



**BOARD OF CONTRACT AND SUPPLY  
CITY OF PROVIDENCE, RHODE ISLAND**

# **REQUEST FOR PROPOSALS**

**Item Description: BEHAVIORAL HEALTH AND SOCIAL SERVICE DIVERSION SERVICES**

**ID#: 29806**

**Date to be opened: November 9, 2020**

**Issuing Department: Healthy Communities Office**

## **QUESTIONS**

- Please direct questions relative to the bidding process, how to fill out forms, and how to submit a bid (Pages 1-8) to Purchasing Agent Patti Jordan.
  - Phone: (401) 680-5264
  - Email: [pjordan@providenceri.gov](mailto:pjordan@providenceri.gov)
    - Please use the subject line “**RFP Question**”
- Please direct questions relative to the Minority and Women’s Business Enterprise Program and the corresponding forms (Pages 9-13) to the MBE/WBE Outreach Director for the City of Providence, Grace Diaz
  - Phone: (401) 680-5766
  - Email: [gdiaz@providenceri.gov](mailto:gdiaz@providenceri.gov)
    - Please use subject line “**MBE WBE Forms**”
- Please direct questions relative to the specifications outlined (beginning on page 14) to the issuing department’s subject matter expert:
  - **Ellen Cynar, Director, Healthy Communities Office**
  - **401-680-5733**
  - **[Ecynar@providenceri.gov](mailto:Ecynar@providenceri.gov)**

## **Pre-bid Conference**

**Thursday, October 9<sup>th</sup> 2020 from 2PM -3PM via Zoom.**

To register for the non-mandatory pre-bid conference, please sign up here:

<https://forms.gle/d2MswccMyRZY3bRDA>



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**INSTRUCTIONS FOR SUBMISSION**

Bids may be submitted up to **2:15 P.M.** on the above meeting date at the **Department of the City Clerk, Room 311, City Hall, 25 Dorrance Street, Providence.** At 2:15 P.M. all bids will be publicly opened and read at the Board of Contract Meeting in the City Council Chambers, on the 3<sup>rd</sup> floor of City Hall.

- Bidders must submit **2 copies** of their bid in sealed envelopes or packages labeled with the captioned **Item Description** and the **City Department to which the RFP and bid are related.** (On page 1)
- Communications to the Board of Contract and Supply that are not competitive sealed bids (i.e. product information/samples) should have “**NOT A BID**” written on the envelope or wrapper.
- Only use form versions and templates included in this RFP. If you have an old version of a form do not recycle it for use in this bid.
- The bid envelope and information relative to the bid must be addressed to:

**Board of Contract and Supply  
Department of the City Clerk – City Hall, Room 311  
25 Dorrance Street  
Providence, RI 02903**

**\*\*PLEASE NOTE: This bid may include details regarding information that you will need to provide (such as proof of licenses) to the issuing department before the formalization of an award.**

*This information is NOT requested to be provided in your initial bid by design.*

**All bids submitted to the City Clerk become public record. Failure to follow instructions could result in information considered private being posted to the city’s Open Meetings Portal and made available as a public record. The City has made a conscious effort to avoid the posting of sensitive information on the City’s Open Meetings Portal, by requesting that such sensitive information be submitted to the issuing department only at their request.**



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**BID PACKAGE CHECKLIST**

Digital forms are available in the City of Providence Purchasing Department Office or online at <http://www.providenceri.gov/purchasing/how-to-submit-a-bid/>

The bid package **MUST** include the following, in this order:

- Bid Form 1: Bidder's Blank as the cover page/ 1<sup>st</sup> page (*see page 6 of this document*)
- Bid Form 2: Certification of Bidder as 2<sup>nd</sup> page (*see page 7 of this document*)
- Certificate Regarding Public Records (*see page 8 of this document*)
- Forms from the Minority and Women Business Enterprise Program: Based on Bidder Category. *See forms and instructions enclosed (pages 9-13) or on: <https://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/>*

**\*Please note: MBE/WBE forms must be completed for EVERY bid submitted and must be inclusive of ALL required signatures. Forms without all required signatures will be considered incomplete.**

- Bidder's Proposal/Packet: Formal response to the specifications outlined in this RFP, including pricing information and details related to the good(s) or service(s) being provided. Please be mindful of formatting responses as requested to ensure clarity.
- Financial Assurance, *if requested* (as indicated on page 5 of this document under "Bid Terms")

**All of the above listed documents are REQUIRED.** (With the exception of financial assurances, which are only required if specified on page 5.)

