



# CLARK COUNTY, NEVADA REQUEST FOR PROPOSAL

## RFP NO. 603307-14 MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS

The RFP package is available as follows:

- Internet – Visit the Clark County Purchasing and Contracts Division website at <http://www.ClarkCountyNV.gov/Purchasing>. Click on “Current Opportunities” and locate Document No. 603307 in the list of current solicitations.
- Mail – Please fax a request to (702) 386-4914 specifying project number and description. Be sure to include company address, phone and fax numbers.
- Pick up - Clark County Government Center, 500 South Grand Central Parkway, Purchasing and Contracts Division, Fourth Floor, Las Vegas, NV 89106.

A Pre-Proposal Conference will be held on **MAY 9, 2014** at **1:30 p.m.**, at Clark County Department of Social Service, 1600 Pinto Lane, Las Vegas, NV 89106 in the 3<sup>rd</sup> Floor Training Room. If your firm is unfamiliar with the County Request for Proposal (RFP) procedures and would like to obtain training on the submittal process for this RFP, please contact **Sherry Wimmer, Purchasing Analyst**, at (702) 455-4476 no later than **WEDNESDAY, MAY 7, 2014**, and a training session will be provided immediately following the pre-proposal conference referenced above.

Proposals will be accepted at the Clark County Government Center address specified above, on or before **MAY 23, 2014** at **3:00:00 p.m.**, based on the time clock at the Clark County Purchasing and Contracts front desk.

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PUBLISHED:  
Las Vegas Review Journal  
MAY 2, 2014

## GENERAL CONDITIONS

RFP NO. 603307-14

### MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS

1. TERMS

The term "COUNTY," as used throughout this document will mean the County of Clark, Nevada. The term "BCC" as used throughout this document will mean the Board of County Commissioners which is the Governing Body of Clark County. The term "CHIEF FINANCIAL OFFICER" as used throughout this document will mean the Clark County Chief Financial Officer or her designee responsible for the Purchasing and Contracts Division. The term "PROPOSER" as used throughout this document will mean the respondents to this Request for Proposal. The term "RFP" as used throughout this document will mean Request for Proposal.

2. INTENT

The COUNTY is soliciting proposals from qualified firms to provide MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS in Clark County, Nevada. COUNTY wishes to contract with a single qualified PROPOSER who has met the requirements of this RFP to provide mobile crisis intervention and outreach services for the homeless. It is the further intent of COUNTY that all contracted services shall be provided to homeless households free of charge and without restrictions on the length of stay for the entire contact period.

3. SCOPE OF PROJECT

PROGRAM will provide MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS (PROGRAM) and operate the PROGRAM in conformance with the requirements set forth in Exhibit A, Scope of Work of this RFP. PROGRAM will serve the urban areas of Clark County, including the cities of Henderson, Las Vegas, North Las Vegas, and unincorporated Clark County. The Mobile Crisis Intervention Team (MCIT) is to be comprised of key members with the appropriate professional licenses to provide multi-disciplinary crisis intervention and outreach to respond to individuals experiencing homelessness in areas not meant for human habitation, assess them for medical, mental health, and/or substance abuse issues using tools such as the Vulnerability Index (VI), provide immediate services, and assist in accessing resources to will move them towards stability and housing. Expertise in serving the needs of homeless individuals is required. Services are to be accessible 24-hours a day, 7 days per week. Collaboration with other providers is necessary.

Crisis intervention and outreach are a key part of the continuum of community based services for homeless households. Engagement and coordination of the appropriate services, which are provided as needed, can engage the client to stabilize and move out of homelessness. The direct involvement of the client and the development of a caring, supportive relationship between the outreach team and the client are integral components of the service engagement process. Crisis intervention may require being responsive to a myriad of clients' multiple and changing needs, and will play a pivotal role in the initial coordination of required services from across a community based system of care as well as other service systems (i.e., criminal justice, mental health, addictions, health care). Key components and skills to this service provision will include the following:

- Motivational Interviewing: a collaborative conversation style for strengthening a person's own motivation and commitment to change (Miller & Rolnick, 3<sup>rd</sup> ed., page 29)
- Trauma-informed Care: an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. (<http://www.samhsa.gov>)
- Harm Reduction: a set of practical approaches and ideas aimed at reducing negative consequences associated with high-risk health behaviors
- Critical Time Intervention (CTI): an evidence-based model of time-limited case management services that are focused on connecting clients to informal and formal community supports, which can offer assistance to meet individual or family needs for the long term

