

## REQUEST FOR PROPOSAL

The Center for Health Care Services (the “Center”) is accepting qualifications for the provision of Professional Training Services (Project# 2012-004). Request for Proposal packets will be available at 3031 IH 10 West, the Center’s Central Administrative offices, as of February 20, 2012. Sealed proposals must be submitted no later than 10:00 AM Central Standard Time, on March 5, 2012 clearly labeled “**Proposal for Training Services**” to be hand-delivered to the receptionist at the Center’s administrative offices at 3031 IH 10 West, San Antonio, Texas, 78201. Submission of proposals by telephone, facsimile transmission or e-mail will not be accepted. Proposals will be opened at 10:00 AM Central Standard Time on March 5, 2012 in the Center’s Board Room. Upon review and evaluation of submitted proposals, the Center shall award a contract to the respondents whose proposal(s) provides the best value and is the most advantageous to the Center and its consumers. Training services are estimated to begin on or about April 1, 2012.

Information packets are available at 3031 IH 10 West, the Center’s Central Administrative offices as of February 20, 2012; it also available on the Center’s website at [www.chcsbc.org](http://www.chcsbc.org), or you can email a request to [procurement@chcsbc.org](mailto:procurement@chcsbc.org); or contact Bren Manaugh, Director, Business Development and Quality Assurance, (210) 731-1300 ext. 341.

### PROCUREMENT TIME LINE (TRAINING SERVICES):

<u>Date</u>	<u>Event</u>
February 18 & 19, 2012	Request for Proposal Issued and advertised in Express/News
February 24, 2012	5:00 P.M. Deadline to Submit Requests for Clarifications to the Procurement/Contract Documents
February 29, 2012	5:00 P.M. The CENTER’S Response to Requests for Clarifications
March 5, 2012	<u>10:00 A.M.</u> Deadline for Submitting Proposal Package
March 5, 2012	10:15 A. M. Proposals to be Opened at 3031 IH 10 West

**REQUEST FOR PROPOSAL  
FOR TRAINING SERVICES  
FOR  
THE CENTER FOR HEALTH CARE SERVICES  
IN SAN ANTONIO, TEXAS  
(PROJECT # 2012-003)**

The Center for Health Care Services (the "Center") is a community mental health mental retardation center established under Section 534.001 of the Texas Health and Safety Code and is operated through a nine person Board of Trustees. The Center does not pay Texas sales and/or use taxes and such taxes may not be passed on as a cost to the Center. The Center will make positive efforts to utilize small business concerns and minority owned business enterprises in the acquisition of supplies, equipment, and services when these enterprises can offer the supplies, equipment, and services on a cost competitive basis.

The Center is a provider of clinical services to individuals with mental health, substance abuse and developmental disability concerns in Bexar County. In order to ensure compliance with contracting and regulatory entities, and to ensure fidelity with high quality services, the Center requires certain clinical staff to complete training in Satori Alternatives to Managing Aggression ("SAMA"), First Aid and/or Cardiopulmonary Resuscitation ("CPR"), as a requirement of their position.

The Center is seeking training services to be delivered to CHCS staff and contractors on an ongoing, scheduled basis. The services must be provided by individuals certified or credentialed to deliver the professional training contracted. Respondents may submit proposals for (1) SAMA, and/or (2) First Aid / CPR Training. Awarded contracts will be for a period of one (1) year, with four (4) additional one-year renewals at the option of the Center, on terms to be negotiated by the parties.

**PROPOSAL DOCUMENTS:**

**CONTRACTOR ACCEPTANCE  
& SIGNATURE**

- See EXHIBIT "A", entitled "BID REQUIREMENTS FOR TRAINING SERVICES" \_\_\_\_\_
- See EXHIBIT "B", entitled "CORPORATE BOARD RESOLUTION" \_\_\_\_\_
- See EXHIBIT "C", entitled "BUSINESS QUESTIONNAIRE" - \_\_\_\_\_
- See EXHIBIT "D", entitled "RESIDENT/NONRESIDENT CERTIFICATION" \_\_\_\_\_
- See EXHIBIT "E", entitled "TRAINING SERVICES S.O.W." \_\_\_\_\_
- See EXHIBIT "G", entitled "PRICING" \_\_\_\_\_

**EXHIBIT A**  
**PROPOSAL REQUIREMENTS FOR PROFESSIONAL TRAINING SERVICES**

**The Center for Health Care Services (the “Center”)** is accepting proposals for the provision of **Training Services** (Project# 2012-003).

