

Tioga County
Department of Mental Hygiene

1062 State Route 38
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Owego, NY 13827

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NOTICE IS HEREBY GIVEN

that the County of Tioga will receive proposals for RFP . **Tioga County is seeking Proposers to Provide Substance Abuse Jail Based Services for Tioga County.** Such proposals must be filed with the Tioga County Director of Community Services, 1062 State Route 38, PO Box 177, Owego, New York 13827, on or before **4:00 PM prevailing time, November 20, 2018.** **All questions pertaining to this RFP shall be forwarded in writing to the Director of Community Services at the address shown above.** The County reserves the right to reject any or all proposals.

Lori Morgan, LCSW-R

Director of Community Services

Tioga County

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A. INSTRUCTIONS TO VENDORS

- 1) Read all documents contained in the RFP specifications.
 - 2) Vendors are responsible for submitting their proposals to the exact location indicated on the “Notice” prior to the time indicated in the “Notice”. No proposals will be accepted after the designated time indicated in the “Notice”. **Note: (1) original and (10) copies are required to be submitted.**
 - 3) Vendors are responsible for reporting, in writing, any errors found in the RFP specifications to the Director of Community Services, 1062 State Route 38, PO Box 177, Owego, New York 13827.
 - 4) Questions about or clarifications to the technical specifications must be made in writing to the Tioga County Director of Community Services prior to the proposal due date. Such questions must be in the possession of Director of Community Services by November 6, 2018 by 4:00pm. Verbal questions may not be entertained.
 - 5) Vendors shall indicate on the outside of their sealed proposal the following information:
 1. **Title of RFP**
 2. **Date and Time of Proposal due date**
 3. **Company Name**
 - 6) In addition to all other required information, the following forms must be submitted with the Proposal:
 1. **Non-Collusion Affidavit and Indemnification forms signed and dated**
 2. **The proposal form filled out completely**
- Furthermore, the County reserves the right to request any additional information deemed necessary for the proper evaluation of this proposal.
- 7) **Failure to comply with the above may result in the rejection of the proposal as being unresponsive.**
 - 8) Under no circumstances is it necessary to return the RFP packet. It should be retained by the vendor for his/her records.

B. GENERAL INFORMATION

AWARD OF CONTRACT:

Prices quoted in the proposals shall be firm for a period of at least FORTY-FIVE (45) days after the submission deadline as required by NYS General Municipal Law; however, the review, interview, and contract process could exceed that time frame. Proposals should include the extent to which the pricing proposed would be held by the Contractor. Notice of awards shall be in the form of a copy of the resolution awarded by the Tioga County Legislature and sent to all successful vendor(s) by U.S. mail.

METHOD OF AWARD:

The award may be made to the most responsible proposer whose proposal is determined to be in the best interest of Tioga County and deemed will best serve the County's requirements based upon criteria stated under the Scope of this RFP, the evaluation of references, qualifications, and if deemed necessary, an interview with the Vendor and the Award Committee.

Price will not necessarily be the determining factor in the award of the contract. All proposals will be evaluated to determine if they meet the required format and be in compliance with all requirements of the Request for Proposals.

CONTRACT:

The award of any contract resulting from this RFP must be approved by the Tioga County Legislature.

COMMENCEMENT OF WORK: The work awarded as a result of this RFP will commence upon Tioga County receiving funding from NYS OASES for such work. Once said funding is received, Tioga County will issue a Notice to Proceed to the Vendor. Work will not proceed and the award and agreement will be terminated upon written notice should the County not receive OASES funding for this work. Any work undertaken in anticipation of the notice to proceed shall be at the contractors sole risk.

PROPOSAL EXPENSES:

Prospective bidders are solely responsible for their own expenses in preparing a proposal and subsequent negotiations with the County, if any. The proposal should be submitted in the format requested and to be simply bound.

JUDGMENTS/LEGAL FINDINGS:

By submitting this proposal for consideration, the vendor affirms that they currently have no judgments or other legal findings nor have any pending judgments or other legal findings against the company or any of its executives, with any federal, state or local governmental entities that in any way could impact or have the potential to impact their ability to complete any contract awarded them as a result of this proposal. Failure to disclose any such judgments and/or findings could result in the termination of any contracts and other penalties as deemed legal and appropriate by the County.