**\*\*\*Failure to meet specified deadlines, follow specific submission instructions, or enclose all required documents with all applicable signatures will result in disqualification, or in an inability to appropriately evaluate bids.**



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**NOTICE TO VENDORS**

1. The Board of Contract and Supply will make the award to the lowest qualified and responsible bidder.
2. In determining the lowest responsible bidder, cash discounts based on preferable payment terms will not be considered.
3. Where prices are the same, the Board of Contract and Supply reserves the right to award to one bidder, or to split the award.
4. No proposal will be accepted if the bid is made in collusion with any other bidder.
5. Bids may be submitted on an "equal in quality" basis. The City reserves the right to decide equality. Bidders must indicate brand or the make being offered and submit detailed specifications if other than brand requested.
6. A bidder who is an out-of-state corporation shall qualify or register to transact business in this State, in accordance with the Rhode Island Business Corporation Act, RIGL Sec. 7-1.2-1401, et seq.
7. The Board of Contract and Supply reserves the right to reject any and all bids.
8. Competing bids may be viewed in person at the Department of the City Clerk, City Hall, Providence, immediately upon the conclusion of the formal Board of Contract and Supply meeting during which the bids were unsealed/opened. Bids may also be accessed electronically on the internet via the City's [Open Meetings Portal](#).
9. As the City of Providence is exempt from the payment of Federal Excise Taxes and Rhode Island Sales Tax, prices quoted are not to include these taxes.
10. In case of error in the extension of prices quoted, the unit price will govern.
11. The contractor will **NOT** be permitted to: a) assign or underlet the contract, or b) assign either legally or equitably any monies or any claim thereto without the previous written consent of the City Purchasing Director.
12. Delivery dates must be shown in the bid. If no delivery date is specified, it will be assumed that an immediate delivery from stock will be made.
13. A certificate of insurance will normally be required of a successful vendor.
14. For many contracts involving construction, alteration and/or repair work, State law provisions concerning payment of prevailing wage rates apply ([RIGL Sec. 37-13-1 et seq.](#))
15. No goods should be delivered or work started without a Purchase Order.
16. **Submit 2 copies of the bid to the City Clerk, unless the specification section of this document indicates otherwise.**
17. Bidder must certify that it does not unlawfully discriminate on the basis of race, color, national origin, gender, gender identity or expression, sexual orientation and/or religion in its business and hiring practices and that all of its employees are lawfully employed under all applicable federal, state and local laws, rules and regulations. (See Bid Form 2.)



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**BID TERMS**

1. Financial assurances may be required in order to be a successful bidder for Commodity or Construction and Service contracts. If either of the first two checkboxes below is checked, the specified assurance must accompany a bid, or the bid will not be considered by the Board of Contract and Supply. The third checkbox indicates the lowest responsible bidder will be contacted and required to post a bond to be awarded the contract.
  - a)  A certified check for \$\_\_\_\_\_ must be deposited with the City Clerk as a guarantee that the Contract will be signed and delivered by the bidder.
  - b)  A bid bond in the amount of \_\_\_\_\_ per centum (%) of the proposed total price, must be deposited with the City Clerk as a guarantee that the contract will be signed and delivered by the bidder; and the amount of such bid bond shall be retained for the use of the City as liquidated damages in case of default.
  - c)  A performance and payment bond with a satisfactory surety company will be posted by the bidder in a sum equal to one hundred per centum (100%) of the awarded contract.
  - d)  No financial assurance is necessary for this item.
2. Awards will be made within **sixty (60) days of bid opening**. All bid prices will be considered firm, unless qualified otherwise. Requests for price increases will not be honored.
3. Failure to deliver within the time quoted or failure to meet specifications may result in default in accordance with the general specifications. It is agreed that deliveries and/or completion are subject to strikes, lockouts, accidents and Acts of God.

**The following entry applies only for COMMODITY BID TERMS:**

4. Payment for partial delivery will not be allowed except when provided for in blanket or term contracts.

**The following entries apply only for CONSTRUCTION AND SERVICE BID TERMS:**

5. Only one shipping charge will be applied in the event of partial deliveries for blanket or term contracts.
6. Prior to commencing performance under the contract, the successful bidder shall attest to compliance with the provisions of the Rhode Island Worker's Compensation Act, RIGL 28-29-1, et seq. If exempt from compliance, the successful bidder shall submit a sworn Affidavit by a corporate officer to that effect, which shall accompany the signed contract.
7. Prior to commencing performance under the contract, the successful bidder shall, submit a certificate of insurance, in a form and in an amount satisfactory to the City.



