



# LASSEN COUNTY

## Health and Social Services Agency

- HSS Administration**  
336 Alexander Avenue  
Susanville, CA 96130  
(530) 251-8128
- Grant and Loans Division**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-2683
- Behavioral Health**  
555 Hospital Lane  
Susanville, CA 96130  
(530) 251-8108/8112
- Public Health**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8183
- Environmental Health**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8183
- Community Social Services**  
PO Box 1359  
Susanville, CA 96130
- LassenWORKS**  
**Business & Career Network**  
1616 Chestnut Street  
Susanville, CA 96130  
(530) 251-8152
- Child & Family Services**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8277
- Adult Services**  
**Public Guardian**  
720 Richmond Road  
Susanville, CA 96130  
(530) 251-8158
- HSS Fiscal**  
PO Box 1180  
Susanville, CA 96130  
(530)251-2614

## REQUEST FOR PROPOSAL (RFP)

### DRIVING UNDER THE INFLUENCE PROGRAM (DUI) FIRST OFFENDER PROGRAM, 18-MONTH PROGRAM, AND 30-MONTH PROGRAM

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<b>RFP No.:</b>	<b>HSS-2022-01</b>
<b>RFP Issue Date:</b>	<b>September 5, 2022</b>
<b>RFP Submission Date:</b>	<b>September 22, 2022</b>
<b>Issued By:</b>	<b>HSS Administration</b>

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# REQUEST FOR PROPOSAL

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LASSEN COUNTY, CALIFORNIA



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# REQUEST FOR PROPOSAL

## PROVISION OF CRISIS INTERVENTION SERVICES

LASSEN COUNTY, CALIFORNIA

<b>RFP No.:</b>	<b>HSS-2022-01</b>
<b>RFP Issue Date:</b>	<b>September 6, 2022</b>
<b>RFP Submission Date:</b>	<b>September 22, 2022</b>

### I. Intent

This document, referred to as a Request for Proposal (RFP), constitutes a request for competitive, sealed proposals from qualified organizations or individuals. Lassen County Behavioral Health (LCBH) is seeking qualified providers to enter into a purchase of service contract for the provision of Driving Under the Influence (DUI) Program to people in the community. The objectives of the DUI program are to reduce the number of repeat DUI offenses by persons who complete a state-licensed DUI program; and to provide participants an opportunity to address problems related to the use of alcohol and/or other drugs.

### II. Background Information

Lassen County is located in the northeastern region of California with an estimated population of 30,274 (California Department of Finance, 2022) Geographically, it is among the largest counties in California, incorporating 4,547 square miles. Susanville is the county seat and the main population center. Susanville is approximately 100 miles west of Chico, California and 80 miles north of Reno, Nevada. There are several other small unincorporated outposts throughout the County. In proximity to Susanville, some of the communities include Bieber (Big Valley), 96 miles to the north, Westwood 14 miles to the west, and Herlong (Fort Sage), 60 miles to the south of Susanville. Major routes to Susanville include Highway 395 from the south and Highway 36 from the west. Severe winter weather conditions often impacts travel in the region compromising travel from the outlying areas. The Lassen Rural Transit Agency, Lassen Rural Bus offers limited public transportation service. While the Susanville bus schedule offers more transportation options within the community, services to the outlying areas are generally limited to morning and evening service runs.

The economy of Lassen County is primarily supported by government services, the community hospital, the community college, and three prisons (High Desert State Prison, California Correctional Center and Herlong Federal Prison). The US Census includes the prison data into the overall population data which skews County outcome reporting on population, ethnicity, and gender.

LCBH operates a broad range of behavioral health services for the residents of Lassen County. The selected vendor would be responsible for coordinating a DUI program for individuals who are referred by the courts.

### **III. Scope of Services**

#### **History**

Legislation was enacted in 1978 that allowed statewide implementation of programs for multiple DUI offenders. Beginning in 1980, there was a considerable legislative effort to “get tough” on individuals who drive while under the influence. While laws to increase fines, limit plea-bargaining, provide driver’s license restrictions and mandatory jail sentencing became stricter, the need to expand, formalize and standardize DUI program requirements also came into focus. In 1990, the state was authorized to license programs of at least three months duration for first offenders. In 1999, legislation was passed to order individuals convicted of “wet and reckless” to a DUI education program. In 2006, a nine-month program for first offenders with a blood alcohol content of 0.20 or higher was enacted. In fiscal year 2012-2013, 132,737 people participated in California’s DUI programs.