NON-ASSIGNMENT:

In accordance with NYS General Municipal Law 109, at no time during the duration of any contract resulting from this RFP, shall the successful vendor be allowed to assign any portion of this contract to a third party without express written approval by the Tioga County Legislature.

IRANIAN ENERGY SECTOR DIVESTMENT:

By submission of a proposal, each entity and each person signing on behalf of any proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of section 165-a of the State finance law.

WITHDRAWAL OF PROPOSAL:

A proposal may be withdrawn at any time prior to the submittal deadline. A proposal may be withdrawn and resubmitted at any time prior to the submittal deadline. No proposal may be withdrawn after the submittal deadline.

CONTACT PRE- AND POST- PROPOSAL SUBMISSION:

Contact with any county staff or an evaluation team member other than the Director of Community Services is strictly prohibited. Any requests for information are to be in writing and submitted to the Director of Community Services. Any proposer who circumvents this procedure will be in violation of purchasing rules and their proposal will not be evaluated or considered.

C. TIMELINE FOR PROPOSAL SUBMISSION

RFP Release:	October 23, 2018
Deadline for Submission of Questions:	November 6, 2018
Question & Answers Posted:	November 9, 2018
Proposals Due:	November 20, 2018

D. SUBSTANCE ABUSE SERVICES TIOGA COUNTY JAIL RFP

Introduction:

Tioga County is seeking proposals from applicants to provide jail based Substance Abuse Services within Tioga County.

In general, Tioga County, is seeking an established provider which:

- Has a history of excellence and leadership in the delivery of evidence based, cost effective substance abuse treatment, and abides by the NYS Office of Alcoholism and Substance Abuse Services (OASAS) applicable Guidelines;
- Has experience in providing treatment to incarcerated individuals;
- Has demonstrated an ability to work and closely collaborate with their respective County Department of Mental Health, local agencies, and stakeholders in building effective and responsive local services;
- Is an experienced provider with a successful record of financial and operational management;
- Agrees to establish and maintain relationships with the Tioga County Local Governmental Unit (LGU) and its Community Services Board;
- Meets all applicable state and federal regulations and/or requirements including participation in local systems planning, integration and coordination activities;
- Demonstrates corporate/agency expertise, infrastructure and policies which prepares them to successfully operate in the increasingly complex and financially challenged New York State environment.

The Tioga County Director of Community Services (DCS), along with designees from the Tioga County Legislators and Community Services Board, will review all completed proposals and make recommendations for award.

The successful applicant will agree to operate the program(s) in accordance with New York State OASAS applicable guidelines and/or other applicable state and federal regulations.

Proposals from providers outside the county should reference how they have addressed the RFP items *within their own counties as well as what their plans would be in Tioga County if they are the successful applicant.*

E. ELIGIBLE APPLICANTS

To be eligible for consideration, an applicant must be a voluntary agency. This voluntary agency must be currently an OASAS Provider to provide services and deemed to be in “In Good Standing”. For the purposes of this RFP, the following definitions apply:

Voluntary Agencies: As defined in New York State Mental Hygiene Law, section 41.03 paragraph 12, a voluntary agency “means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.” For profit or proprietary entities are **not eligible**.

In Good Standing: All of the applicant’s OASAS operating certificates that are subject to a compliance rating have a current compliance rating of partial (two (2) years) or substantial (three (3) years) compliance as of the due date for the applications submitted in response to this RFP and the applicant agency has not initiated or been the subject of any bankruptcy case file in any U.S. district court that has not been fully discharged as of the due date for RFP applications submitted in response to this RFP.

F. ADDITIONAL REQUIREMENTS

In addition to the requirements set forth in the Scope of Service, successful applicants will be required to:

- Enter into contract with Tioga County and abide by all terms and conditions set forth in the contract, including, but not limited to, requirements related to fiscal and program data submission, HIPAA and confidentiality, insurance, audit, Labor Law, workers compensation, and prohibition of discrimination;
- Comply with all OASAS applicable regulatory requirements.;
- Participate in the development and implementation of the Department’s local plans for services, and such service planning and implementation processes as may be deemed necessary by the Department while working closely with other community agencies which provide related services;

G. SCOPE OF SERVICES

Guidelines for Substance Abuse Services in Tioga County Jail

Tioga County is seeking proposals from an applicant to provide substance abuse services within the Tioga County Jail.

