## QUALIFICATIONS PROPOSAL FORM

NAME, TITLE, TELEPHONE, FAX AND EMAIL OF CONTACT PERSON: ____________________________________________

________________________________________________________________________________________________

BUSINESS NAME: ________________________________________________________________________________
*Note: Individuals doing business in their own name are "sole proprietorships" so should insert their name and address as the "business" address. If you use an "assumed name" or "d/b/a" please provide that as well.]*

BUSINESS ADDRESS: _____________________________________________________________________________

DOES THIS BUSINESS HAVE A MINORITY, WOMEN, DISADVANTAGED, OR SMALL BUSINESS STATUS? YES NO
IF YES, PLEASE LIST THE DESIGNATION(S) AND THE CERTIFYING ENTITY(TIES)

________________________________________________________________________________________________

________________________________________________________________________________________________

**IMPORTANT: PLEASE CHECK THE LINE NEXT TO THE POSITION(S) FOR WHICH THIS QUALIFICATIONS PROPOSAL IS BEING SUBMITTED.**

| | | |
|---|---|---|
| __#0001 Interpreting Services-Sign | __#0011 MH Polygraph Examiner | __#0034 Community Mental Health Specialist |
| __#0002 Interpreting Services-Spanish | __#0012 MH Evaluator | __#0035 Behavior Intervention Specialist I |
| __#0003 Psychiatrist/Psychiatric Nurse Practitioner-on Call | __#0015 Occupational Therapist | __#0036 Behavior Intervention Specialist II |
| __#0004<br>__Psychiatrist<br>__Child Psychiatrist<br>__Child Psych-Spanish Speaking | __#0019 DD Assessment Specialist | __#0037 Special Project Assistant & Family Navigator |
| | __#0023 Behavioral Health Assessment Specialist | __#0038 Psychosocial Rehabilitation Provider |
| | __#0025 Forensic Connections Care Coordinator | __#0039 Community Psychiatric Support & Treatment Services Provider |
| __#0005<br>__Nurse Practitioner in Psychiatry<br>__NP-Spanish Speaking | __#0026 Resource Assistant | __#0040 Mental Health Nurse |
| | __#0027 Occupational Therapist Assistant | __#0041 Project Manager |
| __#0007 Engagement Specialist | __#0028 Clinic Case Manager Bi-Lingual Spanish | __#0042 Data Surveillance Coordinator |
| __#0008 Addiction Case Manager | __#0031 Outreach Worker for Children's Mental Health | __#0043 Behavior Intervention Specialist Assistant |
| __#0009 MH Competency Evaluator | __#0032 Outreach Worker Adult Mental Health | |
| __#0010 MH Specialty Evaluator | __#0033 Outreach Worker-Nurse Adult Mental Health | #0006, #0013, #0014, #0016, #0017, #0018, #0020, #0021, #0022, #0024, #0029, #0030 All have been eliminated at this time |

The undersigned proposes to furnish and deliver the services described in RFQ #OCDMH-CS-18 for OCDMH Contract Services and the responding proposal to the County of Orange at the prices within the applicable range as described in the Payment section of this RFQ and as negotiated and agreed upon in writing in the Agreement for Consultant Services. The individual submitting this proposal on behalf of his or her firm, certifies by his or her signature below that:

- he or she understands and has complied with the requirements of State Finance Law Sections 139-j and 139-k and will continue to do so throughout the restricted period;
- he or she has read and understood the full Request for Proposal cited above;
- he or she is duly authorized to submit the proposal on behalf of the business entity noted above.

BY: ___________________________________ DATE: _______________________

___________________________________ ___________________________
NAME TITLE