

**TRI-CITY MENTAL HEALTH SERVICES AUTHORITY
RFP NO. 2026-0601**

ATTACHMENT B

RFP COVER PAGE

Name of Person, Business or Organization:	
Type of Entity: (e.g. Sole-Proprietorship, Partnership, Corporation, Non-Profit, Public)	
Federal Tax ID Number:	
Contact Person – Name	
Contact Person – Address	
Contact Person – Phone Number (s)	
Contact Person – e-mail address	

By signing this *RFP Cover Page* I hereby attest that: I have read and understood all the terms listed in the RFP; I am authorized to bind the listed entity into this agreement; and should this proposal be accepted, I am authorized and able to secure the resources required to deliver against all terms listed within the RFP as published by TCMHA, including any amendments or addenda thereto except as explicitly noted or revised in my submitted Proposal.

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

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ATTACHMENT C

PROPOSER'S COMPANY INFORMATION, REFERENCES AND SUBCONTRACTORS

Company Name:	Address:
Owner, Principal Officer:	Headquarters Location/Date of Establishment:
Email:	Website:
Phone:	Fax:

List other license(s) and corresponding numbers/classifications applicable or required for the scope of work of this proposal:

Have you ever operated this business under a different name? Yes _____ No _____

If yes, please explain:

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List references for services that your company is currently *providing or completed* in the last 5 years of similar scope of work for this proposal:

1. Company Name: _____ Contact Name: _____
Contact e-mail: _____ Contact Phone: _____
Scope of Work: _____
Agreement Amount: _____ Agreement Start/End Date: _____

2. Company Name: _____ Contact Name: _____
Contact e-mail: _____ Contact Phone: _____
Scope of Work: _____
Agreement Amount: _____ Agreement Start/End Date: _____

3. Company Name: _____ Contact Name: _____
Contact e-mail: _____ Contact Phone: _____
Scope of Work: _____
Agreement Amount: _____ Agreement Start/End Date: _____

Subcontractors to be utilized, if applicable:

1. Company Name: _____ Contact Name: _____
Contact e-mail: _____ Contact Phone: _____
Specialty: _____ Years in Business: _____
Scope of Work: _____

2. Company Name: _____ Contact Name: _____
Contact e-mail: _____ Contact Phone: _____
Specialty: _____ Years in Business: _____
Scope of Work: _____

On Going Legal Proceedings: Provide details on any litigation in which your firm has been engaged in the past five (5) years. If none, then write "NONE."

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ATTACHMENT D

PROPOSER COMPANY WORK PROCESS INFORMATION

As part of proposal, Proposers are required to respond to the following questions:

- 1) Describe your experience and expertise in providing unsworn, unarmed, uniformed security services in a professional office environment: _____

- 2) Describe your policy and process for supervising and managing personnel: _____

- 3) Describe your method for handling customer complaints/problems: _____

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4) Quality Assurance Procedures:

- Attach one copy of the Quality Assurance Report used, if any.

5) Do you provide CPR/First Aid Training to all guards? Yes No

If yes, please list those who will be assigned to perform services under the Agreement and attach a copy of their current certificate to this Attachment D:

Security Guard Names:

6) Describe your process and policy for replacing personnel (e.g., personnel exhibits excessive absenteeism, tardiness, personality conflicts, or other personnel relations issues): _____

7) Describe your plan to ensure all posts are staffed within **one hour** of a post-vacancy for any reason: _____

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ATTACHMENT E

**EXCEPTION(S) TO SPECIFICATIONS AND/OR
SAMPLE INDEPENDENT CONTRACTOR AGREEMENT**

- We **have no** exceptions to the Scope of Work/Requirements

- We **have** exceptions to the Scope of Work/Requirements as listed below. Exceptions to the Scope of Work/Requirements stated herein shall be fully described in writing by the Proposer in the space provided below. Any alternate must be approved by Tri-City Mental Health Authority no less than ten (10) business days prior to the Proposal Deadline.

- We **have no** exceptions to any other section of the Proposal Document or Independent Contract Agreement.

- We **have** exceptions to the Proposal Document or Independent Contract Agreement stated herein shall be fully described in writing by the Proposer in the space provided below.

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ATTACHMENT F

PROPOSER PRICE PROPOSAL

To ensure consistency and for proper analysis, pricing submission should follow the format reflected. Proposers are to list hourly rates for each location for on-site supervisors and guard personnel listed in this Attachment F. Any deviation from the format of the form or other personnel types added to this form by the Proposer will not be considered or evaluated by Tri-City Mental Health Authority. The **hourly rates shall include** any required overhead, holiday or internal administrative services. Additionally, **overtime rates** shall be identified separately if not time and a half. Prevailing wage does not apply to security guard services (Labor Code § 1771; 8 Cal Regs §16000).

