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| **REQUEST FOR QUALIFICATIONS TRANSMITTAL FORM** | | | | | | | | | | | |
| solano_seal_200 | | **COUNTY OF SOLANO**  **SHERIFF’S OFFICE** | | | | ISSUE DATE | | **August 25, 2014** | | | |
|  | |  | | | | RFQ NUMBER | | **G099-0825-15** | | | |
|  | | **RFQ and Attachments may be found on Solano County’s website** | | | | | | | | | |
| **1.1** | The undersigned offers and agrees to furnish the services listed in the County’s Proposed Contract at the prices and terms stated, subject to the terms and conditions of this Request For Qualifications. Qualifications Statement shall remain valid for 180 days after the submission date deadline and thereafter in accordance with any resulting contract between the Qualifier and the County. | | | | | Return your Qualifications Statement in a separately sealed envelope, clearly marked:  **“Qualifications Statement in Response to RFQ# G099-0825-15 -- Do Not Open”**  Qualifications Statements must be received and logged in prior to the date and time indicated. Qualifications Statements will not be accepted after 5**:00 p.m.** on:  **September 23, 2014** | | | | | |
| **1.2** | The undersigned acknowledges that the terms and conditions in the County’s Proposed Contract (Attachment B of this Request For Qualifications) has been reviewed and accepted…  with qualification  without qualification  If qualifications are involved, please attach a separate page(s) identifying those items requiring adjustment or modification along with any suggested modifications to the contract. | | | | |  | | | | | |
|  |  | | | | | RFQ Coordinator: | | | Jeff Liddicoat | | |
|  |  | | | | | Phone Number: | | | (707) 784-7048 | | |
|  |  | | | | | Email Address: | | jliddicoat@solanocounty.com | | | |
| **1.3** | The undersigned asserts that subcontractors will be used.  YES  NO  If YES, please attach a separate page identifying the name(s) of the subcontractors along with complete mailing addresses, and the scope and portions of the work the subcontractors shall perform. In addition, please attach a copy of the joint venture or partnering agreement. | | | | | **Qualifier RFQ Main Contact:** | | | | | |
|  |  | | | | | Name: | | | | | |
|  |  | | | | | Title: | | | | | |
|  |  | | | | | Address: | | | | | |
|  |  | | | | | Floor: | Suite: | | | | Room: |
| **1.4** | The undersigned asserts that any individuals who shall perform work under this contract have no possible conflict of interest.  YES  NO  If NO, please attach a separate page describing the nature of the conflict. | | | | | City: | | | | | |
|  |  | | | | | State: | | | | | |
|  |  | | | | | Zip Code: | | | | | |
| **1.5** | The undersigned asserts that Qualifier and any individuals, including employees, agents, independent contractors, or subcontractors, who shall perform work under this contract have not been convicted of, pled guilty to, or pled nolo contendere to any felony.  YES  NO  If NO, please attach a separate page describing relevant details. | | | | | Phone Number: (   )     - | | | | | |
|  |  | | | | | Facsimile Number: (   )     - | | | | | |
|  |  | | | | | Cell Number (optional): (   )     - | | | | | |
|  |  | | | | | Email Address: | | | | | |
| **FAILURE TO SIGN THIS SECTION MAY DISQUALIFY YOUR RESPONSE** | | | | | | | | | | | |
|  | | | |  | - | | |  | | -    - | |
| CONTRACTOR’S NAME | | | |  | FED EMPLOYER ID NO. | | |  | | SOCIAL SECURITY NO. | |
|  | | | |  | /    / 2014 | | |  | |  | |
| SIGNATURE | | | |  | DATED | | |  | |  | |
|  | | | If signature is other than company President or business owner, **evidence showing authority to bind the company must be attached**. | | | | | | | | |
| PRINTED NAME | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| TITLE | | |  | | | | | | | | |