Substance Abuse Service in Tioga County Jail Framework

The selected applicant will provide screening, assessment, treatment, discharge planning, peer support services, and care coordination/re-entry plans to individuals who are in need of treatment services during incarceration and care coordination upon discharge. The successful bidder will offer evidence-based treatment that reflects the unique needs of incarcerated individuals. Vendors are expected to determine a full continuum of care for inmates and ensure continuity of care upon release to the community. Vendor will track the following metrics and accomplish goals:

- Increase number of inmates screened for substance use disorder.
- Increase percentage of inmates who are screened and found appropriate for further assessment.
- Increase percentage of inmates engaged in treatment
- Increase percentage of inmates appropriate for medication assisted treatment
- Increase percentage of inmates found appropriate for medication assisted treatment and receive it.
- Increase percentage of inmates who received discharge planning.
- Increase percentage of inmates that received care coordination/re-entry plans/referrals.
- Increase percentage of inmates that engage in treatment referral post-discharge.
- Reduce percentage of inmates that were involved in substance abuse jail services reoffended/return to jail (recidivism).

Vendors are to provide a process for meeting the above metrics.

Requirements/Expectation: The successful applicant would be required to offer a comprehensive range of alcohol and substance abuse services for Tioga County Jail.

SECURITY REQUIRMENT: Successful bidders will abide by all security requirements prescribed by the Tioga County Sheriff's Department.

H. PROPOSAL FORMAT

NOTE: Parts I and II must be limited to ten pages narrative combined, 12 point font, with one inch margins, not counting attachments.

Part I. Agency/Organization Narrative

Part II. Program Narrative (Parts I and II must be limited to ten pages narrative

combined, 12 point font, with one inch margins, not counting attachments).
Part III. Budget and Narrative Budget Justification

Note: Agency promotional materials are not part of the RFP and should not be included.

PART I: Agency/Organization Narrative Overview

1. Provide an overview that clearly describes the organization and its experience in providing chemical dependence services:

- Provide a *brief* one paragraph summary of background information which describes the agency and its history.
- Indicate the location of the agency's main corporate/administrative operations offices.
- State the corporate form of the agency, to include year of incorporation and purpose.
- Describe the agency's experience in providing jail based services.
- Complete the "Program Listing Form" (Attachment C); listing all programs licensed by New York State agencies, including the operating certificate number, expiration date, and duration of the license.
- Indicate the size, scope, and scale of current operations, to include programs offered geographic service area, annual operating budget, financial history, and number and type of employees.
- Provide copies of audited financial statement and Federal Tax Form for not-for-profits 990 (Label as Attachment G) and CFR for the last two years (Label as Attachment F) as attachments.

2. Organization Governance - Describe agency governance structure and its relationship to the services proposed:

- Attach a listing of the members of the current Board of Directors, including member affiliations and term for each member. Indicate Board Officers by position and term of such office (Label as Attachment A).
- Attach a Board Resolution that authorizes the submission of this proposal (Label as Attachment B).

3. Organization Vision and Mission - Provide an overview that clearly describes the agency's mission and demonstrates a commitment to chemical dependence services:

- State the Vision and Mission of the organization. (Label as Attachment E).
- Describe the process used to develop the Vision and Mission statements.

4. Organization Structure - Describe the organizational structure and the relationship of the services proposed to the overall agency structure:

- In narrative form, explain current and proposed jail based services and their relationship to other areas of the agency.
- Attach an organizational chart which clearly illustrates the reporting relationships between the various components. (Label as Attachment D)
- Include names and titles of each key management position on the organizational chart.

- Clearly label the proposed services as “Proposed” within the organizational chart.

5. Organization Management Systems - Describe the internal management systems of the agency:

- Human Resources
- Management Information Systems
- Supervision and Controls
- Corporate Compliance
- HIPAA and Federal Confidentiality Compliance
- Quality Assurance
- Facilities Management
- Other management systems in place necessary for organizational management

6. Organization Relationships

- Describe the organization’s relationships and linkages with other health and human service providers necessary to affect the continuity of care and access to needed services.
- List any contracts with the Local Governmental Unit and/or its designee within each locality where applicant currently provides services (Attachment I).
- List any formal, written agreements in place and purpose of such agreements (Attachment I).
- Describe the process to be used to develop linkage agreements in Tioga County if no such linkages are currently in place. Include the purpose of such agreements and name of provider(s) with whom such agreements will be sought.

