

REQUEST FOR PROPOSALS

Solicitor for BHoCC Operations
RFP – 2024 – 003

VENDOR INFORMATION/PROPOSAL

VENDOR NAME (PRINTED): _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

NAME (PRINTED): _____

TITLE: _____

Price to perform all duties listed on the Specifications page of this RFP for a solicitor in Cambria County for Behavioral Health of Cambria County HealthChoices Program (BHoCC).

\$ _____

Add additional pages to include your resume / list of qualifications.

NON-COLLUSION AFFIDAVIT

Commonwealth of Pennsylvania)

ss.

County of Cambria)

_____, *being first duly sworn, deposes and says that he/she is _____** of

_____, ***the party who made the foregoing proposal or bid; that it was genuine and not collusive; that said bidder did not collude, conspire, connive, or agree, directly or indirectly, with any bidder or other person, that such other bidder or person should refrain from bidding, or submit a sham bid; further, such bidder did not in any manner, directly or indirectly, seek by any agreement or collusion, or communication or conference with any person, to fix the bid price of either Affiant or any other bidder, or to fix any overhead, profit, or cost element of the bid price not collude, conspire, or agree to secure any advantage against the County of Cambria, or any person interested in the proposed or bid are true to the best of Affiant’s knowledge and belief. Affiant further says that Affiant did not directly or indirectly submit this bid, or the contents thereof, or divulge information or data relative thereof, or divulge information or data relative thereto to any other bidder or association, or to any agent or member thereof.

SIGNATURE OF AFFIANT

Sworn and subscribed before me this _____ day of _____, 20_____.

SIGNATURE OF NOTARY PUBLIC

My Commission expires _____

[S E A L]

- * Print or type name of Affiant
- ** Print or type office (president, etc.) of Affiant
- *** Print or type mane of firm submitting bid

PROCEDURE

ORIGINAL PROPOSAL AND COPIES

The vendor must submit **one Original Proposal** and **two (2) exact copies of their original proposal**. The Original Proposal must be marked on the front "ORIGINAL". The copies must be marked on their front "COPY".

PREPARATION OF PROPOSALS

Proposals **must** be placed in a sealed envelope and marked:

"Solicitor for BHoCC Operations"

The name and address of the vendor must be marked on the sealed envelope.

DELIVERY OF PROPOSALS

Proposals must be received in the *Behavioral Health of Cambria County HealthChoices Program office at 110 Franklin Street, Suite 100, Johnstown, PA 15901* , no later than **Friday, April 26, 2024, by 4:00 pm.**

INQUIRIES AND ADDENDA

Should the vendor find any discrepancies in, or omissions from the Request for Proposal (RFP) or should there be any doubt as to meaning or interpretations, or need clarification, he/she should at once notify Tanya Kvarda, Executive Director by email at tkvarda@bhocc.org or by phone at 814-534-4436. **BHoCC will not be responsible for nor acknowledge the validity of any oral instructions.**

DUTY OF VENDOR TO MAKE NECESSARY INVESTIGATIONS

Before submitting a proposal, each vendor shall make all investigations and examinations necessary to ascertain all conditions and requirements affecting the full performance of the contract and to verify any representations made by BHoCC that the vendor will rely upon. Ignorance of such conditions and requirements resulting from failure to make such investigations and examinations will not be a basis for any claim whatsoever for any monetary consideration on the part of the successful vendor.

EXPENSES INCURRED IN PREPARING PROPOSAL

BHoCC accepts no responsibility for any expense incurred by the vendor in the preparation and presentation of a proposal and any such expenses are to be borne exclusively by the vendor.

NON-COLLUSION AFFIDAVIT

Each vendor is required to execute a Non-Collusion Affidavit in the form annexed to the proposal. Any proposals received not containing a properly executed Non-Collusion Affidavit will be rejected.

RIGHT TO ACCEPT OR REJECT PROPOSALS

BHoCC reserves the right to accept or reject any or all proposals, to waive any informalities or irregularities in the proposals received, and to accept any proposal which is deemed most favorable to the HealthChoices program.

CHOICE OF LAWS

Any contract awarded shall be adjudicated, governed, and controlled in all respects as to validity, construction, capacity, performance, or otherwise by the laws of the Commonwealth of Pennsylvania.

TERM OF CONTRACT

To be determined once the proposal is accepted at the sole discretion of the BHoCC review committee. The contract will begin May 1, 2024.

TERMINATION NOTICE

BHoCC may immediately terminate this contract, without cause, with written notice

RESUME / QUALIFICATIONS

A resume or list of qualifications must accompany this proposal.

SPECIFICATIONS

Solicitor requirements are listed below for this organization.

- Review and approve legal documents for execution such as vendor contracts and agreements.
- Provide legal advice and handle litigation.
- Provide legal research and guidance on dispute resolution.
- Assist with policy development to minimize risk and maintain compliance.
- Advise on complex legal matters.
- Monitors updates on laws and regulations.
- Assist in compliance with state and federal labor and employment laws.
- Identify issues, provide advice and recommendations.
- Assists in management of personnel issues including recommendations.