



Public Health Workforce Program

**Letter of Intent**

This is to notify Sourcewise that the organization listed below has obtained and reviewed the Request for Proposals, issued on August 7<sup>th</sup>, 2023, for Public Health Workforce Program, and that our organization is interested in submitting a proposal in response to this RFP as indicated below:

Legal Name Of Organization:	
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Federal Employer Identification Number (EIN):	
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Legal Form of Organization (check one)		
	Non-Profit	501(c)(3)
	Non-Profit	501(c)(4)
	Non-Profit	Other (Specify):

	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

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

Please place a check mark by the appropriate response.

Yes	No	
		Organization has experience recruiting, hiring, and training public health professionals to address the unique needs of Older Adults, Family Caregivers, Grand Families and Kinship Families, respond to the COVID-19 pandemic and prepare for future public health challenges.
		Organization has experience providing services that address social isolation and social determinants of health, and other activities that support the public health and wellbeing of Older Adults and people with disabilities.
		Organization provides assistance with accessing vaccines (including boosters) and connecting individuals to other services; transition, and diversion from high-risk congregate settings to community living, health, and wellness programs.
		Organization has experience providing health activities and supports including culturally affirmative and linguistically accessible information.
		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 currently 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 statutes 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 designated as <i>Active</i> by the California Secretary of State. (If bidder's entity is not one of the types listed, enter <i>N/A</i> .)
		If a non-profit organization, the organization's registration status designated as <i>Current</i> or <i>Exempt-Active</i> by the California Department of Justice, Registry of Charitable Trusts. (If bidder is a for-profit organization, enter <i>N/A</i> .)

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Please complete the following:

Organization:

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Mailing Address:

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Telephone  
Number:

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Email Address:

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Authorized  
Signature:

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Name  
(Print or Type):

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Title:

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Date:

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**All three pages** of this Letter of Intent, with electronic authorized signature, are due before 4:00 p.m. on August 17<sup>th</sup>, 2023, to:

Sourcewise  
Marijeanne Santina  
[msantina@mysourcewise.com](mailto:msantina@mysourcewise.com)