1. The **SUCCESSFUL RESPONDENT** will provide Center with a Certificate of Insurance secured and maintained with an insurance company, or companies, licensed to do business in Texas for the following coverage in the following amounts.
  - A.) Comprehensive general liability, professional liability, and employee misconduct insurance with limits of at least \$500,000 per occurrence, \$1,000,000 aggregate.
  - B.) Sufficient coverage to meet the requirement of State law for Workers' Compensation on its employees providing services under this Contract.
2. The **SUCCESSFUL RESPONDENT** will warrant to the Center that all persons providing services to the Center are legally authorized to work in the United States.
3. The **SUCCESSFUL RESPONDENT** will provide a list of references of no less than three organizations and will include the name of the customer's contact person, current phone, and contract amount.
4. If the company bidding for this contract is a corporation, a current copy of “A Certificate of Good Standing” from the Texas State Comptroller is required to be submitted with your bid. Satisfactory evidence thereof shall be provided to the Center each and every consecutive quarter that this contract is in force.
5. If the company submitting a proposal for this contract is not a corporation, a copy of your "Assumed Name Certificate" from the County Clerk is required to be submitted with your proposal.

The Center reserves the right to withdraw this Request for Proposals at any time before proposals are submitted; reject, for any reason and at its sole discretion, in total or in part, any and/or all proposals, regardless of comparability of price, terms or any other matter, and to waive any informalities. If a firm is selected, the firm will be required to execute a contract. If Center funding is materially decreased during the contract term, the contract may be amended and/or terminated.

No contract shall be deemed to exist between the Center and any firm until the contract is approved by the Center's Board of Trustees and the Center and the firm have executed a written contract. A countersigned copy of this proposal or any other preliminary written documents in any form shall not suffice to bind the Center to any legal obligation of any kind whatsoever with regard to the work considered hereby.

In the contract with the successful respondent, the Center will not agree to waive its governmental immunities, engage in binding arbitration or agree to indemnification of Contractor or limitation of Contractor's liability. The contract will require that it be construed and enforced in accordance with the laws of the State of Texas and that venue shall lie in Bexar County, Texas

Sealed proposals labeled "**PROPOSAL FOR TRAINING SERVICES** " must be received at 3031 IH 10 WEST, San Antonio, Texas 78201, NO LATER THAN 10:00 A.M. on March 5, 2012. Submission of proposals by telephone, facsimile transmission or e-mail will not be accepted. Five (5) hard copies of the proposal are required in addition to a CD or USB drive which contains the proposal in MS Word format. Untimely proposals will be returned unopened. The Center's Board of Trustees will make the final selection of the respondent(s) to be awarded a contract.

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE

**EXHIBIT B**

**CORPORATE BOARD OF DIRECTORS RESOLUTION**

**(To Be Completed by Incorporated Respondents only)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at a meeting of the Board of Directors of \_\_\_\_\_, a Corporation, held in the City of \_\_\_\_\_, State \_\_\_\_\_ County, \_\_\_\_\_.

With a quorum of the Directors present, the following business was conducted: It was duly moved and seconded that the following Resolution be adopted:

BE IT RESOLVED that the Board of Directors of the above corporation do hereby authorize \_\_\_\_\_ and his successors in office to negotiate, on terms and conditions that he may deem advisable, a contract or contracts with The Center for Health Care Services, and to execute the contract or contracts on behalf of the Corporation, and further we do hereby give him the power and authority to do all things necessary to implement, maintain, amend, or renew the contract.

The above resolution was passed by a majority of those present and voting in accordance with the Bylaws and Articles of Incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors of \_\_\_\_\_ held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Secretary

Subscribed and sworn before me, \_\_\_\_\_, a Notary Public for the County of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
Notary Public, County of \_\_\_\_\_  
State of \_\_\_\_\_

**EXHIBIT C**  
**BUSINESS QUESTIONNAIRE**

**ALL PROSPECTIVE BIDDERS MUST SUBMIT THIS COMPLETED FORM**

1. Name of Proposed Contractor ("Business", herein):  
\_\_\_\_\_  
\_\_\_\_\_
  
- Doing Business As: \_\_\_\_\_  
(Other business name, if applicable)
  