#### **Program Development and Responsibility**

The County Board of Supervisors, in concert with the county alcohol and drug program administrators determines the need for DUI program services and recommends applicants to the State for licensure. DHCS licenses programs, establishes regulations, approves participant fees and fee schedules, and provides DUI information.

#### **Wet Reckless Programs**

A person convicted of reckless driving with a measurable amount of alcohol in their blood must complete a twelve-hour DUI education program.

#### **First Offender Programs**

A person convicted of a first DUI offense must complete a state-licensed 3-month, 30-hour alcohol and drug education and counseling program. A person convicted of a first DUI offense with a blood alcohol content of 0.20 or higher must complete a state-licensed nine-month, 60-hour alcohol and drug education and counseling program. These programs are designed to enable participants to consider attitudes and behavior, support positive lifestyle changes, and reduce or eliminate the use of alcohol and/or drugs.

**18-Month Programs**

Second and subsequent DUI offenders must complete an 18-month multiple offender program. Program requirements are: 52 hours of group counseling; 12 hours of alcohol and drug education; 6 hours of community reentry monitoring; and biweekly individual interviews during the first 12 months of the program.

**30-Month Programs**

A county may elect to provide 30-month DUI programs for third and subsequent DUI offenders. Program requirements are: 78 hours of group counseling; 12 hours of alcohol and drug education; 120-300 hours of community service; and close and regular individual interviews.

**IV. Schedule of Activities**

The County intends to progress in this procurement in a series of orderly steps. The schedule that follows has been developed in order to provide adequate information for bidders to prepare definitive proposals and for the County to fully consider various factors that may affect its decision. This schedule is subject to change at the discretion of the County.

<b>Scheduled Activity</b>	<b>Proposed Dates</b>
Release of Request for Proposals	Tuesday, September 6, 2022
Bidder's Conference	Monday, September 12, 2022, 11:00 a.m-12:00 pm
Last day to submit written requests for Technical Assistance	Friday, September 16, 2022, 4:00 p.m.
Proposal Submission Deadline/Proposal Opening	Thursday, September 22, 2022, 4:00 p.m.
Proposal Review and Selection	Week of September 26, 2022
Post-Review Discussion with Bidders	Week of September 26, 2022
Notification of Selection	Week of October 3, 2022
Board of Supervisors Approval of Award and Contract	October 2022
Approximate Contract Start Date	November 2022

**A. Bidders' Conferences:**

Bidders' Conference:

Monday, September 12, 2022, 11:00 a.m.  
Lassen County Behavioral Health  
555 Hospital Ln  
Susanville, CA

Or Join Via  
Join Zoom Gov Meeting

<https://www.zoomgov.com/j/1607348947?pwd=bDg4MW0rb1pnWGRyUXZ4RFk4YzE1dz09>

Meeting ID: 160 734 8947

Passcode: 384127

One tap mobile

+16692545252,,1607348947#,,,,\*384127# US (San Jose)

+16692161590,,1607348947#,,,,\*384127# US (San Jose)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 669 216 1590 US (San Jose)

+1 646 828 7666 US (New York)

+1 551 285 1373 US

833 568 8864 US Toll-free

Meeting ID: 160 734 8947

Passcode: 384127

Find your local number: <https://www.zoomgov.com/u/ab4vCIH8Vc>

A written record of questions asked at the Bidders' Conferences with responses by designated County staff will be provided to RFP recipients within five (5) working days of the Bidders' Conferences. Attendance at the Bidders' Conferences is strongly recommended.

**B. Written Requests for Technical Assistance:**

Requests for technical assistance must be submitted in writing by 4:00 p.m. Friday, September 16, 2022 via U.S. Postal Service, email, or fax to:

Lassen County Behavioral Health

Attn: Lori Griffith

555 Hospital Ln

Susanville, CA 96130

[lgriffith@co.lassen.ca.us](mailto:lgriffith@co.lassen.ca.us)

Fax: 530-251-2668

Responders are encouraged to request technical assistance early in the process to allow sufficient time for County staff to respond.