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| **MANDATORY REQUIREMENTS**  Zero Points Possible as the response merely indicates whether the Proposer meets the minimum qualifications imposed by the County to be considered for the award. |

1. Completion and execution of the Qualifications Statement Transmittal Form.

YES  NO

1. Documentation of Psychologist license issued by the California Board of Psychology. Complete checklist below:

|  |  |  |
| --- | --- | --- |
| **Attachment Checklist** | **RFQ Reference Number** | **Page Number** |
| Psychologist License | **2** |  |

1. Documentation of compliance with California Commission on Peace Officer Standards and Training’s continuing professional education requirements. I completed    hours of POST certified continuing professional education from May 1, 2012 through August 30, 2014.
2. Documentation of the equivalent number of pre and post-doctorate full-time years providing for the diagnosis and treatment of emotional and mental disorders. Complete table below.

|  |  |  |
| --- | --- | --- |
| **Period (mmyy)** | **Pre and Post-Doctorate** | **Equivalent Number of**  **Full-time Years** |
| /    -    / | Pre-doctorate |  |
| /    -    / | Post-doctorate |  |

1. Assertion statement. Within the last ten (10) years, Qualifier been debarred or otherwise ineligible to participate in any federal or state program. If such disbarment or action occurred, please provide an explanation outlining relevant details below (Max limit = 2,500 characters) and attach a certification of non-suspension or a letter of clearance from the appropriate federal or state agency.

Attach a copy of certification of non-suspension. Complete checklist below.

|  |  |  |
| --- | --- | --- |
| **Attachment Checklist** | **RFQ Reference Number** | **Page Number** |
| Certification of non-suspension or letter of clearance | **5** |  |

1. Certification and assurance of compliance.

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| Qualifier Name: |

By indication of the authorized signature below, the Qualifier does hereby make certification and assurance of the Qualifier’s compliance with:

1. Title VI of the federal Civil Rights Act of 1964;
2. Title IX of the federal Education Amendments Act of 1972;
3. the Equal Employment Opportunity Act and the regulations issued thereunder by the federal government;
4. the Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government;
5. the Immigration Reform and Control Act of 1986 and the regulations thereunder by the federal government;
6. the laws of the County of Solano;
7. all provisions in this Qualifications Statement, including

1) the condition that the submitted Qualifications Statement was independently arrived at, without collusion, under penalty of perjury;

2) the condition that no amount shall be paid directly or indirectly to an employee or official of the County of Solano as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Qualifier in connection with the Procurement under this RFQ; and

3) the condition that Qualifier, and if applicable, all Qualifier’s employees, performing services and/or work as a result of this solicitation must have documented legal authority to work in the United States of America.

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| **Certification and Assurance** |

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor to the above described certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| SIGNATURE |  | DATED |
|  |  |  |
| PRINTED NAME |  | TITLE |

|  |
| --- |
| **QUALIFICATIONS and EXPERIENCE** |
| Maximum Points Possible: **50** |

1. Complete and attach a resume for the psychologist who will be performing services under this RFQ. The resume should highlight the psychologist’s education and experience.

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| **Attachment Checklist** | **RFP Reference Number** | **Page Number** |
| Resume | **7** |  |

1. List all current and prior contracts within the last five years for same services under this RFQ and include their contact information:

|  |  |  |
| --- | --- | --- |
| **Term (mmyy)** | **Account Name** | **Contact Information** |
| /    -    / |  | Name:  Title:  Phone #:  Email: |
| /    -    / |  | Name:  Title:  Phone #:  Email: |
| /    -    / |  | Name:  Title:  Phone #:  Email: |
| /    -    / |  | Name:  Title:  Phone #:  Email: |
| /    -    / |  | Name:  Title:  Phone #:  Email: |

Note: Additional page(s) should be attached if more than five contracts.

1. Describe your credentials to deliver the services sought under this RFQ. Your description should include, but not be limited to, education, experience, license, certifications, continuing professional education, and knowledge of required standards.