([http://usich.gov/resources/uploads/asset\\_library/PHA\\_Housing\\_Stabilization.pdf](http://usich.gov/resources/uploads/asset_library/PHA_Housing_Stabilization.pdf))

- Services are delivered in a culturally and linguistically competent service delivery
- Inclusive treatment services include family members and other members of the client's natural support system
- Timely access to the appropriate service in the system of care
- Crisis services are available to divert individual from higher levels of care into more appropriate alternatives
- Stable and supported housing is a system priority

The System of Care should have the following four major service categories:

- Vulnerability Index assessment
- Medical services assessment
- Substance abuse treatment
- Mental health services

The COUNTY is seeking a qualified provider that either directly provides or has executed memorandums of understanding (MOUs) or letters of intent (LOIs) in place for the RFP response.

The COUNTY and the qualified PROPOSER will work together to maintain the existing system while making ongoing improvements.

4. DESIGNATED CONTACTS

COUNTY'S representative will be Sherry Wimmer, Purchasing Analyst, telephone number (702) 455-4476. This representative will respond to questions concerning the scope of work of this RFP. Questions regarding the selection process for this RFP may be directed to Sherry Wimmer, Purchasing Analyst, Clark County Administrative Services Department, Purchasing and Contracts Division, telephone number (702) 455-4476.

5. CONTACT WITH COUNTY DURING RFP PROCESS

Communication between a PROPOSER and a member of the BCC or between a PROPOSER and a non-designated COUNTY contact regarding the selection of a proponent or award of this Contract is prohibited from the time the RFP is advertised until the item is posted on an agenda for award of the Contract. Questions pertaining to this RFP shall be addressed to the designated contact(s) specified in the RFP document. Failure of a PROPOSER, or any of its representatives, to comply with this paragraph may result in their proposal being rejected.

6. TENTATIVE DATES AND SCHEDULE

Pre-Proposal Meeting: May 9, 2014 at 1:30 p.m at Clark County Department of Social Service 1600 Pinto Lane, Las Vegas, NV 89106 in the 3<sup>rd</sup> Floor Training Room.

Last Day to Ask Questions: May 14, 2014

Last Day County Will Provide Addendum: May 21, 2014

Proposal Due Date: May 23, 2014, 3:00:00 p.m. Pacific

Finalists Selection: May 2014

Finalists Oral Presentations: May 2014, if requested by County

Final PROPOSER Selection: May 2014

Award & Approval of the Final Contract(s): June 2014

7. METHOD OF EVALUATION AND AWARD

Since the service requested in this RFP is considered to be a professional service, award will be in accordance with the provisions

of the Nevada Revised Statutes, Chapter 332, Purchasing: Local Governments, Section 332.115.

The proposals may be reviewed individually by staff members and other qualified individuals designated by the Department of Social Service through an ad hoc committee to assist the PURCHASING ADMINISTRATOR OR HER DESIGNEE. The finalists may be requested to provide COUNTY a presentation and/or an oral interview. The ad hoc staff committee may review the RFP's as well as any requested presentations and/or oral interviews to gather information that will assist in making the recommendation. COUNTY reserves the right to award the Contract based on objective and/or subjective evaluation criteria. This Contract will be awarded on the basis of which proposal COUNTY deems best suited to fulfill the requirements of the RFP. COUNTY also reserves the right not to make an award if it is deemed that no single proposal fully meets the requirement of this RFP.

The fees for the professional services will be negotiated with the PROPOSER(S) selected.

8. SUBMITTAL REQUIREMENTS

The proposal submitted should not exceed 50 pages. Other attachments may be included with no guarantee of review.

All proposals shall be on 8-1/2" x 11" paper bound with tabbed dividers labeled by section to correspond with the evaluation information requested. The ideal proposal will be 3-hole punched and bound with a binder clip. Binders or spiral binding is not preferred or required.

**The PROPOSER shall submit one (1) clearly labeled original and 10 copies of their proposal, including one (1) CD or flash drive with an electronic copy of their proposal, preferably in .pdf format. A single .pdf document of the entire proposal is preferred.** The name of the PROPOSER'S firm shall be indicated on the spine and cover of each binder (if used) and CD label.