The questions submitted after the Bidders' Conferences and answers will be provided by the County in writing to all RFP recipients within five (5) days of the September 16, 2022. Such questions and answers issued by the County shall be sent via email, fax, and/or first-class U.S. Postal Service to the last known business address of each individual or organization that received this RFP.

Questions or requests for technical assistance submitted after the deadline of 4:00 p.m. September 16, 2022 will not be answered.

The County requires that other county management and employees *not* be contacted by bidders during the RFP process. Failure to comply with this requirement may disqualify those proposals from further consideration. Contact is limited to the County RFP Representative listed above for any and all inquiries.

**C. Proposal Opening:**

Proposals will be opened publicly at the Lassen County Behavioral Health office at **4:00 p.m. on Thursday, September 22, 2022**. The only information disclosed at the opening will be the identity of the bidders.

**D. Post-Review Discussion with Bidders:**

Before making a final determination, bidders who submit proposals determined to be reasonably likely to be selected *may* be asked to meet with the evaluation committee to discuss and clarify elements of their proposal to ensure full understanding of the proposal and responsiveness to the RFP.

During such discussions, the County will not disclose rating information concerning competing bidders.

**V. Format of Proposal and Content**

Proposals submitted in response to this RFP must be prepared as and include the elements indicated below:

**Format:** Submit the proposal on company/agency letterhead paginated, and with pages clipped together, *not* stapled or bound in a folder or notebook.

**Proposal Summary and Statement of Responsibility (Signature Page) (Exhibit A):** Providing a clear and concise summary of the proposal, contact information, certifications, and signature.

**Completed Proposal Checklist/Table of Contents (Exhibit B):** Completed as indicated.

**Program Narrative:** Maximum ten (10) pages. Respond to all questions below. List each question in the narrative followed by the corresponding response.

**Completed Budget Proposal (Exhibit C):** Completed as indicated.

\*\*\*\*\*

## PROGRAM NARRATIVE

**Please provide written information to each question below. Any question not answered will be disqualified. (100 points)**

**1. CERTIFICATION OF DRUG AND ALOCHOL COUNSELOR** *[Please submit current copies of the licenses of employees of the organization of who will be providing the services. The Department of Health Care Services recognizes the following: California Association for Alcohol and Drug Educators (CAADE), California Association of DUI Treatment Programs (CADTP) or California Consortium of Addiction Programs and Professionals (CCAPP). All non-licensed or non-certified individuals providing counseling services in a substance use disorder program must be registered to obtain certification as an alcohol and other drug counselor by one of the DHCS approved certifying organizations (Health and Safety Code, Section 11833(b)(1)).*

**2. LOCATION AND SERVICES TO BE PROVIDED** *[Provide the address, hours of operation, and program services, e.g., First Offender program, 3-mo, 9-mo., 18-mo., etc. to be provided at each location.] Please describe if your organization will provide a If your organization will be using tele-communication please describe when and how it will be used and describe all necessary Health Insurance Portability and Accountability Act HIPAA procedures.*

**3. INTAKE INTERVIEW/ENROLLMENT PROCESS** *[Provide a narrative description of the procedures for the enrollment process/intake interview, including staff responsible, and copies of intake forms.] Please refer to Title 9, Section 9848 for specific requirements. Title 9, §9805 (a)(9)(D)*

**4. FACE-TO-FACE INTERVIEWS** *[Describe how face-to-face interviews will be conducted, include the topics to be covered, the length of interviews to be provided, and how documentation of such will be made.] Please refer to Title 9, Section 9858 for specific requirements. Title 9, §9805 (a)(9)(A)*

**5. EDUCATIONAL SESSIONS** *[Identify number of education hours to be provided, curriculum outline, proposed schedule and length of service hours, and number of participants per session.] Please refer to Title 9, §9852 for specific requirements. Title 9, §9805 (a)(9)(A)*

**6. GROUP COUNSELING SESSIONS** *[Identify the number of group counseling hours to be provided, process to be used, topics to be covered, proposed schedule and length of service hours, and number of participants per session.] Please refer to Title 9, Section 9854 for specific requirements. Title 9, §9805 (a)(9)(A)*



