**[Submit with Bid]

\*\*\*Prior to submission, review your documents for accuracy and ensure all items are complete\*\*\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Bidder:** *(Company Name)* |  | | **Certification**  **Status:** | MBE WBE NCSBE  CBI-SBE NCDOT-DBE | |
| **Telephone:** |  | | **Emails:** |  | |
| **Project Name:** |  | | **Solicitation #:** | |  |
| **Total Bid Amount:** | |  | | | |

|  |
| --- |
| **I hereby certify that it is our intent to perform 100% of the contract required for this Contract.** |

1. In making this certification, the Bidder states that the Bidder does not customarily subcontract

elements of this type of project, normally performs, has the capability to perform, and will perform **all elements of the work** (labor) on this project with his/her own current workforces – **including any aggregation of material, equipment or supplies required for the project provided by the Bidder’s company for utilization on a County Project, with the total value of which is ten percent (10%) or more of the value of the contract or $2,000, whichever is less**; **and**

The Bidder agrees to provide any additional information or documentation requested by the owner in support of the above statement.

1. If it should become necessary to subcontract some portion of the work at a later date, the Bidder will comply with all "Good Faith Efforts" requirements in providing equal opportunity to MWBE firms to Subcontract the Work. The BDI Program Office should be notified immediately and approved, and respective BDI Program Provisions and Forms should be adhered to.

The undersigned hereby certifies that he or she has read the BDI Program Provisions Guide and this

certification and is authorized to bind the Bidder to the commitments herein contained.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Name of Authorized Person: |  |
|  |  | Signature: |  |
|  |  | Title: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State of |  | | | | , County of | | |  | | | |
| Subscribed and sworn to before me this | | | |  | | day of |  | | | 20 |  |
| Notary Public Name/Signature | | |  | | | | | |  | | |
| My commission expires | |  | | | | | | | | | |

|  |
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**Attachment 4: BDI Form D – MWBE Inclusion Plan BUSINESS DIVERSITY & INCLUSION (BDI) PROGRAM PROVISIONS GUIDE**

**Mecklenburg County Government Formal Documents**

**Form D – MWBE Inclusion Plan**[Submit with Bid, when selected in the BDI Solicitation Coversheet]

Create a detailed description of the strategies and actions the Bidder will take to outreach fairly and equitably, support, and contract with MWBEs.

\*\*\*Prior to submission, review your documents for accuracy and ensure all items are complete\*\*\*

The following are elements to incorporate into the MWBE Inclusion Plan to help collaborate with MWBEs by addressing the following, but not be limited to:

* the firms you contacted, when, and how you made contact, and their contact information
* the outreach strategy used to meet this Contract’s MWBE achievement goals;
* the specific resources and resource contacts utilized to locate MWBE firms for this Contract;
* the plan for building a connection with MWBEs and developing a project team;
* the plan to strengthen business relationships;
* the methods that will be used to improve lines of communication;
* the approach(es) that will be taken to resolve disputes;
* detailed description of the supportive services and activities that will be established for business development and how the plan will be executed;
* the mentorship opportunities that will be made available and how those opportunities will be executed; and
* the efforts that will be made available for capacity building and how those efforts will be executed.

*(add additional sheets if needed)*

|  |
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Mecklenburg County, North Carolina

Procurement Division

Solicitation 487-AA-HLT004033

1. **Pricing worksheet PART a**

Regardless of exceptions taken, Service Providers shall provide pricing based on the requirements and terms set forth in this RFP. Pricing must be all-inclusive and cover every aspect of the Project. Cost must be in United States dollars rounded to the nearest quarter of a dollar. **If there are additional costs associated with the Services, please add to this chart. Your Price Proposal must reflect all costs that the County will be responsible for including all administrative costs.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(1) Service Category** | **(2) Unit of Service** | **(3) Total number of unduplicated Clients to be served** | **(4) Total number of units of service to be provided** | **(5) Administrative Costs Per Unit (Not to Exceed 10%** | **(6) Service Cost per Unit** | **(7) Total Cost (Column 5 plus 6 times Column 4)** |
| **Health Care Services** | | | | | | |
| Ambulatory/Outpatient Medical Care   1. Vision Care | Per Visit |  |  | **$** | **$** | **$** |
| **Support Services** | | | | | | |
| Child Care Services | Per Hour |  |  | **$** | **$** | **$** |
| Food Bank | Per Voucher |  |  | **$** | **$** | **$** |
| Housing Services | Per Day |  |  | **$** | **$** | **$** |
| Referral for Healthcare and Supportive Services | Per ¼ Hour |  |  | **$** | **$20** | **$** |
| **TOTAL BUDGET FOR SERVICES PROPOSED** |  |  |  | **$** | **$** | **$** |

Mecklenburg County, North Carolina

Procurement Division

Solicitation 487-AA-HLT004033

1. **Pricing Worksheet – PART A Program**

Regardless of exceptions taken, Service Providers shall provide pricing based on the requirements and terms set forth in this RFP. Pricing must be all-inclusive and cover every aspect of the Project. Cost must be in United States dollars rounded to the nearest quarter of a dollar. **If there are additional costs associated with the Services, please add to this chart. Your Price Proposal must reflect all costs that the County will be responsible for including all administrative costs.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Service Category** | **(2) Unit of Service** | **(3) Total number of unduplicated Clients to be served** | **(4) Total number of units of service to be provided** | **(5) Administrative Costs Per Unit (Not to Exceed 10%** | **(6) Service Cost per Unit** | **(7) Total Cost (Column 5**  **plus 6 times Column 4)** |
| **Health Care Services** | | | | | | |
| Psychosocial Support Services   1. Group Sessions 2. Individual Sessions | Per Person  Per Person |  |  | **$** | **$** | **$** |
| Referral for Healthcare and Supportive Services | Per ¼ Hour |  |  | **$** | **$20** | **$** |
| **TOTAL BUDGET FOR SERVICES PROPOSED** |  |  |  | **$** | **$** | **$** |

