**Appendix 1: Application Template to Request for Proposals (RFP) (RFP# 137.1) Consultant Services – Medi-Cal and CalAIM**

1. **Cover Page**

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| **Service Component** | Consulting Services Related to Medi-Cal and CalAIM  |

* 1. Applicant Information

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| **Application Type**(select one) | [ ]  Sole Applicant (one organization applying to provide Consulting Services)[ ]  Collaboration (more than one organization applying to provide services)[ ]  Subcontract (one lead organization with approved subcontractor)  |

**Lead Organization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** |       | **City Supplier #** |       | **Federal ID #** |       |
| **Address** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Point of Contact** |       | **Point of Contact Phone** |       | **Point of Contact Email** |       |
| **Subcontractor Name (if applicable)** |       | **Subcontractor****Address (if applicable)** |       |

**Collaborating Organization (if applicable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** |       | **City Supplier #** |       | **Federal ID #** |       |
| **Address** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Point of Contact** |       | **Point of Contact Phone** |       | **Point of Contact Email** |       |
| **Subcontractor Name (if applicable)** |       | **Subcontractor****Address (if applicable)** |       |

* 1. Certifications

I understand that the City reserves the right to modify agreement requirements at the time of funding and/or during the agreement negotiations; that an agreement may be negotiated for a portion of the amount requested; that funding sources are subject to change; and that there is no agreement until a written grant/contract has been signed by both parties and approved by all applicable City agencies.

In accordance with Administrative Code Chapter 12X, I certify that my company is headquartered at the address indicated above. I will notify the City if my company's headquarters moves.

The signatory below is a person authorized to obligate the Applicant to perform the commitments contained in the RFP and application. Submission of this document will constitute a representation by the above organization(s) that they are willing and able to perform the commitments and requirements contained in the RFP and application.

Signature of authorized representative(s):

**Name:**       **Title:**

**Signature:**       **Date:**

**Name:**       **Title:**

**Signature:**       **Date:**

1. **Minimum Qualifications**

Proposers must demonstrate that they meet all of the Minimum Qualifications (MQs):

* 1. Applicant must demonstrate they are not debarred or suspended on the federal SAMS database by attaching proof that the applicant is not debarred or suspended.
	2. Applicant must be a certified vendor with the City and County of San Francisco or have the ability to become a certified vendor within ten (10) days after notice of intent to award.
	3. Proposers must demonstrate the minimum number of years of experience:

 i. Minimum of two (2) years of proven experience providing consultation services to government and/or public agencies and at least two (2) years of

 experience working on projects or providing consultation services related to CalAIM and/or Medi-Cal Whole Person Care Pilots

* If any part of the service will be through a collaboration or subcontract, Applicants must indicate as such and describe the plan for collaboration to successfully deliver the services in this Request for Proposal. **Please add boxes as needed.**

**Plan for Collaboration (if applicable)**

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**Please use the table below to specify how the Applicant meets the Minimum Qualifications listed above. Please add tables as needed.**

|  |  |
| --- | --- |
| Prior or Current Program Name |       |
| Funder Name |       |
| Funder Contact Name |       |
| Funder Contact Title |       |
| Funder Contact Email Address |       |
| Start and End Dates of Services |       |
| Briefly describe how Applicant meets this Minimum Qualification: |       |

1. **Project Approach (3 pages maximum for responses to this section)**
2. Applicants must describe their project approach to deliver services and how this project approach will appropriately address the needs of this RFP (be sure to address all applicable items listed in Scope of Work).

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* 1. Applicant must describe its experience with IT system engineering (identifying technologies and platforms, and specifying how they can be used together seamlessly and securely, to meet a business need).

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* 1. Applicants must describe its understanding of Medi-Cal billing requirements and the necessary staffing, IT, and other capacities required to perform Medi-Cal billing.

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* 1. Applicants must describe its experience planning, designing, implementing, or consulting on CalAIM and/or Medi-Cal Whole Person Care Pilots or related projects.

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**4. Fiscal Capacity - Budget**

 4.1 All costs to the City shall be included in the prices entered on the Appendix 2: Price Proposal Template for a 12-month period. The following should be

 included:

i. An annual total budget amount

ii. An outline of and cost for each major sub-component identified by the consultant, as presented in the proposal

iii. The hourly rates for each person who will be involved in the work, including the rates for any sub-consultants

iv. A separate cost proposal for participation in any meetings (on a per meeting basis) should be provided, outlining convened meetings and regular

 check-ins separately

v. Costs for any additional services