7. Coordination

- Describe the organizations past experience working with Local Governmental Units where applicant is currently providing services.
- Describe participation in local planning for chemical dependence services.
- Describe participation in other related local and state planning efforts (i.e. mental health, homeless services, criminal justice, etc.).
- Indicate if the agency is currently registered in the OASAS County Planning System (CPS).

8. Commitment to Tioga County

- Explain applicant’s interest in providing services to the residents of Tioga County. Specifically address experience providing services in rural settings.
- Describe ability to establish and maintain familiarity with and knowledge about, Tioga County and commitment to support services over time.

PART II: Program Narrative

1. Description of Service

Provide a description of the services to be provided from your agency’s perspective:

- A brief description of the jail based services, including service delivery methods and philosophical approaches to care.

- Describe how this proposal fits with other substance abuse services the agency currently operates.
- Describe how you envision the proposed interventions would operate within the overall system of care for behavioral and other health and human services in Tioga County.
- Indicate the agency’s experience/expertise in providing the particular proposed services.
- Describe how you will develop baseline/track required metrics in service delivery.

2. Staffing:

- Describe the staffing plan for the proposed services.
- List relevant training clinical staff has received during the past two years.

3. Service Delivery Information:

- Describe the specific Evidenced Based strategies / programs intended to be utilized.
- Describe the performance and outcome measures that will be used.
- Describe the approach for provision of culturally and linguistically competent services. s.
- Complete the “Implementation Time Line Form” (Attachment H), identifying major tasks and activities by month.

Part III - Budget and Narrative Justification – Cost not to exceed \$135,000.00

1. Budget and Service Information

- Please provide an anticipated budget for the operation of Jail Based Services utilizing the forms provided in Attachment J. Include all expenses related to the operation of the program as further detailed in instructions for the budget narrative below.

Submit a full copy of your year-end Consolidated Fiscal Report for the previous two years (Attachment F).

Describe any OASAS funding that has had to be returned to funding sources since 2016, and reasons for that return. Include the status of completed or in-process Federal or State Medicaid audits.

2. Program Financing/Assistance to Support Service Delivery

To assist potential vendors with provision of local services, the County will redirect current state aid and other resources as may be made available to support the operation of a Jail Based Substance Abuse Services. The County and State will provide the maximum available resources for these services, but are held harmless in the event of funding cuts due to New York State or Tioga County budgetary and/or legislative actions.

Approved Funding	\$135,000
County Local Share 2019	\$0

3. **Budget Narrative (limit to one page, 12 point font, with one inch margins):**

The applicant should provide narrative detail on budgeted expenditures, including, but not limited to the following:

- All staffing costs including mandatory and non-mandatory fringe benefit costs;
- Amount of dollars allocated for staff training and cite examples of possible training topics;
- Basis for property and equipment cost estimates;
- Resources to cover any non-funded costs;
- [Compliance with Executive Order No. 38 \(14 NYCRR Part 812\)](#)

I. PROPOSAL REVIEW PROCESS

Proposals received in response to this RFP will be reviewed and evaluated by a representative review panel established by the Tioga County Legislators, the Community Services Board (CSB). Any member of the Legislature or CSB who is affiliated with an agency submitting a proposal is **ineligible** to be part of the review panel and discussions regarding the selection of the list of applicants to be considered. The final award, budget, and contract are subject to approval by the Tioga County Community Services Board and NYS OASAS. Tioga County and/or NYS OASAS reserve the right to not approve an award to a successful applicant who is not In Good Standing at the time a final award is made.

Questions will be accepted and should be submitted as per the instructions found in the “Instruction to Vendors” section of the RFP.

1. Threshold Review Criteria

The following threshold review criteria will be rated either “yes” or “no”. If any of the criteria are rated “no”, the proposal will be immediately disqualified from further consideration.

- a. Was the proposal received by the submission deadline date and time set forth in this RFP?
- b. Does the proposal meet the criteria as an “eligible applicant” as set forth in this RFP?
- c. Has the application been signed by an authorized representative of the organization?
- d. Are the Organization and Program narratives limited to twelve pages combined?
- e. Is the application complete?

2. Proposal Review Criteria

Applications passing the threshold review criteria will be reviewed by a representative group established by the Tioga County Community Services Board.

The following criteria will be utilized in the evaluation of qualifications for developing the list of applicants to be considered. Further consideration may include interviews and/or potential negotiations with highly qualified and responsible applicant(s) s determined solely by the County.