Mecklenburg County, North Carolina

Procurement Division

Solicitation 487-AA-HLT004033

1. **Unit Cost Worksheet**

**Must include a worksheet per service category**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Equipment |  |  |  |  | Equipment |  |  |  |  |  |  |
| Travel & Training |  |  |  |  | Travel & Training |  |  |  |  |  |  |
| Mileage (TGA/local) |  |  |  |  | Mileage (TGA/local) |  |  |  |  |  |  |
| Contractual |  |  |  |  | Contractual |  |  |  |  |  |  |
| Supplies (Office) |  |  |  |  | Supplies (Office) |  |  |  |  |  |  |
| Supplies (Program) |  |  |  |  | Supplies (Program) |  |  |  |  |  |  |
| Other |  |  |  |  | Other |  |  |  |  |  |  |
| Printing |  |  |  |  | Printing |  |  |  |  |  |  |
| Utilities |  |  |  |  | Utilities |  |  |  |  |  |  |
| Rent |  |  |  |  | Rent |  |  |  |  |  |  |
| Telephone |  |  |  |  | Telephone |  |  |  |  |  |  |
| Internet |  |  |  |  | Internet |  |  |  |  |  |  |
| Other |  |  |  |  | Other-Approved Indirect Cost Rate |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Donated Services |  |  |  |  | Donated Services |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Depreciation |  |  |  |  | Depreciation |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Total | 0 |  |  |  |  | 0 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Costs** |  |  |  |  |  | **0** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Instructions** |  |  |  |  |  |  |  |  |  |  |  |
| Salaries | Actual salaries paid for the delivery of services | | | | |  |  |  |  |  |  |
| Fringe | Actual fringe (rate) attributed to the salaries paid | | | | |  |  |  |  |  |  |
| Equipment | Actual expenses associated with per item cost valued at $5,000 or above | | | | |  |  |  |  |  |  |
| Travel & Training | Actual expenses associated with outside of the TGA for activities related to the delivery of service (Registration Fees/Lodging/etc.) | | | | | | | | | |  |
| Mileage (TGA/Local) | Actual local mileage within the TGA | | | |  |  |  |  |  |  |  |
| Contractual | Actual expenses that are obligated by a written agreement that are related to the delivery of service (Consultants, Outsourced Services) | | | | | | | | | | |
| Supplies (Office) | Actual cost of office supplies used in the delivery of the service | | | | |  |  |  |  |  |  |
| Supplies (Program) | Actual cost of supplies used in the delivery of the service (Medical supplies, CAB specific supplies) | | | | | | |  |  |  |  |
| Other | Actual cost of other expenses used in the delivery of the service (additional sub categories may be added, if not already listed above) | | | | | | | | | | |
| Donated Services | The value of donated services or items related to the delivery of service | | | | |  |  |  |  |  |  |
| Depreciation Expense | The allowance amount for depreciation | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Guidelines** |  |  |  |  |  |  |  |  |  |  |  |
| 1. Actual Cost to provide the service this is not the budget based on the Ryan White pricing worksheet | | | | | |  |  |  |  |  |  |
| 2. Provide a general ledger summary by expense line item for operating expenses to support all expenses listed above | | | | | | |  |  |  |  |  |
| for salaries provide detail to employee level | | |  |  |  |  |  |  |  |  |  |
| 3. Expenses are derived from the most recent fiscal year end records | | | | |  |  |  |  |  |  |  |
| 4. Additional request may be made based on data and information received | | | | | |  |  |  |  |  |  |
| 5. Not all line items will have an expense particularly in the Indirect Category | | | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Legislative and Program Requirements** | |  |  |  |  |  |  |  |  |  |  |
| Per 45 CFR 75.352 (d)(1) - Grantees must monitor subrecipients and must include reviewing financial and performance reports | | | | | | | |  |  |  |  |
| Per 45 CFR75.302(b)(1) and (3) - Financial Management Systems must identify all Federal awards received and expended and the Federal programs under which they were received. | | | | | | | | | | | |
| Per RWHAP Part A Legislation Section 2604(h)(3)(A) - Routine grant administration, development and establishment of reimbursement systems | | | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Internal Form** |  |  |  |  |  |  |  |  |  |  |  |
| Subrecipient |  |  |  |  |  |  |  |  |  |  |  |
| Total Cost |  |  |  |  |  |  |  |  |  |  |  |
| Proposed Units |  |  |  |  |  |  |  |  |  |  |  |
| Average Unit Cost |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Pricing worksheet Valid? | Yes/No |  |  |  |  |  |  |  |  |  |  |
|  | Other - Initiate negotiations with subrecipient | | | | |  |  |  |  |  |  |
|  | Other - no action required | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Pricing worksheet Reasonable? | Yes/No |  |  |  |  |  |  |  |  |  |  |
| Why or why not? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Units align with the fiscal year of the subrecipient | | |  |  |  |  |  |  |  |  |  |
| Expenses and units should cover the same fiscal year | | | |  |  |  |  |  |  |  |  |