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**BID FORM 1: Bidders Blank**

1. Bids must meet the attached specifications. Any exceptions or modifications must be noted and fully explained.
2. Bidder's responses must be in ink or typewritten, and all blanks on the bid form should be completed.
3. The price or prices proposed should be stated both in **WRITING** and in **FIGURES**, and any proposal not so stated may be rejected. **Contracts exceeding twelve months must specify annual costs for each year.**
4. Bids **SHOULD BE TOTALED** so that the final cost is clearly stated (unless submitting a unit price bid), however **each item should be priced individually**. Do not group items. Awards may be made on the basis of *total* bid or by *individual items*.
5. All bids **MUST BE SIGNED IN INK.**

Name of Bidder (Firm or Individual): \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Business Phone #: \_\_\_\_\_

Agrees to bid on (Items(s) to be bid): \_\_\_\_\_

If the bidder's company is based in a state *other than Rhode Island*, list name and contact information for a local agent for service of process that *is located within Rhode Island* \_\_\_\_\_

Please visit <http://www.naics.com/search/> and identify the NAICS Code(s) for items being bid on. Enter the NAICS code(s) here or in parentheses next to each item listed immediately above: \_\_\_\_\_

Delivery Date (if applicable): \_\_\_\_\_

Name of Surety Company (if applicable): \_\_\_\_\_

Total Amount in Writing\*: \_\_\_\_\_

Total Amount in Figures\*: \_\_\_\_\_

***\* If you are submitting a unite price bid, please insert "Unit Price Bid"***

***Use additional pages if necessary for additional bidding details.***

\_\_\_\_\_  
Signature of Representation

\_\_\_\_\_  
Title



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**BID FORM 2: Certification of Bidder**  
(Non-Discrimination/Hiring)

Upon behalf of \_\_\_\_\_ (Firm or Individual Bidding),

I, \_\_\_\_\_ (Name of Person Making Certification),

being its \_\_\_\_\_ (Title or "Self"), hereby certify that:

1. Bidder does not unlawfully discriminate on the basis of race, color, national origin, gender, sexual orientation and/or religion in its business and hiring practices.
2. All of Bidder's employees have been hired in compliance with all applicable federal, state and local laws, rules and regulations.

I affirm by signing below that I am duly authorized on behalf of Bidder, on  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Representation

\_\_\_\_\_  
Printed Name



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**Certificate Regarding Public Records**

Upon behalf of \_\_\_\_\_ (Firm or Individual Bidding),

I, \_\_\_\_\_ (Name of Person Making Certification),

being its \_\_\_\_\_ (Title or "Self"), hereby certify an

understanding that:

1. All bids submitted in response to Requests for Proposals (RFP's) and Requests for Qualification (RFQ's), documents contained within, and the details outlined on those documents become public record upon receipt by the City Clerk's office and opening at the corresponding Board of Contract and Supply (BOCS) meeting.
2. The Purchasing Department and the issuing department for this RFP/RFQ have made a conscious effort to request that sensitive/personal information be submitted directly to the issuing department and only at request if verification of specific details is critical the evaluation of a vendor's bid.
3. The requested supplemental information may be crucial to evaluating bids. Failure to provide such details may result in disqualification, or an inability to appropriately evaluate bids.
4. If sensitive information that has not been requested is enclosed or if a bidder opts to enclose the defined supplemental information prior to the issuing department's request in the bidding packet submitted to the City Clerk, the City of Providence has no obligation to redact those details and bears no liability associated with the information becoming public record.
5. The City of Providence observes a public and transparent bidding process. Information required in the bidding packet may not be submitted directly to the issuing department at the discretion of the bidder in order to protect other information, such as pricing terms, from becoming public. Bidders who make such an attempt will be disqualified.

I affirm by signing below that I am duly authorized on behalf of Bidder, on

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Representation

\_\_\_\_\_  
Printed Name



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**WBE/MBE Form Instructions**

The City of Providence actively seeks Minority and Women business enterprises to participate in bids to meet the City's procurement needs. Pursuant to the City of Providence Code of Ordinances, Chapter 21, Article II, Sec. 21-52 (Minority and Women's Business Enterprise) and Rhode Island General Laws (as amended), Chapter 31-14, et seq. (Minority Business Enterprise), Minority Business Enterprise (MBE) and Women's Business Enterprise (WBE) participation goals apply to contracts.

The goal for Minority Business Enterprise (MBE) participation is **10%** of the total bid value.

The goal for Women's Business Enterprise (WBE) participation is **10%** of the total bid value.

The goal for combined MBE/WBE participation is **20%** of the total bid value.

Only businesses certified with the State of Rhode Island as minority and/or women business enterprises are counted towards the City's goals. Eligible minority or women-owned businesses are encouraged to seek certification from the State of Rhode Island Minority Business Enterprise Compliance Office at: <http://odeo.ri.gov/offices/mbeco/>

**Note:** MBE certification with the State of Rhode Island on the basis of Portuguese heritage is not currently recognized by the City of Providence's MBE program.