Schedule of Coverage		Location: 1403 – 1407 N. Garey Avenue					
Hourly Rates		\$	\$	\$	\$	\$	\$
Two (2) Daily Guards Provide 24/7 Coverage		Year 1 Total	Year 2 Total	Year 3 Total	TOTAL Years 1-3	Optional Contract Extension	
						Year 4	Year 5
Monday through Friday	9:30am to 8:00pm	\$	\$	\$	\$	\$	\$
Monday through Friday	9:30am to 8:00pm	\$	\$	\$	\$	\$	\$
Monday through Friday	8:00pm to 4:00am	\$	\$	\$	\$	\$	\$
Monday through Friday	4:00am to 10:00am	\$	\$	\$	\$	\$	\$
Saturday	4:00am to 12:00pm	\$	\$	\$	\$	\$	\$
Saturday	12:00pm to 8:30pm	\$	\$	\$	\$	\$	\$
Saturday – Sunday	8:30pm to 4:30am	\$	\$	\$	\$	\$	\$
Sunday	4:30am to 12:30pm	\$	\$	\$	\$	\$	\$
Sunday	12:30pm to 8:30pm	\$	\$	\$	\$	\$	\$
Sunday – Monday	8:30pm to 4:00am	\$	\$	\$	\$	\$	\$
Monday	4:00am to 10:00am	\$	\$	\$	\$	\$	\$

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Schedule of Coverage		Location: 2001 N. Garey Avenue					
Hourly Rates		\$	\$	\$	\$	\$	\$
One (1) Guard Coverage		Year 1 Total	Year 2 Total	Year 3 Total	TOTAL Years 1-3	Optional Contract Extension	
						Year 4	Year 5
Monday through Friday	8:30am to 6:00pm	\$	\$	\$	\$	\$	\$

Schedule of Coverage		Location: 2008 N. Garey Avenue					
Hourly Rates		\$	\$	\$	\$	\$	\$
Supervisor/Lead Hourly Rates		\$	\$	\$	\$	\$	\$
Five (5) Daily Guards Provide 24/7 Coverage		Year 1 Total	Year 2 Total	Year 3 Total	TOTAL Years 1-3	Optional Contract Extension	
						Year 4	Year 5
Monday through Friday	7:00am to 6:00pm	\$	\$	\$	\$	\$	\$
Monday through Friday (<i>Lead Guard or Supervisor</i>)	8:00am to 6:00pm	\$	\$	\$	\$	\$	\$
Monday through Friday	8:00am to 5:30pm	\$	\$	\$	\$	\$	\$
Monday through Friday	8:00am to 3:00pm	\$	\$	\$	\$	\$	\$
Monday through Friday	3:00pm to 11:00pm	\$	\$	\$	\$	\$	\$
Monday through Friday	11:00pm to 7:00am	\$	\$	\$	\$	\$	\$
Saturday	7:00am to 3:00pm	\$	\$	\$	\$	\$	\$
Saturday	3:00pm to 11:00pm	\$	\$	\$	\$	\$	\$
Saturday through Sunday	11:00pm to 7:00am	\$	\$	\$	\$	\$	\$
Sunday	7:00am to 3:00pm	\$	\$	\$	\$	\$	\$
Sunday	3:00pm to 11:00pm	\$	\$	\$	\$	\$	\$

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Schedule of Coverage		Location: 1900 Royalty Drive Suites (160, 170, 180, 200, 205, 280, and 290)					
Hourly Rates		\$	\$	\$	\$	\$	\$
Two (2) Daily Guards		Year 1 Total	Year 2 Total	Year 3 Total	TOTAL Years 1-3	Optional Contract Extension	
						Year 4	Year 5
Monday through Friday	7:00am to 6:00pm	\$	\$	\$	\$	\$	\$
Monday through Friday	8:30am to 6:30pm	\$	\$	\$	\$	\$	\$

Schedule of Coverage		Location: 1902 Royalty Drive Suites (120, 130, 140 and 160)					
Hourly Rates		\$	\$	\$	\$	\$	\$
Two (2) Daily Guards		Year 1 Total	Year 2 Total	Year 3 Total	TOTAL Years 1-3	Optional Contract Extension	
						Year 4	Year 5
Monday through Friday	7:00am to 6:00pm	\$	\$	\$	\$	\$	\$
Monday through Friday	8:30am to 6:30pm	\$	\$	\$	\$	\$	\$

Additional Guard Personnel (Optional)				Location: Any Location	
Each Additional Guard	Year 1 Rate	Year 2 Rate	Year 3 Rate	Optional Contract Extension	
				Year 4 Rate	Year 5 Rate
As Requested	\$	\$	\$	\$	\$

Pepper Spray Guard Personnel (Optional)				Location: Any Location	
Each Additional Guard	Year 1 Rate	Year 2 Rate	Year 3 Rate	Optional Contract Extension	
				Year 4 Rate	Year 5 Rate
As Requested	\$	\$	\$	\$	\$

 Authorized Representative Signature

 Date