2. Business Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  
3. Business Telephone Number: ( ) \_\_\_\_\_ Fax Number: \_\_\_\_\_
  
4. Business Type: \_\_\_ Individual \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Joint Venture
  
5. Number of Years in the Training Services Business \_\_\_\_\_
  
6. Annual Gross Revenue:  
\_\_\_ \$100 K or Less \_\_\_ \$101K-\$500K \_\_\_ \$501K-900K \_\_\_ \$901K-\$2.5 M  
\_\_\_ \$2.5 M-Over
  
7. Number of Employees in your firm:  
\_\_\_ 1 to 3 \_\_\_ 4 to 6 \_\_\_ 7-9 \_\_\_ 10-15 \_\_\_ 16-Over
  
8. Number of Employees that your firm will assigned to this contract:  
\_\_\_ 1 to 3 \_\_\_ 4 to 6 \_\_\_ 7-9 \_\_\_ 10-15 \_\_\_ 16-Over
  
9. Is Business a certified HUB, SBE, M/WBE, or VBE?  Yes  NO  
If yes, please provide all applicable certifications. Certifications are required for Business to be considered a HUB, SBE, M/WBE, or VBE.
  
11. Please provide a brief description of your materials and/or services:  
\_\_\_\_\_
  
12. Is the Business a subsidiary of another entity? \_\_\_ Yes \_\_\_ No
  
13. Has the Business, or any officer or partner thereof, failed to complete a contract?  
\_\_\_ Yes \_\_\_ No

- 14. Is any litigation pending against the Business?  Yes  No
- 15. Has the Business ever been declared “not responsible”?  Yes  No
- 16. Has the Business been debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded or otherwise disqualified from bidding, proposing or contracting?  Yes  No
- 17. Has the Business been a defaulter, as principal, surety or otherwise?  
 Yes  No
- 18. Has the government or other public entity requested or required enforcement of any of its rights under a surety agreement on the basis of a default or in lieu of declaring the Business in default?  Yes  No
- 19. Is the Business in arrears upon a contract or debt?  Yes  No
- 20. Are there any proceedings relating to the Business’ responsibility, debarment, suspension, voluntary exclusion or qualification to receive a public contract?  
 Yes  No
- 21. Have liquidated damages or penalty provisions been assessed against the Business for failure to complete the work on time or for any other reason?  
 Yes  No
- 22. If a “yes” response is given under questions 13 through 21, please provide a detailed explanation including dates, references to contract information, contracts, etc. (Attach additional pages as necessary). The CENTER reserves the right to inquire further with respect thereto.

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- 23. List the name and business address of each person or legal entity which has a 10% or more ownership or control interest in the Business (attach additional pages as necessary).

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24. Name of principal financial institution for financial responsibility reference.

Name of Bank: \_\_\_\_\_

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

City and State: \_\_\_\_\_

Officer familiar with bidder's account: \_\_\_\_\_

Federal taxpayer I.D. number: \_\_\_\_\_

I, individually and on behalf of the business named above, do by my signature below certify that the information provided in this questionnaire is true and correct. I understand that if the information provided herein contains any false statements or any misrepresentations: 1) the Center may have the grounds to terminate any or all contracts which the Center has or may have with the business named above; 2) the Center may disqualify the business from consideration for this or other contracts and may remove the business from the Center's bidders lists; or 3) the Center may have grounds for initiating legal action under federal, state, or local law.

*Note:* This is a certification form. The information requested is used to determine the bidder's qualification, size gender and ethnicity of the business ownership. This information also allows the Center to report the amount of subcontracting activity with all businesses that offer the commodities and services used by the Center to its Board of Trustees and to the State Department of Health Care Services under contracts with the Center.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner  
(Owner, CEO, President, Majority Stockholder or  
Designated Representative)

\_\_\_\_\_  
Date

Questions about this document should be directed to Bren Manaugh, Director, Business Development and Quality Assurance at 210.731.1300, ext. 341, or email: [procurement@chcsbc.org](mailto:procurement@chcsbc.org)

**EXHIBIT D**

**RESIDENT/NON-RESIDENT CERTIFICATION**

/Respondent must answer the following questions in accordance with the Texas Government Code § 2252.002, as amended:

A. Is the respondent that is making and submitting this proposal a “resident respondent” or a “non-resident respondent”?

Answer: \_\_\_\_\_ Resident Respondent \_\_\_\_\_ Non-resident Respondent

(1) Texas Resident Respondent - A respondent whose principal place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.

