



Superior Court of California
COUNTY OF ALAMEDA

ATTACHMENT 9

Technical Proposal

PROSPECTIVE BIDDER INFORMATION

Prospective Bidder's Name: _____
(as shown on most recent W-9)

Business Address: _____

Mailing Address: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Federal Tax Identification Number: _____

PROSPECTIVE BIDDER'S DESIGNATED REPRESENTATIVE

Name: _____

Title: _____

Address: _____

Telephone Number: _____

Email Address: _____

MINIMUM QUALIFICATION CHECKLIST

1. How many years of experience do you have providing housing services?

2. Do you have demonstrated experience providing low-barrier, harm reduction based interventions to homeless individuals?
 Yes No
3. Do you provide site and property management 24 hours per day 7 days per week and ensure that all building infrastructure is adequately maintained and in working order?
 Yes No
4. Do you have a site manager and/or program staff on site 24 hours a day 7 days a week.
 Yes No
5. Do you have the ability to review and accept referrals from the court 24 hours per day 7 days per week to ensure court-referred individuals can access housing services immediately upon release from custody?
 Yes No
6. Do you have adequate accounting and record-keeping practices in place to allow for the submission of accurate and complete monthly invoices for referred individuals.
 Yes No
7. Can you provide notification to the Court within 24 hours when a referred individual is being discharged from the facility?
 Yes No
8. Can you provide notification to the Court within 24 hours when an individual does not appear for enrollment after being referred?
 Yes No
9. Are you in compliance with the American with Disabilities Act and Access Requirements?
 Yes No
10. Do you provide clean and functioning bathroom and shower facilities?
 Yes No
11. Do you have an adequate process in place to respond to resident inquiries and complaints regarding housing and other provided services?
 Yes No
12. Are you on the list of federally debarred, suspended or other excluded parties?
 Yes No

BUSINESS LICENSE AND INSURANCE

1. Do you have a business license? Yes No *If yes, please attach a copy to this document*

2. Do you have insurance? Yes No *If yes, please attach a copy to this document*

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a contract with the Superior Court, I understand that false or misleading information in my application may result in the dissolution of the contract.

Print Name: _____ Title: _____

Signature: _____ Date: _____