**Bid Requirements:**

**All Bidders:** All bidders must complete and submit the **MBE/WBE Participation Affidavit** indicating whether or not they are a state-certified MBE/WBE and acknowledging the City's participation goals. Submission of this form is required with **every bid**. Your bid will not be accepted without an affidavit.

**Bidders who will be subcontracting:** Bidders who will be subcontracting must submit the **Subcontractor Disclosure Form** as part of their bid submission. All subcontractors, regardless of MBE/WBE status, must be listed on this form. Business NAICS codes can be found at <https://www.naics.com/search/>. Awarded bidders are required to submit **Subcontractor Utilization and Payment Reports** with each invoice.

**Waiver Requests:**

If the percentage of the total amount of the bid being awarded to MBE or WBE vendors is less than 20% (Box F on the Subcontractor Disclosure Form) and the prime contractor is not a Rhode Island State-certified MBE or WBE, the Bidder must complete the **MBE/WBE Waiver Request Form** for review. Waivers will be considered on a case by case basis.

No waiver will be granted unless the waiver request includes documentation that demonstrates that the Bidder has made good faith efforts to achieve the City's stated participation goals. Waivers must be reviewed and signed by the City of Providence's MBE/WBE Outreach Director, Grace Diaz, or her designee. Department Directors cannot recommend a bidder for award if this form is applicable and absent. If the bid does not meet the participation goals of the City of Providence and a waiver is not filed with the signature of the MBE/WBE Outreach Director or her designee, the bid will not be accepted.

**Verifying MBE/WBE Certification**

It is the responsibility of the bidder to confirm that every MBE/WBE named in a proposal and included in a contract is certified by the Rhode Island Minority Business Enterprise Compliance office. The current MBE/WBE directory is available at the State of RI MBE Office, One Capitol Hill, 2nd Floor, Providence, RI, or online at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. You can also call (401) 574-8670 to verify certification, expiration dates, and services that the MBE/WBE is certified to provide. Note: MBE certification with the State of Rhode Island on the basis of Portuguese heritage is not currently recognized by the City of Providence's MBE program.

**Form Instructions:**

Access all bid forms from <http://www.providenceri.gov/oeo/> or <http://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/>. **Download** the forms as blank PDFs. Once saved on your computer, fill them out using the Adobe program. The fillable PDFs must be completed in Adobe in order to be saved property. Google Chrome and similar



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platforms do not allow for the forms to be saved as filled PDFs. Therefore, please download the blank forms to your computer, then fill them out and save.

**Assistance with Form Requirements**

Examples of completed forms can be found on the City of Providence website at <http://www.providenceri.gov/oeo/> or <http://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/>.

**Contract Requirements:**

Prime contractors engaging subcontractors must submit the *Subcontractor Utilization and Payment Report* to the City Department's Fiscal Agent with every invoice and with request for final payment. This form is not submitted as a part of the initial bid package.

For contracts with duration of less than 3 months, this form must be submitted along with the contractor's request for final payment. The form must include all subcontractors utilized on the contract, both MBE/WBE and non- MBE/WBE, the total amount paid to each subcontractor for the given period and to date. During the term of the contract, any unjustified failure to comply with the MBE/WBE participation requirements is a material breach of contract.

**Questions?**

For more information or for assistance with MBE/WBE Forms, contact the City of Providence MBE/WBE Outreach Director, Grace Diaz, at [mbe-wbe@providenceri.com](mailto:mbe-wbe@providenceri.com) or (401) 680-5766.



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**MBE/WBE PARTICIPATION AFFIDAVIT**

Item Discussion (as seen on RFP):

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

Prime Bidder: \_\_\_\_\_

Prime Bidder (Company) Phone Number: \_\_\_\_\_

Prime Bidder (Company) Zip Code: \_\_\_\_\_

Which one of the following describes your business' status in terms of Minority and/or Woman-Owned Business Enterprise certification with the State of Rhode Island?     MBE     WBE     Neither MBE nor WBE

**By initialing the following sections and signing the bottom of this document in my capacity as the contractor or an authorized representative of contractor, I make this Affidavit:**

It is the policy of the City of Providence that minority business enterprises (MBEs) and women business enterprises (WBEs) should have the maximum opportunity to participate in procurements and projects as prime contractors and vendors. Pursuant to Sec. 21-52 of the Providence Code of Ordinances and Chapter 31-14 *et seq.* of the Rhode Island General Laws (as amended), MBE and WBE participation goals apply to contracts.

The goal for Minority Business Enterprise (MBE) participation is 10% of the total bid value.  
The goal for Women's Business Enterprise (WBE) participation is 10% of the total bid value.  
The goal for combined MBE/WBE participation is 20% of the total bid value.

