

## **Title III B Supportive Services Program**

## Letter of Intent

This is to notify Sourcewise that the organization listed below has obtained and reviewed the Request for Proposal(s), issued on March 16, 2020 for Title III B Supportive Services. Our organization is interested in submitting a proposal in response to this RFP as indicated below:

Title III B, Adult Day Care/Health Services	Title III B, Case Management
Title III B, Legal Assistance	Title III B, Long Term Care Ombudsman

Legal Name of Organization:

Federal Employer Identification Number (EIN):

Legal Form of Organization (check one)	
Non-Profit	501(c)(3)
Non-Profit	501(c)(4)
Non-Profit	Other (Specify):
Covernment	City Covernment
Government	City Government
Government	County Government
Government	Special District of Local Government
Government	Other (Specify):
For-Profit	Corporation
For-Profit	Limited Liability Company (LLC)
For-Profit	Limited Partnership (LP)
For-Profit	General Partnership (GP)
For-Profit	Limited Liability Partnership (LLP)
For-Profit	Sole Proprietorship

Santa Clara, CA 95054 P: (408) 350-3200



My organization's initial qualifications to provide services are indicated by the following:

Please place a check mark by the appropriate response.

Yes No

Organization is trained and experienced in working with seniors who are in the greatest economic need (22 CCR § 7125) and social need (22 CCR § 7127).

Organization has experience to provide skills to direct group activities, facilitate discussion, provide informal counseling, and coordinate community resources and linkages for participants are required.

Organization has experience with providing a variety of services to address functional limitations, maintain health and independence, and promote access to services.

Organization has the ability to provide interpretation/translation in languages prevalent in the communities in which the contracted service will be provided.

Organization has capability to provide insurance as follows: 1) General Liability of not less than \$1,000,000 per occurrence for bodily and property damage combined; 2) Automobile Liability including non-owned auto liability, of not less than \$1,000,000 for volunteers and paid employees providing contracted services; 3) Professional Liability of not less than \$1,000,000 as it appropriately relates to services rendered and coverage shall include errors and omissions; and 4) Workers Compensation insurance.

Organization is not presently debarred or suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal department or agency.

Organization has not, within the preceding three-year period, been convicted of or had a civil judgment rendered against it, and is not presently indicted for or otherwise criminally or civilly charged, for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

Organization has not, within the preceding three-year period, had one or more public transactions (federal, state, or local) terminated for cause or default.

Organization has experience with fiscal management and data collection and reporting for federal or state programs.

If a corporation, limited liability company or partnership, or limited or general partnership, the organization's registration status is designated as Active by the California Secretary of State. (If bidder's entity is not one of the types listed, enter N/A.)

If a non-profit organization, the organization's registration status is designated as Current or Exempt-Active by the California Department of Justice, Registry of Charitable Trusts. (If bidder is a for-profit organization, enter N/A.) Please complete the following:

Organization:	
Mailing Address:	
Telephone Number:	
Email Address:	
Authorized Signature:	
Name (Print or Type):	
Title:	
Date:	

<u>All three pages</u> of this Letter of Intent, with authorized signature in ink, are due before 4:30 p.m. on April 10, 2020 to:

Sourcewise Attention: Elizabeth Brown 3100 De La Cruz Blvd, Suite 310 Santa Clara, CA 95054

