



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: _____