**I acknowledge the City of Providence's goals of supporting MBE/WBE certified businesses.** Initial \_\_\_\_\_

If awarded the contract, I understand that my company must submit to the Minority and Women's Business Coordinator at the City of Providence (MBE/WBE Office), copies of all executed agreements with the subcontractor(s) being utilized to achieve the participation goals and other requirements of the RI General Laws. **I understand that these documents must be submitted prior to the issuance of a notice to proceed.** Initial \_\_\_\_\_

**I understand that, if awarded the contract, my firm must submit to the MBE/WBE Office canceled checks and reports required by the MBE/WBE Office on a quarterly basis verifying payments to the subcontractors(s) utilized on the contract.** Initial \_\_\_\_\_

If I am awarded this contract and find that I am unable to utilize the subcontractor(s) identified in my Statement of Intent, I understand that I must substitute another certified MBE and WBE firm(s) to meet the participation goals. **I understand that I may not make a substitution until I have obtained the written approval of the MBE/WBE Office.**  
Initial \_\_\_\_\_

**If awarded this contract, I understand that authorized representatives of the City of Providence may examine the books, records and files of my firm from time to time, to the extent that such material is relevant to a determination of whether my firm is complying with the City's MBE/WBE participation requirements.**  
Initial \_\_\_\_\_

**I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing Affidavit are true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date



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**SUBCONTRACTOR DISCLOSURE FORM**

**Fill out this form only if you WILL SUBCONTRACT with other parties. If you will not subcontract any portion of the proposed bid, do not fill out this form.**

Prime Bidder: \_\_\_\_\_ Primary NAICS \_\_\_\_\_

Code: \_\_\_\_\_

Item Description (as seen on RFP): \_\_\_\_\_

**Please list all Subcontractors below.** Include the total dollar value that you propose to share with each subcontractor and the dollar amount to be subcontracted. Please check off MBE and WBE where applicable. The directory of all state-certified MBE/WBE firms is located at [www.mbe.ri.gov](http://www.mbe.ri.gov). Business NAICS codes can be found at <https://www.naics.com/search/>

Proposed Subcontractor	MBE	WBE	Primary NAICS Code	Date of Mobilization	\$ Value of Subcontract
					\$
					\$
					\$
					\$
					\$
					\$
<b>A. MBE SUBCONTRACTED AMOUNT:</b>					\$
<b>B. WBE SUBCONTRACTED AMOUNT:</b>					\$
<b>C. NON MBE WBE SUBCONTRACTED AMOUNT:</b>					\$
<b>D. DOLLAR AMOUNT OF WORK DONE BY THE PRIME CONTRACTOR:</b>					\$
<b>E. TOTAL AMOUNT OF BID (SUM OF A, B, C, &amp; D):</b>					\$
<b>F. PERCENTAGE OF BID SUBCONTRACTED TO MBEs AND WBEs. (Divide A by E and multiply result by 100).</b>					%

Please read and initial the following statement acknowledging you understand. If the percentage of the total amount of the bid being awarded to MBE or WBE vendors is less than 20% (Box F) and the prime contractor is NOT a Rhode Island State-certified MBE or WBE, you must fill out the MBE/WBE WAIVER REQUEST FORM for consideration by City of Providence MBE/WBE Outreach Director. Initial \_\_\_\_\_

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Printed Name



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**MBE/WBE Waiver Request Form**

**Fill out this form only if you are subcontracting and did not meet the 20% MBE/WBE participation goal.**

**State-certified MBE or WBE Prime Bidders are NOT REQUIRED to fill out this form.**

Submit this form to the City of Providence MBE/WBE Outreach Director, Grace Diaz, at [mbe-wbe@providenceri.gov](mailto:mbe-wbe@providenceri.gov), for review **prior to bid submission**. This waiver applies only to the current bid which you are submitting to the City of Providence and does not apply to other bids your company may submit in the future.

Prime Bidder: \_\_\_\_\_

Company Trade: \_\_\_\_\_

Item Discussion (as seen on RFP):  
\_\_\_\_\_  
\_\_\_\_\_

To receive a waiver, you must list the certified MBE and/or WBE companies you contacted, the name of the primary individual with whom you interacted, and the reason the MBE/WBE company could not participate on this project.

MBE/WBE Company Name	Individual's Name	Company Trade	Why did you choose not to work with this company?

I acknowledge the City of Providence's goal of a combined MBE/WBE participation is 20% of the total bid value. I am requesting a waiver of \_\_\_\_\_ % MBE/WBE (20% minus the value of **Box F** on the Subcontractor Disclosure Form). If an opportunity is identified to subcontract any task associated with the fulfillment of this contract, a good faith effort will be made to select MBE/WBE certified businesses as partners.