**7. INDIVIDUAL COUNSELING SESSIONS** *[Identify the process for providing or referring participants to individual counseling when the participant is unable to benefit from group counseling sessions.]* Please refer to **Title 9, Section 9856** for specific requirements. **Title 9, §9805 (a)(9)(A)**

**8. ASSESSMENT OF EACH PARTICIPANT'S ALCOHOL AND OTHER DRUG PROBLEM** *[Provide a narrative description of the assessment process, staff responsible for conducting the assessment, and a copy of the assessment instrument to be used.]* Please refer to **Title 9, §9849** for specific requirements. **Title 9, §9805 (a)(9)(E)**

**9. REFERRAL TO ANCILLARY SERVICES** *[Provide a detailed description of the process to refer participants to ancillary services.]* Please refer to **Title 9, §9849 (d)**, and **Title 9, §9862** for specific requirements. **Title 9, §9805 (a)(9)(G)**

**10. INTERPROGRAM TRANSFERS** *[Describe the procedures for transferring participants to and receiving participants who transfer from another state- license DUI Program. The description must address both the transfer in and transfer out process.]* Please refer to **Title 9, §9884** for requirements. **Title 9, §9805 (a)(9)(N)**

**11. PARTICIPANT DISMISSAL POLICY** *[Describe the policy and procedures for dismissing a participant.]* Please refer to **Title 9, §9886** for requirements. **Title 9, §9805 (a)(9)(O)**

**12. RE-ENTRY ACTIVITIES** *[Provide a detailed description of the re-entry phase for 18-month program participants.]* Please refer to **Title 9, §9851** for specific requirements. **Title 9, §9805(a)(9)(F)**

**13. DESCRIPTION OF ADDITIONAL COUNTY REQUIREMENTS, IF APPLICABLE** *[Provide a detailed description of approved additional county requirements, if any.]* Please refer to **Title 9, §9805 (a)(9)(H)** for requirements.

**14. PROGRAM FEE REQUIREMENTS** *[Identify the program fee and any additional fees; provide a cost per unit of service analysis for each service provided (i.e. enrollment, group counseling session, face-to-face interview, etc.). For each additional fee requested, identify the service provided, the unit cost breakdown including associated tasks and responsible staff. Describe how fees will be assessed and collected. Specify the income level for waiving the program fee (e.g., county general assistance benefit level), the county's median family income level and the income level at which participants will be allowed to make extended payments. Include a copy of the "Standardized Payment Schedule", the procedures and forms for conducting financial assessments and the refund policy. (The Department has developed sample forms for conducting the financial assessment and fee collection; these are available upon request.)]* Please refer to **Title 9, Sections 9878 and 9879** of the **CCR** for requirements.

**15. METHOD OF REVIEW OF PARTICIPANT COMPLIANCE:** *[Identify the documentation to be reviewed, frequency and level of staff to perform the review.]* **Title 9, §9805 (b)(1)**

**16. SCHEDULE OF COMPLIANCE REVIEW BY PROGRAM STAFF:** *[Provide a copy of the schedule used to verify participant compliance with this requirement.]* **Title 9, §9805 (b)(1)**

**17. COMPENDIUM OF PROBATIVE EVIDENCE INCLUDE DESCRIPTION OF THE FOLLOWING:** *[Describe how provisions will be made for a participant to voluntarily enter a licensed chemical dependency recovery hospital or residential treatment program. The description must address the following: types of referral agencies to be used; approval to be obtained from the referring court; cost of services to be paid by participant; monitoring of the participant's progress during the course of treatment; Documentation of the treatment in the participant's file.]* Please refer to **Title 9, Section 9851 (f)(1)(D-E)**, for specific requirements. **Title 9, §9805 (b)**

## **VI. Format of Budget Template**

The Budget Templates (Exhibit C) should briefly describe each of the following components (see templates): General Requirements, Budget Summary, Personal Services, Operating Expenses, Travel/Training, and Other. If the applicant's proposal is selected and a contract awarded, the services would begin after the approval of the Board of Supervisors and end June 30, 2023. The contract would renew in July 1, 2023 and annually thereafter contingent upon approval of the Lassen County Board of Supervisors and funding (100 points).