All proposals must be submitted in a sealed envelope plainly marked with the name and address of the PROPOSER and the RFP number and title. No responsibility will attach to COUNTY or any official or employee thereof, for the pre-opening of, post-opening of, or the failure to open a proposal not properly addressed and identified. Proposals are time-stamped upon receipt. Proposals time-stamped after 3:00:00 p.m. based on the time clock at the Clark County Purchasing and Contracts front desk will be recorded as late, remain unopened and be formally rejected. FAXED OR ELECTRONIC SUBMITTALS ARE NOT ALLOWED AND WILL NOT BE CONSIDERED.

The following are detailed delivery/mailling instructions for proposals:

Hand Delivery

Clark County Government Center  
Purchasing and Contracts Division  
500 South Grand Central Parkway, 4<sup>th</sup> Fl  
Las Vegas, Nevada 89106

U.S. Mail Delivery

Clark County Government Center  
Attn: Purchasing and Contracts, 4<sup>th</sup> Fl  
500 South Grand Central Parkway  
P.O. Box 551217  
Las Vegas, Nevada 89155-1217

Express Delivery

Clark County Government Center  
Attn: Purchasing and Contracts, 4<sup>th</sup> Fl  
500 South Grand Central Parkway  
Las Vegas, Nevada 89106

Regardless of the method used for delivery, PROPOSER(S) shall be wholly responsible for the timely delivery of submitted proposals.

9. WITHDRAWAL OF PROPOSAL

PROPOSER(S) may request withdrawal of a posted, sealed proposal prior to the scheduled proposal opening time provided the request for withdrawal is submitted to the Purchasing Analyst in writing or a proposal release form has been properly filled out and submitted to the Purchasing and Contracts Division reception desk. Proposals must be re-submitted and time-stamped in accordance with the RFP document in order to be accepted.

No proposal may be withdrawn for a period of 90 calendar days after the date of proposal opening. All proposals received are considered firm offers during this period. The PROPOSER'S offer will expire after 90 calendar days.

If a PROPOSER intended for award withdraws their proposal, that PROPOSER may be deemed non-responsible if responding to future solicitations.

10. REJECTION OF PROPOSAL

COUNTY reserves the right to reject any and all proposals received by reason of this request.

11. PROPOSAL COSTS

There shall be no obligation for COUNTY to compensate PROPOSER(S) for any costs of responding to this RFP.

12. ALTERNATE PROPOSALS

Alternate proposals are defined as those that do not meet the requirements of this RFP. Alternate proposals will not be considered.

13. ADDENDA AND INTERPRETATIONS

If it becomes necessary to revise any part of the RFP, a written addendum will be provided to all PROPOSERS in written form from the Purchasing Analyst. COUNTY is not bound by any specifications by COUNTY'S employees, unless such clarification or change is provided to PROPOSERS in written addendum form from the Purchasing Analyst.

14. PUBLIC RECORDS

COUNTY is a Public Agency as defined by State Law, and as such, is subject to the Nevada Public Records Law (Chapter 239 of the Nevada Revised Statutes). Under the law, all of COUNTY'S records are public records (unless otherwise declared by law to be confidential) and are subject to inspection and copying by any person. However, in accordance with NRS 332.061(2), a proposal that requires negotiation or evaluation by COUNTY may not be disclosed until the proposal is recommended for award of a Contract.

15. PROPOSALS ARE NOT TO CONTAIN CONFIDENTIAL / PROPRIETARY INFORMATION

Proposals must contain sufficient information to be evaluated and a contract written without reference to any confidential or proprietary information. PROPOSER(S) shall not include any information in their proposal that they would not want to be released to the public. Any proposal submitted that is marked "Confidential" or "Proprietary," or that contains materials so marked, will be returned to the PROPOSER and will not be considered for award.

16. COLLUSION AND ADVANCE DISCLOSURES

Pursuant to 332.165 evidence of agreement or collusion among PROPOSER(S) and prospective PROPOSER(S) acting to illegally restrain freedom of competition by agreement to bid a fixed price, or otherwise, shall render the offers of such PROPOSER(S) void.

Advance disclosures of any information to any particular PROPOSER(S) which gives that particular PROPOSER any advantage over any other interested PROPOSER(S), in advance of the opening of proposals, whether in response to advertising or an informal request for proposals, made or permitted by a member of the governing body or an employee or representative thereof, shall operate to void all proposals received in response to that particular request for proposals.