\_\_\_\_\_  
Signature of Prime Contractor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of City of Providence  
MBE/WBE Outreach Director

\_\_\_\_\_  
Printed Name of City of Providence  
MBE/WBE Outreach Director

\_\_\_\_\_  
Date Signed



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## **BID PACKAGE SPECIFICATIONS**

### **City of Providence - Behavioral Health and Social Service Diversion Services**

The City of Providence's Healthy Communities Office seeks behavioral health and social service diversion services between December 2020-June 30, 2022. Funding will be contingent upon passage of FY21 budget and available funding in FY22. Questions about this RFP should be directed to Healthy Communities Office Director Ellen Cynar, [ecynar@providenceri.gov](mailto:ecynar@providenceri.gov).

Interested bidders are strongly encouraged to attend a non-mandatory, pre-bid conference for more information. This conference will be held virtually on Thursday, October 9, 2-3pm.

To attend this meeting please sign up here: <https://forms.gle/d2MswccMyRZY3bRDA>.

### **Background**

The Healthy Communities Office (HCO) leads the City of Providence's health policy and promotion efforts with a mission to ensure that Providence residents have equitable access to the resources they need to lead healthy lives ([www.providenceri.gov/healthy](http://www.providenceri.gov/healthy)).

The HCO seeks to ensure appropriate care for people in Providence, which includes reduced use of emergency departments and law enforcement for behavioral health or social service issues. In 2018-2019, over half of Providence Police service calls were for non-violent and non-criminal issues. These include calls for incidents involving medical and behavioral health crises, well-being checks, noise complaints, and public disturbances.

Law enforcement officers are often the first to respond to individuals experiencing behavioral health issues or in need of social services, which can lead to poor public safety and health outcomes. At the same time, individuals with behavioral health issues are disproportionately represented in the criminal justice system. In response, the HCO seeks short-term and proactive care services to ensure that appropriate behavioral health and social services interventions are made available for calls that come to the attention of Providence Public Safety.

### **Goals & Strategies**

The goals of this funding opportunity are to:

1. Ensure that behavioral health and/or social service issues with connections to the Providence Public Safety Department have an appropriate response by behavioral health and/or social service providers;
2. Reduce justice involvement in behavioral health and social service issues; and
3. Reduce the likelihood of recurring issues and produce better physical and behavioral health outcomes for people in Providence.

The strategies of this funding opportunity are to:

1. Make appropriate connections to behavioral health services, social services, and/or harm reduction materials/information for people engaged in Providence Public Safety call responses.
2. Increase capacity for the Public Safety Department to identify behavioral health and/or social service calls; and minimize law enforcement engagement in response to these calls.



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## **Scope of Services**

The HCO seeks planning and implementation services to develop and launch an independent, short-term and proactive care services program to respond to behavioral health and/or social service needs that come to the attention of Providence Public Safety. Examples of similar programs names include mobile crisis unit, neighborhood-based care coordination, and street triage. The intended output will be a team of professionals/peers specialists that are able to respond independently to behavioral health and social service calls that come to the attention of Providence Public Safety either through 911 dispatch or the City's non-emergency phone line.

### Part A: Planning

The HCO seeks analysis and planning services to increase the capacity for the Public Safety Department to identify behavioral health and/or social services calls and assign the appropriate level of response with a focus on minimizing law enforcement engagement, as appropriate. Required activities include:

1. Develop a steering committee composed of behavioral health and social service professionals, peer service providers, public safety staff, and individuals in Providence with lived experience of justice involvement. *[list is not exhaustive]*
2. Analyze and process map Public Safety dispatch processes for emergency and non-emergency calls as they relate to behavioral health and/or social service needs.
3. Make recommendations related to staffing, training, and professional development needs.
4. Make recommendations on dispatch processes to minimize law enforcement response to non-emergency behavioral health or social service-related calls.
5. Identify opportunities to leverage external funding and reimbursement for services.
6. Develop and finalize an implementation plan starting May 2021. Provide for two rounds of review and ongoing engagement with the Steering Committee.

### Part B: Implementation

The HCO seeks services to implement the plan developed in Part A: Planning. Required services include:

1. Direct persons served to appropriate behavioral health and social services and resources to reduce hospitalization and/or justice involvement.
2. Provide clinically appropriate interventions through an anti-racist and anti-stigma lens.
3. Improve crisis system response and create effective crisis intervention and solutions in order to reduce the need for repeated interventions.
4. Provide training and education for public safety staff to improve their understanding of mental health, trauma, and substance use disorders.
5. Improve information sharing, as appropriate, across system and service providers through formalized communication and processes.
6. Reinforce, foster, and create effective, collaborative partnerships between public safety, behavioral health providers, social service providers, harm reduction organizations, and other community stakeholders.
7. Provide independent transportation services for staff and individual transport.
8. Evaluate program implementation and outcomes.
9. Provide regular reports on program implementation, outcomes, recommendations, and improvements.