Part I - Agency/Organization:

The review of Part I – Agency/Organization Narrative will evaluate the agency’s character and competence, including experience and expertise in providing substance abuse jail based services as well as preparedness to operate in the current New York State behavioral healthcare environment going forward.

- Has the Board approved the submission of this application via a Board Resolution?
(Required)
- Organizational values and commitment to quality of services: Do these reflect a leadership role for agencies managing modern behavioral healthcare services?
- Does the Vision and Mission of the organization support the delivery of the services proposed and does the Governance structure provide the appropriate level of oversight and attention to the services proposed?
- Is the relationship of the services proposed to the overall agency structure clearly defined?
- Does the agency have experience in providing successful jail based services?
- Does the agency show awareness of incorporating current trends in substance abuse services at the state and national levels?
- Is the agency fiscally viable and prepared to operate in the current fiscal climate?
- Does the agency have the necessary internal management systems in place?
- Does the agency describe strong local linkages in place. If not, is the process to develop such linkages thorough and clearly described?
- Has the applicant demonstrated past cooperation with the LGU in the county where it operates and in its dealings, if any, with Tioga County?
- Does the agency show high levels of financial management capacity, including CFR knowledge, and success in retaining state funding?
- Does the agency demonstrate a commitment to Tioga County and its residents?
- Has the agency shown an ability to manage services in rural areas?
- What has been the experience of local stakeholders with the agency and its programs?
- Does the agency demonstrate a comprehensive corporate compliance plan and successful audit experience?
- Does the agency demonstrate a foundation of evidence-based and other effective innovative practices throughout services?
- To what extent do outcome measures and person-centered planning appear to be driving services?
- How extensive are the program and supervisory supports the organization devotes to its programs?
- What has been the organization’s experience of success in RFP and grant applications?
- What is the responsiveness, overall quality, and completeness of the proposal?

Part II - Program Proposal:

The review of Part II – Program Narrative will evaluate the proposer’s understanding of the service and its objectives, how the services must be delivered, the agency’s experience/expertise and demonstrated quality in delivering the type of service proposed, and the proposer’s responsiveness to delivering the service within the parameters set forth in the RFP. The current provider, if applying, should outline its current practices and plans.

- Did the applicant demonstrate a clear understanding of the overall system of care for behavioral and other health and human services in Tioga County?
- Do the applicant’s service delivery methods and philosophical approach to care demonstrate an understanding of the service and a good fit with Tioga County Department of Mental Hygiene values and priorities?
- Does the agency have experience/expertise in providing the service proposed?
- Did the applicant propose an appropriate staffing plan?
- Are the performance measures appropriate for the service proposed?
- Is the Implementation Time Line complete and reasonable?
- What is the program’s past and proposed training plans/activities for staff?
- What are the program’s current use of evidenced-based or research-based practices in alcoholism and substance abuse?

Part III - Budget and Narrative Justification:

The review of the budget will evaluate the reasonableness of costs and revenue projections, including an assessment of the fiscal viability of the program as proposed.

J. NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES REVIEW

Following completion of the county’s review process, the county will notify OASAS of the outcome of the RFP process in order to obtain state level review and approval for transfer of services to the selected provider.

H. ATTACHMENTS TO COMPLETE RFP PROPOSAL

- 1 Attachment A: Board of Directors:** Attach a listing of the members of the current Board of Directors, including member affiliations and term for each member. Indicate Board Officers by position and term of such office.
- 2 Attachment B: Board Resolution:** Attach a Board Resolution that authorizes the submission of this proposal.

- 3 **Attachment C: Program Listing Form:** Complete the attached form listing all programs licensed by New York State agencies, including the operating certificate number, expiration date and duration of the license.
- 4 **Attachment D: Organizational Chart:** Attach an organizational chart which clearly illustrates the reporting relationships between the various components. Include names and titles of each key management position on the organizational chart. Clearly label the proposed services as “Proposed” within the organizational chart.
- 5 **Attachment E: Organization Vision and Mission:** Provide an overview that clearly describes the agency’s mission and demonstrates a commitment to chemical dependence services: State the Vision and Mission of the organization. Describe the process used to develop the Vision and Mission statements.
- 6 **Attachment F: Consolidated Fiscal Reports:** CFR for the last two years
- 7 **Attachment G: Audited Financial Statement and Form 990:** Provide copies of your audited financial statement and Federal Tax Form for not-for-profits 990 for the last two years
- 8 **Attachment H: Implementation Time Line:** Complete the attached form identifying major tasks and activities by month for assuming operations (Month 1, Month 2, etc.)
- 9 **Attachment I: Contracts:** List any contracts you have with the Local Governmental Unit and/or its designee within each locality where your agency currently provides services. List any formal, written agreements in place and purpose of such agreements
- 10 **Attachment J: Proposal Budget Form:** Complete the attached form.
- 11 **Attachment L: Non-Collusion Affidavit:** Sign and date attached form
- 12 **Attachment N: Proposal Form:** Fill out attached form