## **VII. Proposal Submission Guidelines**

Bidders must submit **five (5) copies** of their proposal including one (1) with an original signature and one (1) Electronic PDF version for a total of seven (7) copies. The proposal must be formatted in accordance with the instructions of this RFP. Promotional materials may be attached, but are not necessary and will not be considered as meeting any of the requirements of this RFP.

Proposals must be enclosed in a sealed envelope or package, clearly marked "Driving-Under-the-Influence Programs" Proposal Lassen County RFP No. HSS-2022-01" and delivered by **4:00 p.m. Thursday, September 22, 2022**, to:

Lassen County Behavioral Health  
Lassen County RFP No. HSS-2022-01  
Attn: Lori Griffith  
555 Hospital Ln  
Susanville, CA 96130

Late or electronically submitted proposals, including those submitted via facsimile, will be disqualified and not considered by the evaluation committee.

Expenses incurred in preparation of the proposal, attendance at bidders' conferences, or any other actions related to responding to this RFP shall be the responsibility of the responder.

All proposals, response inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, displays, schedules, exhibits, and other documentation submitted by the respondent shall become the property of the County.

### **VIII. Modification or Withdrawal of Proposals**

Revisions of proposals will not be permitted after the deadline for submission of proposals except as provided by Lassen County. Permission to make any revisions must be sought from Lassen County in writing. If Lassen County initiates a revision, it will do so in writing.

### **IX. Selection Process**

The County reserves the sole right to judge the contents of proposals. The selection process will be governed by the following criteria:

- The proposals must adhere to the instructions and format specified in this RFP.
- The evaluation will include a review of all documents and information relating to the respondent's services, organizational structure, capabilities, qualifications, past performance, and costs.
- Respondents may be required to make an oral presentation to the evaluation panel before the final selection is made.
- The County may evaluate any information from any source it deems relevant to the evaluation.

### **X. Selection Criteria**

The selection of a proposal and contract award will be based on the criteria contained in this RFP and as demonstrated in the submitted proposal. Respondents should submit information sufficient for the County to easily evaluate proposals with respect to the selection criteria. The absence of required information may cause the proposal to be deemed non-responsive and may be cause for rejection.

## XI. Proposal Review and Evaluation Process

All proposals will be reviewed for completeness as described above in Section VII Proposal Submission Guidelines. Only those proposals deemed to be complete will be submitted to the evaluation panel.

### A. Evaluation

Proposals will be evaluated on seven (7) elements totaling 200 points.

Proposal Element	Maximum Point Value
Program Narrative	100
Budget	100
<b>TOTAL</b>	<b>200</b>

## XII. Award Process

1. Each apparently qualified proposal will be evaluated by a panel consisting of no less than three or greater than five members. Respondents may be asked to make a presentation to the Evaluation Committee regarding their qualifications and/or proposal.
2. The award of a contract will be based on the quality of proposal and the ability to meet the County's needs. The County may select to award a single county-wide contract or multiple contracts for specific areas, depending upon the evaluation of the proposals.
3. Each respondent will be notified in writing or by email of the decision regarding its proposal.
4. The successful respondent(s) and the County will enter into contract negotiations.
5. Negotiated contract(s) will be submitted to the Lassen County Board of Supervisors for final approval and award.

It is anticipated that delivery of services under the contract will begin **November 1, 2022**, or soon thereafter. All RFP materials may be made public upon request.

**XIII. Cancellation**

Lassen County reserves the right to reject any or all proposals received as a result of this request, to negotiate with any qualified individual/organization, or to modify or cancel in part or in its entirety the RFP if it is in the best interests of the County to do so.

**XIV. Appeal**

Respondents will have ten (10) working days after notification of non-award to file an appeal. The appeal must be made in writing and specifically state the grounds for the appeal. Letters of Appeal should be directed to:

Director, Health & Social Services  
336 Alexander  
Susanville, CA 96130  
Attn: Danielle Sanchez, Administrative Assistant

**XV. List of Exhibits**

Exhibit A - Proposal Summary and Statement of Responsibility (Signature Page)  
Exhibit B - Proposal Checklist/Table of Contents  
Exhibit C - Budget Template

