

**RFP NO. 2026-0502**

**ATTACHMENT A**  
**RFP COVER PAGE**

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

By signing this *RFP Cover Page* I hereby attest that:

1. I have read and understood all the terms listed in the RFP;
2. I am authorized to bind the listed entity into this agreement;
3. Neither I nor any principals are presently disbarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, any California State agency, or any local government agency;
4. 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;
5. I did not, in any way, collude, conspire or agree, directly or indirectly, with any person, agency, corporation or other Proposer in regard to the amount, terms, or conditions of this Proposal; and
6. The information contained in the Proposal Packet and all accompanying documents is true and correct.

**PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

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**SIGNATURE OF AUTHORIZED REPRESENTATIVE**

**DATE**

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**PLEASE ATTACH ANY DOCUMENTS RELATED TO YOU OR YOUR AGENCY'S SUMMARY STATEMENT AS REQUIRED UNDER SECTION V.C.1 OF THIS RFP DOCUMENT.**

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**ATTACHMENT B**  
**PROPOSER'S REFERENCES AND SUBCONTRACTORS**

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

1. List license(s) and corresponding numbers/classification applicable or required for the Scope of Services of this Proposal:

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2. Have you ever operated this business under a different name? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain:

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3. **On Going Legal Proceedings:** Provide details on any litigation in which you/your company have been the subject of a lawsuit in the past five (5) years. If none, then write "NONE."

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4. Has the Proposer, any officer of the Proposer, or any employee of the Proposer who has proprietary interest in the Proposer, ever been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of a violation of law or safety regulation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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**List references** for projects of similar size and scope of work for this Proposal that you/your company are/is currently *working on or has completed* in the last 5 years:

1. Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact e-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 Agreement Amount: \_\_\_\_\_ Agreement Start/End Date: \_\_\_\_\_

2. Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact e-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 Agreement Amount: \_\_\_\_\_ Agreement Start/End Date: \_\_\_\_\_

3. Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact e-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 Agreement Amount: \_\_\_\_\_ Agreement Start/End Date: \_\_\_\_\_

4. Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact e-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 Agreement Amount: \_\_\_\_\_ Agreement Start/End Date: \_\_\_\_\_

5. Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact e-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_  
 Agreement Amount: \_\_\_\_\_ Agreement Start/End Date: \_\_\_\_\_

**Subcontractors** to be utilized, if applicable:

1. Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact e-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_





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**ATTACHMENT D**  
**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 10 business days prior to the closing date.

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- We **have no** exceptions to any other section of the RFP document or Independent Contractor Agreement.
- We **have** exceptions to the RFP document or Independent Contractor Agreement stated herein which shall be fully described in writing by the Proposer in the space provided below.

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**ATTACHMENT E**  
**PROPOSER PRICE PROPOSAL**

To ensure consistency and for proper analysis, cost/pricing submission should follow the format reflected and completed in its entirety. The Proposer should consider the Scope of Services as set forth in **Section III** and as required under **Section V.C.5** of this RFP.

The hourly rates must include any required overhead or internal administrative services. If applicable, overtime, double-time, holiday pay, shall be calculated per the Department of Industrial Relations Prevailing Wage Labor Code. Please include the billable hour for time and materials per assigned project manager or employees OR final price at the bottom of your cost Proposal as a total not-to-exceed amount to implement the Proposal. The Proposer shall attach an itemized list stating specifically what is being furnished, such as materials, labor, tools, production costs, travel, and other work necessary to complete the Scope of Services or expected number of hours with hourly rate. The cost for the Scope of Services as stated in the Request for Proposals documents shall be as follows:

<b>SERVICE/ITEM DESCRIPTION (Attach Detailed Description of Services)</b>	<b>COST PER UNIT</b>	<b>COST FOR 250 UNITS</b>
Hardware and Features	\$	\$
Software and Integration	\$	\$
Implementation and Support	\$	\$
Other Direct Work to complete Scope of Services (Attach Detailed Description)	\$	\$
<b>TOTAL COST YEAR 1 (Not-to-Exceed)</b>	\$	\$
<b>TOTAL COST YEAR 2 (Not-to-Exceed)</b>	\$	\$
<b>TOTAL COST YEAR 3 (Not-to-Exceed)</b>	\$	\$
<b>TOTAL COST YEAR 4 (Optional, Not-to-Exceed)</b>	\$	\$
<b>TOTAL COST YEAR 5 (Optional, Not-to-Exceed)</b>	\$	\$
<b>TOTAL PROJECT COST (Not-to-Exceed)</b>	\$	\$

**Proposer/Company Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_