Attachment C

Program Listing Form

Please complete the table below listing all programs that your agency operates that currently hold a license or certification from any New York State Department or Office.

Program Type	NYS Office Certifying	Operating Certificate #	Expiration Date	Duration of Certification
<i>Example: Outpatient</i>	<i>OMH</i>	<i>XXXX</i>		<i>3 years</i>
	<i>OASAS</i>	<i>XXXX</i>		<i>2 years</i>

Briefly list federal and other grants and dates of expiration:

Attachment H

IMPLEMENTATION TIME LINE FORM

Please complete the Implementation Time Line Form. Identify the key actions or tasks that are necessary to accomplish or transition the operation of the service to your organization. For completion date, show the month in which the action or task is to be completed starting from notification of your project's selection, portrayed as "month 1", "month 2", etc. Be as specific as possible to demonstrate your understanding of the steps involved in developing the service. Add additional rows if necessary.

Implementation Time Line

Key Action/Task	Completion Month

Expenses:

Personal Services (from above):

\$

Fringe Benefits:

\$

FB Ratio to PS:

OTPS: Itemize any costs over \$5,000:

\$

Utilities

\$

Treatment Supplies

\$

Travel/training

\$

Office supplies

\$

\$

All Other < \$5,000 each

\$

Total OTPS:

\$

Property:

\$

Equip.: Itemize any costs >\$3,000

\$

Computer equipment

\$

Telephone system

\$

Furnishings

\$

Total Equipment:

\$

Agency Admin & Overhead:

\$

A&OH
Percentage:

Total Expense:

\$

Budgeted Revenue:

Patient fees/Self Pay

\$

Third Party Revenues (specify)

\$

\$

\$

Other 3rd party (cumulative):

\$

Total Third Party

\$

Medicaid

\$

Medicare

\$

Other (specify):

\$

\$

\$

Total Other:

\$

Total Revenue:

\$

Net Deficit

\$

Net Deficit Funding

\$

Non-Funded

\$

ATTACHMENT L

NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this RFP, (~~xxxx~~) each vendor and each person signing on behalf of any vendor certifies, and in the case of a joint proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

- 3) 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 vendor or with any competitor;
- 3) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the vendor prior to opening, directly or indirectly, to any other vendor or to any competitor; and
- 3) No attempt has been made or will be made by the vendor to induce any other person, partnership, or corporation to submit or not to submit a proposal for the purpose of restricting competition.

NAME OF FIRM _____

Individual or Legal Name of Firm or Corporation

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

BY: _____

Signature of Representative of Firm or Corporation (blue or other non-black ink)

DATED: _____

ATTACHMENT N

PROPOSAL FORM

PROPOSAL FORM FOR RFP To provide Substance Abuse Jail Based Services for Tioga County to be received by November 20, 2018 prevailing time **4:00 PM** at the office of Tioga County Director of Community Services, 1062 State Route 38, PO Box 177, Owego, New York 13827.

Written proposals must be submitted in a sealed envelope plainly marked as to its contents. Required is (1) original proposal and (10) copies. ORIGINAL to be clearly marked.

Proposals must contain a statement of non-collusion as required by Section 103-d of the General Municipal Law. **The County reserves the right to reject any or all proposals.**

The undersigned proposes to furnish the following services, in accordance with the attached specifications, to the County of Tioga at the price(s) shown. All prices are to include no taxes.

NAME OF FIRM: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

BY: _____ (blue ink)

PRINT NAME: _____

FEDERAL OR TAX ID # _____

NOTE: By signing and submitting this Proposal for consideration by the Tioga County Community Services Board, and Tioga County Legislature, the vendor acknowledges that they have read, understand and agree to all aspects of the specifications as presented without reservation, exception or alteration.