(2) Nonresident Respondent - A respondent who is not a Texas Resident Respondent.

B. If the Respondent is a “Nonresident Respondent”, does the state in which the Nonresident Respondent’s principal place of business is located have a law requiring a Nonresident Respondent of that state to bid a certain amount or percentage under the bid of a Resident Respondent of that state in order for the nonresident respondent of that state to be awarded a contract on his proposal in such state?

Answer: \_\_\_\_\_ Yes \_\_\_\_\_ No Which state? \_\_\_\_\_

C. If the answer to Question B is “yes”, then what amount or percentage must a Texas Resident Respondent proposed under the price of a Resident Respondent of that state in order to be awarded a contract on such proposal in said state?

Answer: \_\_\_\_\_

## EXHIBIT E

### PROFESSIONAL TRAINING SERVICES TO BE PROVIDED TO CENTER BY CONTRACTOR

**1.0 Requirements.** The contractor will be required to provide:

- 1.1 A list of all trainers who may deliver training services under the terms of an executed contract
- 1.2 Verification of current certification/credential to provide the training modality proposed
- 1.3 Verify provision of all required training equipment, materials and supplies, to include:
  - SAMA: licensed SAMA Facilitator manual
  - First Aid /CPR: current version of instructor manual
  - sufficient manikins, first aid and CPR materials to provide course according to instructor guidelines (based on agreed number of participants)
- 1.4 The location of training facility (if training will be offered at locations off Center property)
- 1.5 Expected class size (minimum/maximum participants) and class duration
- 1.6 Registration / cancellation process: Respondents will be asked to verify capability to comply with CHCS procedures for registration and cancellation of training participants if selected as a contract provider.

**2.0 Reports.** Respondents shall provide verification of capability to comply with the following reporting expectations:

The CONTRACTOR shall submit a written report to the Center's Director of Business Development and Quality Assurance, Bren Manaugh, 3031 IH10 West, San Antonio, Texas 78201; or by email to [procurement@chcsbc.org](mailto:procurement@chcsbc.org) during the term of the contract providing the following information and data in order to be qualified for remuneration:

- 2.1 For each training session billed, a sign-in sheet and list with:
  - 2.1.1 Date of training completed
  - 2.1.2 Start and end time of training completed
  - 2.1.3 Location of training session
  - 2.1.4 List of participants completing training, to include:
  - 2.1.5 Individual's full name, assigned CHCS staff ID number, name and number of unit assigned/contracted for
  - 2.1.6 Handwritten signature of each participant
  - 2.1.7 Name of Instructor providing training

- 2.1.8 Verification of current certification/credentialing to provide training
- 2.2 FOR SAMA, copy of completed / signed performance checklist for each participant (may use CHCS form)
- 2.3 FOR FIRST AID and/or CPR: copy of completed roster and original cards for each participant

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**EXHIBIT F**

**PRICING**

<b><u>Training Sessions</u></b>	<b><u>Scheduled Hours</u></b>	<b><u>Session / Hourly Rate</u></b>
Monday-Friday	8:30 am – 5:30 pm	
Alternative Shifts*		

(Indicate Days/Times Offered)

Charge for registered participants who do not attend as scheduled (no-shows) or who cancel with insufficient notice.

\* The Center operates sites providing 24/7 services. To meet the needs of staff providing services on alternative shifts, the Center seeks respondents who are able to provide training services on evening, nights, and/or weekends. Respondents may note alternative training schedules (days and hours, other than M-F 8:30-5:30) and the accompanying hourly rates above at "Alternative Shifts."

**EXHIBIT H**  
**SCORING RESPONSES**

The Center will ensure a fair and impartial review of all proposals. The Center will score proposals by awarding points up to the total shown below for each Criterion to be used.

<b>Criterion</b>	<b>Total Possible Points</b>
Cost of Services	50
Firm's Experience	20
Firm's Financial Resources	20
Provision of Services on Alternative Shifts	10
Business Demographics (Certified SBE, M/WBE, HUB, or VBE) 1 point <u>each</u>	<u>4</u>
<b>TOTAL MAXIMUM POINTS</b>	<b>104</b>

The Center conducts all procurement processes to ensure best value. Contracts are awarded based on best value as determined by considering all relevant factors.