17. CONTRACT

A sample of COUNTY'S Standard Contract is attached. Any proposed modifications to the terms and conditions of the Standard Contract are subject to review and approval by the Clark County District Attorney's Office.

18. BUSINESS LICENSE REQUIREMENTS

CLARK COUNTY BUSINESS LICENSE / REGISTRATION

Prior to award of this RFP, other than for the supply of goods being shipped directly to a Clark County facility, the successful PROPOSER will be required to obtain a Clark County business license or register annually as a limited vendor business with the Clark County Business License Department.

A. Clark County Business License is Required if:

- i. A business is physically located in unincorporated Clark County, Nevada.
- ii. The work to be performed is located in unincorporated Clark County, Nevada.

B. Register as a Limited Vendor Business Registration if:

- i. A business is physically located outside of unincorporated Clark County, Nevada.
- ii. A business is physically located outside the state of Nevada.

The Clark County Department of Business License can answer any questions concerning determination of which requirement is applicable to your firm. It is located at the Clark County Government Center, 500 South Grand Central Parkway, 3<sup>rd</sup> Floor, Las Vegas, NV or you can reach them via telephone at (702) 455-4253 or toll free at (800) 328-4813.

You may also obtain information on-line regarding Clark County Business Licenses by visiting the website at [http://www.clarkcountynv.gov/Depts/business\\_license/Pages/default.aspx](http://www.clarkcountynv.gov/Depts/business_license/Pages/default.aspx)

19. EVALUATION INFORMATION

In preparing your written Proposal(s), it is required that you address the following areas. **Consideration will only be given to those who answer all of Sections A-J Total of 165 points possible.**

**PROPOSER'S must receive the highest score in addition to meeting a minimum threshold of 145 to be eligible for award of RFP. PROPOSERS that receive a score below 145 will not be considered and the PROPOSER may not resubmit a proposal.**

The **first page of the Proposal submittal** shall contain a statement that declares all information provided therein does not include any Confidential, Proprietary and/or Private information as identified in Sections 18 and 19 of this Request for Proposal. It must also identify that the statement supersedes and nullifies any page in the Proposal that may be marked as Confidential, Proprietary and/or Private and acknowledge that the Proposal will become Public Information upon award. The statement must be signed by the PROPOSER(s)'s Authorized Representative. Failure to provide such declaration may be deemed as grounds for return of the unread proposal and not be considered for award.

**A. Executive Summary (5 Points)**

1. This section shall serve to provide the COUNTY with the key elements and unique features of the proposal by briefly describing how the PROPOSER is going to accomplish the project.
  
2. The submission should include:
  - i. name of firm and corporate office address;
  - ii. name and title of contact person;
  - iii. telephone and facsimile number;
  - iv. contact person's e-mail address; and
  - v. name and title of signature authority.
  
3. The response should also include a list of high-risk areas, which were identified during the proposal process that are reasons for concern. PROPOSER will not be evaluated on this paragraph and cannot lose evaluation points for listing areas of concern. These concerns will be addressed with the successful PROPOSER(S) during negotiations.  
PROPOSER must comply with the HIPAA regulations.
  
4. PROPOSER must submit proof and a written policy and procedure on how and when all employees have a background check.

**B. Experience (20 Points)**

Include a brief description of all similar projects the PROPOSER has performed for the past ten (10) years, particularly outlining experience with the homeless. Each project listed shall include the name and phone number of a contact person for the project for review purposes. Describe the processes your agency has in place to ensure linkages to the service providers within the larger housing and stabilization system of care in Clark County. This section shall include documentation of the PROPOSER's history of adherence to budget and schedule constraints. All organizations are encouraged to indicate their experience of performing related work within the State of Nevada. All firms may indicate if they are a minority-owned business, women-owned business, physically-challenged business, small business, or a Nevada business enterprise as defined in **Exhibit C** of the attached contract.

**C. Staff Qualifications and Availability (30 points)**

Describe how PROPOSER's staff currently provides services in a multi-disciplinary fashion, to meet multiple needs of clients accessing services, and describe how these services are coordinated. Please note the total number of staff, as well as the number of staff providing direct services.

Provide information concerning the educational background, experience, professional resumes and licenses of those persons who would actually perform work on the project. Include PROPOSER's proposed organizational chart with names of staff members, supervisors for direct service staff with their credentials and/or licensure, as well as a list of current Board of Directors' affiliations and terms of office. If positions relevant to the project are not yet filled, please include job descriptions with minimum qualifications and skills necessary.

