

*SUBMITTAL FORM A – OFFEROR BACKGROUND*

RFP Number: **24-008**

RFP Name: **Community-Based Substance Use Prevention Services**

**Offeror Information**

Name of Organization:

Address:

Person(s) to Contact, identify an individual that can be contacted for clarification on the proposal:

*Name:*

*Title:*

*E-Mail Address:*

*Telephone Number:*

**STATEMENT OF CERTIFICATIONS AND ASSURANCES**

The Offeror has thoroughly reviewed this RFP, contract documents, and all pertinent appendices, exhibits, and attachments included as part thereof, and that we fully understand all elements required for the full completion of the project as defined therein.

The Offeror further certifies that, if selected as the successful firm, we will enter into a contract agreement.

The prices in this Proposal have been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition as to any matter relating to such prices with any other firms or with any other competitor.

By signature below the signatory certifies legal authority to bind the responding entity to the provisions of this RFP and any contract awarded pursuant to it. The Board may, at its sole discretion and at any time, require evidence documenting the signatory's authority to be personally bound or to legally bind the responding entity.

Authorized Representative Signature

Date

Printed Name & Title

Include the following as attachments with submittal Form A:

Offeror must disclose any litigation involving the organization during the past five (5) years.

Offeror confirms no Conflict of Interest exists as defined in section 7.5, if not, attach a statement explaining the conditions.

**SUBMITTAL FORM B – CERTIFICATIONS**

No.	Criteria	Response*
1	The offeror must demonstrate and leverage an understanding of Michigan’s behavioral health and substance use disorder treatment system and honor the rights and protections afforded to those served in Michigan, per the Mental Health Code.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
2	The offeror must attest to the following; adhering to federal and State accessibility standards, operate utilizing an understanding of cultural humility, intersectionality, and health disparities.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
3	The Offeror must demonstrate how supports and services provided by the offeror demonstrate an ongoing commitment to linguistic and cultural humility that ensures access and meaningful participation for all people in the service area of various diverse populations, in terms of race, culture, gender identity, sexual identity, age, abilities, income level, geography, and religious and spiritual beliefs.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
4	The offeror attests to and will outline how they will ensure translation services are available, as necessary, and at no cost to persons served for their use. This includes taking into consideration the special needs of beneficiaries with disabilities or Limited English Proficiency (LEP).	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
5	Offeror to attest that Offeror will comply with all applicable laws respecting privacy and maintaining the confidentiality and protecting information of persons served under the conditions specified in HIPAA, the Michigan Mental Health Code (PA 258 of 1974, as amended), the Michigan Public Health Code (PA 368 of 1978 as amended), and 42 CFR Part 2.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

**\*Attach additional information on any subject where the Offeror responded “Disagree” to a question above**

Include the following as attachments with submittal form B:

Offeror shall submit documentation and proof of entity (e.g. IRS 501(c)3 determination); copy of Articles of Incorporation or document under which the organization is constituted/organized from its inception;

Offeror shall attach audited financial statements for the previous two (2) years of operation.

Liability Insurance, throughout the contract period, the successful offeror must provide the following insurance coverages, attach a certificate of insurance confirming:

- Certificate of Workers’ Disability Compensation insurance coverage.
- Liability Insurance, throughout the contract period, the successful offeror must provide the following insurance coverages, attach a certificate of insurance confirming:
  - Professional liability (errors and omissions) in a sum of not less than \$1,000,000 per claim and \$3,000,000 annual aggregate.

- Offeror shall attach a certificate of general liability insurance with Broad Form General Liability Endorsement or equivalent, if not in policy proper, Provider and Contractual liability coverage with limits of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate.
- List Abuse / Molestation coverage as being included, this is required when providing direct contact with individuals and cannot be excluded from coverage.
- GHS listed as Additionally Insured under the General and Professional Liability policies.
- AUTO coverage of \$1,000,000 if transporting any consumers/patients
- CYBER coverage \$1,000,000 for FY25 required if maintaining a database with PHI of community members served or if the offeror is subject to the MI Data Breach Notification Law 2024.09.18
- GHS listed as Certificate holder.  
New GHS Address: GENESEE HEALTH SYSTEM, 1040 W BRISTOL RD., SUITE 2406 FLINT, MI 48507