**EXHIBIT A**  
**PROPOSAL SUMMARY AND STATEMENT OF RESPONSIBILITY (SIGNATURE PAGE)**

County of Lassen  
 Health and Social Services

RFP No. HSS-2022-01  
 Provision of DRIVING-UNDER-THE-  
 INFLUENCE PROGRAM

<b>RFP No.:</b>	<b>HSS-2022-01</b>
<b>RFP Issue Date:</b>	<b>September 5, 2022</b>
<b>RFP Submission Deadline:</b>	<b>September 19, 2022</b>

Proposals must be enclosed in a sealed envelope or package, clearly marked “DRIVING-UNDER-THE-INFLUENCE PROGRAM” RFP No. HSS-2022-01” and delivered by **8:30 a.m. (Pacific Daylight Time, Monday September 19, 2022** to: County of Lassen’s Behavioral Health Department; Lassen County RFP No. HSS-2022-01; Attn: Lori Griffith; 555 Hospital Ln; Susanville, CA 96130.

**Questions regarding this RFP should be directed to:**

Lori Griffith  
 (530) 251-8108  
[Lgriffith@co.lassen.ca.us](mailto:Lgriffith@co.lassen.ca.us)

**This Proposal Summary and Statement of Responsibility (Signature Page) must be included with your submittal in order to validate your proposal. Proposals submitted without this page will be deemed non-responsive.**

**Firm Authorized Representative**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Federal Tax ID No.: \_\_\_\_\_ Email: \_\_\_\_\_

**RFP Contact Information (if different then above)**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certifications:**

- Do you certify that all statements in the proposal are true? This shall constitute a warranty, the falsity of which shall entitle the County to pursue any remedy authorized by law, and shall include the right, at the option of the County, of declaring any contract made as a result thereof to be void.  
 YES       NO
- Do you agree to provide the County with any other information the County determines is necessary for accurate determination of your qualifications to provide services?  
 YES       NO

To the best of my knowledge and belief, the information provided in this initial determination of responsibilities is true and correct.

Authorized Representative:	_____
	(Printed Name)
Signature:	_____
Date:	_____



**EXHIBIT B  
PROPOSAL CHECKLIST/TABLE OF CONTENTS**

This proposal checklist identifies the various components that must be submitted with your proposal. This form is to be completed and included in the proposal and must be located directly behind Exhibit A.

Follow this sequence in presenting your proposal with the checklist serving as your table of contents.

<b>Proposal Check List/Table of Contents</b>	<b>Page No.</b>
Proposal Summary and Statement of Responsibility (Signature Page), signed by authorized representative (Exhibit A)	
Proposal Check List/Table of Contents (Exhibit B)	
Program Narrative	
Budget Template and Narrative (Exhibit C)	

## EXHIBIT C BUDGET TEMPLATE

### DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET REQUIREMENTS AND INSTRUCTIONS

#### GENERAL REQUIREMENTS

The Department of Health Care Services is responsible for reviewing annual program budgets and cost reports, reference Title 9, Section 9878(h) of the CCR. The Department must ensure program fees are (1) set at an amount sufficient to cover the cost of administering and providing the required services, and (2) used only for the purpose set forth in Chapter 9, Section 11837.4(b)(2), of the Health and Safety Code. Therefore, a budget and standardized fee schedule are required to be submitted to the Department with the application.

If the Driving-Under-the-Influence (DUI) Program facility is multiservice (e.g., residential, nonresidential, prevention, etc.), a separate budget shall be prepared for the DUI Program portion.

DUI Programs are not required to provide separate budgets for first offender, 18-month and 30-month programs that operate at the same location/facility. However, if a single license has been issued for programs that operate at different locations/facilities, a separate budget is required for each location/facility.

#### GENERAL GUIDELINES

1. Complete forms DHCS/DUI 7825, 7830, 7835, 7840, and then transfer this information to form DHCS/DUI 7820.
2. Round off all amounts to the nearest dollar.
3. The budget forms are used to report projected costs and revenue.
4. The budget submitted with the application must be for a 12-month period and coincide with the state fiscal year of July through June.