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## **Timeline**

- Part A: Planning: December 2020 - April 2021
- Part B: Implementation: May 2021-June 30, 2022; contingent upon available funding in FY22

## **Qualifications**

The HCO seeks applications from organizations or collaboratives that can provide behavioral health and social service interventions/connections to people in Providence; and have a demonstrated commitment to improving health outcomes for individuals experiencing behavioral health and social service connection issues in Providence through an anti-racist and anti-stigma lens.

*Applicants must apply for both planning and implementation in order to ensure continuity of this work.*

### Organizational Capacity

The awarded organization will have organizational capacity to carry out the above scope of work including:

1. Demonstrate understanding of needs and challenges that impact behavioral health and social service issues for people in Providence.
2. Existing and strong relationships with other behavioral health and social service providers, and community-based initiatives that support people in Providence.
3. Familiarity with public safety systems.
4. Provide regular and ongoing clinical supervision to the behavioral health professionals.
5. Provide for staff training that includes, but is not limited to, trauma-informed care, outreach and engagement techniques, de-escalation and crisis intervention, harm reduction, motivational interviewing, etc.
6. Provide for staff training to deliver culturally competent services through an anti-racist and anti-stigma lens to: people experiencing homelessness, racial and ethnic minorities, LGBTQIA+ people, undocumented individuals, refugees, people with justice involvement, and people with disabilities. *[list is not exhaustive]*
7. Leverages and builds upon the capacity of people with lived experience, including peer support services.
8. Transportation for any independent call responses.
9. Capacity to provide weekend and evening services.
10. Strong commitment to monitoring, evaluation, and ongoing project process improvement.
11. Ability to hire and maintain consistent staffing to meet program goals and licensing requirements.
12. Experience with process and personnel mapping, conducting gap and opportunity analysis, and developing new program implementation plans.

### Staffing

The awarded organization will provide a staffing structure with the following qualifications:

1. Ability to work in community settings (e.g. in homes, public spaces).
2. Capacity to deliver services in languages other than English that are most spoken in Providence, including Spanish, Portuguese, and Mon-Khmer.
3. Professional licensing/certifications that meet the level of care needed for behavioral health and social service interventions.
4. Training experience outlined in Organizational Capacity #4 and #5 (see above).



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## **Funding Availability**

The HCO anticipates awarding one (1) proposal for the period ending June 30, 2022. In order to ensure continuity of services, applicants will apply for both fiscal years of funding for a total maximum allowable bid of \$1,000,000 (\$1.0M).

*FY21: Planning + Initial Implementation*

December 2020-June 30, 2021

Maximum allowable bid: \$400,000

*FY22: Continued Implementation*

July 1, 2021-June 30, 2022

Maximum allowable bid: \$600,000

### Allowable Expenses

- Part A: Planning: funds are available to support Personnel, Fringe, Subcontracts, Consultants, Administrative Materials, and Overhead.
- Part B: Implementation: funds are available to support Personnel, Fringe, Transportation, Equipment, Stipends, Subcontracts, Consultants, Materials (including harm reduction materials), Professional Development, and Overhead.

No more than 10% of total budget can be for overhead/indirect costs for either Part A or Part B.

## **Reporting**

The awarded organization will be required to:

1. Attend monthly meetings of the Mayor's Coalition on Behavioral Health to provide regular updates to the Coalition on progress and challenges in the work. This Coalition meets the first Wednesday of every month from 3-4:30pm, with some exceptions due to holidays.
2. Submit bi-monthly written reports on activities, progress, and metrics.
3. Attend bi-monthly project management meetings.
4. Attend monthly meetings with Public Safety to refine program operations and outcomes.