#### BUDGET SUMMARY

1. Projected Fee Analysis - Enter the following information for the projected year in the proper corresponding columns.
  1. Number of Clients.
    - A. No Fee: Enter the projected number of clients who will not pay any fees on Line 2A.
    - B. Incomplete Fee: Enter the projected number of clients who will pay only a partial fee due to termination or transfer on line 2B.
    - C. Full Fees: Enter the projected number of clients who will pay the full fee on Line 2C.
    - D. Total: Add lines 2A, 2B, and 2C and enter on line 2D.
  2. Enter the percentage of total clients that will pay no fees on line 3A, Incomplete Fees on line 3B, full fee on line 3C and Total on line 3D.
  3. Enter the total projected amount to be collected for Incomplete fees on line 4B, Full Fees on line 4C, and Total on line 4D.
  4. Enter the projected average fee to be collected for Incomplete Fees on line 5B, Full Fees on line 5C, and Total on line 5D.

5. Estimated Gross Revenue - Enter the amount from line 4D.
6. Personal Services - Enter the amount from line 5, Form DHCS/DUI 7825, Personal Services.
7. Operating Expenses - Enter the amount of Total Operating Expenses from Form DHCS/DUI 7830, Operating Expenses.
8. Equipment Depreciation - Enter the amount from line 2, Form DHCS/DUI 7835, Equipment and Facility Depreciation Schedule.
9. Facilities Depreciation - Enter the amount from line 4, Form DHCS/DUI 7835, Equipment and Facility Depreciation Schedule.
10. Estimated Gross Budget - Enter the sum of lines 7, 8, 9, and 10.
11. Profit/Surplus - Subtract line 11 from line 6 and enter the amount.

**Bookkeeper:** Your in-house person who sorts bills, decides what type of expense each bill represents, and so forth.

**Accountant:** The person who is responsible for closing your books, preparing your financial statements and budgets.

**Auditor:** The independent, outside CPA who audits your accounting records. A CPA who can certify his/her statements is required.

DRIVING-UNDER-THE-INFLUENCE PROGRAM  
BUDGET SUMMARY

Fiscal Year:

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients				
3) % of Total Clients				
4) Total Amount to be Collected				
5) Average Fee to be Collected				
<b>6) ESTIMATED GROSS REVENUE</b>			<b>\$ _____</b>	

Cost Summary:

Amounts

7) PERSONAL SERVICES (from line 5, DHCS/DUI 7825)	\$ _____
8) OPERATING EXPENSES (from DHCS/DUI 7830)	\$ _____
9) EQUIPMENT DEPRECIATION (from line 2, DHCS/DUI 7835)	\$ _____
10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835)	\$ _____
<b>11) ESTIMATED GROSS BUDGET</b>	<b>\$ _____</b>
<b>12) Profit/Surplus</b>	<b>\$ _____</b>

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Bookkeeper: \_\_\_\_\_

Auditor:

Telephone: \_\_\_\_\_

Telephone:

Accountant: \_\_\_\_\_

Telephone:

## PERSONAL SERVICES

### 1. Personnel Services

- A. Position Classification - Enter **all** positions relative to the driving-under-the-influence (DUI) program in column A.
- B. Salary Range - For each position listed in column A, specify the salary range in column B. A salary range shall be shown to include anticipated wage increases for the reporting year.
- C. Number of Months/Weeks or Hours - List the number of months/weeks or hours each position will be filled in column C.
- D. Annual Salary - For each position itemized in column A, enter the total actual salary or the amount of budgeted salary in column D.
- E. DUI Program Percent of Time - Enter the percentage of salary time each position will devote to the DUI program in column E.
- F. DUI Program Annual Salary - Show the total actual DUI Program salary or the amount of budgeted salary for each position itemized under the Position Classification in column F. If DUI Program staff provide services to other programs, personal services costs shall be prorated based on the amount of time spent in each program to determine the amount attributable to the DUI Program.

2. **Total Salaries** - Enter the sum of all salaries shown in column F.

3. **Staff Benefits** - Enter total staff benefits for a) OASDI, b) Unemployment, c) Health Insurance, d) Worker's Compensation or e) any other benefits under Benefit Costs.

4. **Total Staff Benefits** - Enter the sum of 3a, b, c, d, and e on line 4. A percentage figure may be used in projecting staff benefits budgeted.

5. **Total Personal Services** - Enter the sum of lines 2 and 4 on line 5.

**DRIVING-UNDER-THE-INFLUENCE PROGRAM PERSONAL SERVICES BUDGET**

**1) PERSONAL SERVICES:**

A	B	C	D	E	F
POSITION CLASSIFICATION	SALARY RANGE	# OF MONTH/WEEKS/HOURS	ANNUAL SALARY	DUI PROGRAM PERCENT OF TIME	DUI PROGRAM ANNUAL SALARY
	\$ ____ - \$ ____				
	\$ ____ - \$ ____				
	\$ ____ - \$ ____				
	\$ ____ - \$ ____				
	\$ ____ - \$ ____				
	\$ ____ - \$ ____				
	\$ ____ - \$ ____				
	\$ ____ - \$ ____				
<b>2) TOTAL SALARIES</b>					\$ _____

**3) STAFF BENEFITS**

- a) Social Security (OASDI) \$ \_\_\_\_\_
- b) Unemployment Insurance \$ \_\_\_\_\_
- c) Health Insurance \$ \_\_\_\_\_
- d) Worker's Compensation \$ \_\_\_\_\_
- e) Other (specify) \$ \_\_\_\_\_

**4) TOTAL STAFF BENEFITS**  
 (please indicate the %, if used) \_\_\_\_\_ % \$ \_\_\_\_\_

**5) TOTAL PERSONAL SERVICES** \$ \_\_\_\_\_ (Enter on DHCS/DUI 7820R, Line 7)

*NOTE: LINE ITEMS LISTED FOR STAFF BENEFITS ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE STAFF BENEFITS.*

## OPERATING EXPENSES

Operating expenses shall include all other direct cost line items, such as rent, mortgage interest, travel and subsistence, supplies, insurance, contractors, etc. A line item for rent must identify the number of square feet to be utilized for the driving-under-the-influence program, and the cost per square foot. A line item for equipment rental must identify the type of rental equipment. If rental of space is shared, show the prorated amounts and explain the basis of the allocation of costs on DHCS/DUI 7840 (Budget Justification).

Under Contracts, list only those contracts for direct services. Contractor's cost must be fully explained and justified, including the cost per hour and number of hours on DHCS/DUI 7840, Budget Justification.

Staff Education/Training/Travel includes reimbursement for local mileage, tuition, etc. You may break this out into separate categories.

You may charge off interest on loans taken out to cover operating expenses or meet payrolls. Please show loan expense under titled "Interest Paid" operating costs.

You may pay for professional association/organizational memberships and professional periodical subscriptions related to alcohol and drug programs.

***NOTE: LINE ITEMS LISTED ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE OPERATING EXPENSES.***

DRIVING-UNDER-THE-INFLUENCE PROGRAM  
OPERATING EXPENSES BUDGET

ANNUAL COST

Rental of Space = \$ _____/sq. ft. x _____ sq. ft. x _____ (time) \$ _____ (If owned, use Depreciation Schedule instead)	
Utilities (Gas, Elec., Water, Scavenger)	\$ _____
Telephone	\$ _____
Insurance	\$ _____
Overhead	\$ _____
Maintenance & Repair of Buildings (Routine)	\$ _____
Maintenance & Repair Office Equipment	\$ _____
Maintenance of Automobile Equipment	\$ _____
Maintenance & Repair other Equipment	\$ _____
Cleaning & Janitorial Supplies/Services	\$ _____
Contractor:	\$ _____
Service :	\$ _____
Contractor:	\$ _____
Service :	\$ _____
Printing & Reproduction Services	\$ _____
Postage	\$ _____
Stationery & Office Supplies	\$ _____
Rental of Equipment	\$ _____
Educational Materials	\$ _____
Travel	\$ _____
Staff Education/Training	\$ _____
Professional Services (Legal, CPA, Med., Consulting Fees)	\$ _____
County Program Monitor Costs	\$ _____
State Program Monitor/Approval Costs	\$ _____
Interest Paid	\$ _____
Property Taxes	\$ _____
Other Taxes (specify)	\$ _____
Other (specify)	\$ _____

**TOTAL OPERATING EXPENSES:**  
(enter on DHCS/DUI 7820, line 8)

\$ \_\_\_\_\_



**Please list any other budget items on the lines below**

**Detail Budget -Other**

Category Item/Service	Quantity (Year 1)	Cost (Year 1)
Other		
Other		