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## Proposal Materials

1. **Contact Information:** Individual or organization name, address, phone, and email. If applying as a collaborative, please identify a lead applicant and provide the above information for each partner organization.
2. **Proposal Narrative-** (*maximum 20 pages, single-spaced*)
  - a. **Organizational Experience:** Describe the organization's experience with and commitment and approach to improving health outcomes for individuals with behavioral health or social service connection issues in Providence. Please respond directly to the Qualifications - Organizational Capacity section.
  - b. **Work Plan Proposal:** Describe the proposed work plan to meet the RFP's goals and strategies; and activities set out in the Scope of Services.
  - c. **Community Partnerships/Referral Plan:** Describe how the proposed work plan supports or builds upon your organization's existing connections to systems of care in Providence, Rhode Island, and regionally; and how client referrals to behavioral health and social services will be conducted.
  - d. **Staffing:** Provide the following:
    - i. Roles and qualifications of all relevant organization staff
    - ii. Staff training plans
    - iii. Staff scheduling plans
    - iv. If you're collaborating with other organizations to staff or consult on this project, please identify the roles and responsibilities of all partnering organizations. *Provide letters of commitment as described below.*
  - e. **Evaluation Plan Proposal:** Describe how you will measure and evaluate the outcomes of your proposal; and how they support the goals of this RFP. *Medical and client identifying information should not be included in your evaluation plan.*
3. **Timeline** - On a separate sheet include the proposed timeline of work.
4. **Resumes** - Provide resumes of all relevant lead organization staff. Include copies of any certifications, credentials, or documentation of experience, as appropriate. Please do not submit original documents.
5. If applying with partners, provide **letters of commitment** from all partner organizations (other than lead) certifying their role and responsibilities in the proposed work plan.
6. **Supporting documents** - (*maximum 10 pages*)

Optional: Provide documents, links, communications materials, etc. that provide any relevant background information about the organization and experience with similar projects.

## Budget

**Funding proposal:** In Excel format, provide a spreadsheet that includes costs and descriptions for Personnel, Fringe, Transportation, Equipment, Stipends, Subcontracts, Consultants, Materials (including harm reduction materials), Professional Development, and Overhead. Additional budget lines or categories may be added or removed as appropriate.

**Funding timeline:** In Excel or Word format, please identify how your proposed budget will be spent within the available funding timeline (see Funding Availability section).



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**Scoring of Bids:**

The HCO anticipates making recommendations to the Providence Board of Contract and Supply by late November 2020; and all applicants will be notified of the selection outcomes by this time. Selections will be made based on the following criteria:

Categories	Total Points
<p><b>Project Proposal</b></p> <ul style="list-style-type: none"> <li>● Proposed work plan supports the project's goals and strategies; and activities set out in the Scope of Services.</li> <li>● Project activities support improved behavioral health outcomes for people in Providence.</li> <li>● Applicant demonstrates understanding of needs and challenges that impact behavioral health and social service connections for people in Providence.</li> <li>● Proposed referral plan is clearly defined and builds upon existing initiatives, resources, and partners that serve people in Providence.</li> <li>● Project activities are clearly defined and described.</li> <li>● Time commitment of staff is appropriate to the project.</li> <li>● Evaluation plan is clearly defined and aligns with goals, strategies, and activities of the project.</li> </ul>	30
<p><b>Timeline &amp; Budget Proposal</b></p> <ul style="list-style-type: none"> <li>● Timeline of work is feasible and the planning phase can be completed by April 2021.</li> <li>● Budget is in alignment with the proposed activities.</li> <li>● Funds can be expended by Funding Availability deadlines (FY 21: June 30, 2021; FY 22: June 30, 2022).</li> </ul>	20
<p><b>Organization Experience</b></p> <ul style="list-style-type: none"> <li>● Qualifications and relevant organization and staff experience, including partnering agencies.</li> <li>● Demonstrated success on past projects of similar scope and complexity.</li> <li>● Demonstrated commitment to addressing behavioral health and social service outcomes for Providence individuals that align with the goals and strategies of this project.</li> <li>● Letters of commitment from partnering agencies that support work plan.</li> </ul>	30
<p><b>Cost Proposal</b></p> <p>The total maximum allowable bid for this project is \$1,000,000 (\$1.0M). The bidder with the lowest bid will be awarded 20 points, and the highest bid will be awarded 10 points. Any bids in between will receive points in proportion to their distance between the low and high bids. <i>For example, if the highest bidder bids \$900,000 and the lowest bids \$800,000, a bid of \$850,000 will receive a score of 15 points.</i></p>	20
<p><b>Total Eligible Points</b></p>	100



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**SUPPLEMENTAL INFORMATION**

If the issuing department for this RFP determines that your firm's bid is best suited to accommodate their need, you will be asked to provide proof of the following prior to formalizing an award.

An inability to provide the outlined items at the request of the department may lead to the disqualification of your bid.

*This information is **NOT** requested to be provided in your initial bid that you will submit to the City Clerk's office by the "date to be opened" noted on page 1. This list only serves as a list of items that your firm should be ready to provide on request.*

**All bids submitted to the City Clerk become public record. Failure to follow instructions could result in information considered private being posted to the city's Open Meetings Portal and made available as a public record.**

**You must be able to provide:**

- Business Tax ID will be requested after an award is approved by the Board of Contract and Supply.