Staffing plans should include the following minimum elements:

- QMHP Supervisor/Team Leader: The team leader, who must meet the Nevada State Medicaid definition of

Qualified Mental Health Professional, must have experience in supervising services and staff outlined below and should have experience in working with dual-diagnosed client populations. The team lead is responsible for overseeing the daily operations of the MCIT. At minimum, their responsibilities include the following: facilitating the daily meetings to discuss the status of each client, allocating the work of the MCIT to meet each client's needs, and distributing the MCIT staff into teams to conduct outreach and engagement and deliver ongoing services. The team leader is the point of contact for the MCIT members throughout the day to address client crises and emergent needs. The MCIT team leader is also responsible for coordinating and facilitating the development of an initial intervention plan and all subsequent plan reviews.

- QMHP/QMHA Outreach Worker: The worker must meet the Nevada State Medicaid definition of Qualified Mental Health Professional. This worker is responsible for completing screenings and diagnostic assessments, providing crisis intervention and other types of interventions that promote wellness and recovery. The worker will also assist clients with accessing community resources and supports. This position may do mental health screenings and is responsible for assisting clients with accessing any necessary community resources and supports and assisting clients with gaining, restoring, improving or maintaining daily independent living, social/leisure, and/or personal hygiene skills.
  
- Certified Substance Abuse Counselor: The Certified Substance Abuse Counselor is required to have a minimum of six months of experience providing substance abuse services to individuals with co-occurring substance abuse and mental health treatment needs. The Certified Substance Abuse Counselor is responsible for providing substance abuse counseling and services that promote wellness, assisting clients with the development of relapse prevention plans and helping clients to access self-help groups and detoxification programs.
  
- Peer Advocate or Family Advocate or Parent Partner: A Peer Advocate is an individual with lived mental health experience. A Family Advocate is a family member of an individual with serious mental illness (SMI) or severe emotional disturbance (SED). A parent partner is a parent of an individual with SMI or SED. These individuals are responsible for providing peer-to-peer/family-to family/ parent-to-parent counseling and support. These individuals may also assist clients with accessing community resources and supports, and with gaining, restoring, improving or maintaining daily independent living, social/leisure and personal hygiene skills.

Describe the PROPOSER's supervision and training plan for staff providing direct services. Provide the training plan as part of the response.

Please describe PROPOSER's ratio of staff to clients for this PROGRAM, with expectations of staff responsiveness and expected productivity for service expectations. Please also include days and hours of operation that are accessible for service delivery, which should include coverage for each day of the week.

**D. Conceptual Treatment of Project and Work Plan (30 points)**

Describe PROPOSER's philosophy and model for this PROGRAM by responding to the following:

- Describe PROPOSER's organization, program services, and the process of how clients will be contacted and connected to services. The description should include the intake process; assessment of resources, support systems, if any, and needs; referral to wrap-around case management services; availability and housing placement; and documentation of follow-up and any other services that will be provided. Please include timeframes with the

service delivery process, including the schedule of contact when engaging clients for services.

- Describe the method of service provision that the PROPOSER will serve. Please indicate types of evidence-based or best practices that are incorporated into your service delivery.
- Describe the outreach efforts that the PROPOSER will undertake to assure other service providers and homeless households will be knowledgeable of and able to access the PROPOSER's services.
- Describe collaborations with other service providers to ensure that the services of the PROGRAM are being appropriately utilized and maximized for the clients accessing services, including peer-to-peer or peer advocacy services. Please provide memorandums of understanding (MOUs) or letters of intent (LOIs) demonstrating the collaborative relationship and the type of service(s) being offered to the PROGRAM.
- Describe methods by which clients can provide feedback to the PROPOSER on the quality of services.
- Describe the PROPOSER's current service delivery capacity, and how this PROPOSER would expand that capacity. Please note how the PROPOSER would be able to accommodate the increase or change in service delivery upon execution of a contract.
- State why the PROPOSER is best suited to perform services for this PROGRAM.

**E. Performance Measurements (25 points)**

PROPOSER must include a narrative on each of the following topics:

- Briefly define the primary goal of PROPOSER's programs
- Identify PROPOSER's tracking mechanisms
- Identify PROPOSER's PROGRAMS's tracking mechanisms
- Estimate the ratio of clients to outreach staff, and the total unduplicated clients served during the term of the project; and
- Anticipated client activities and outcomes, placing clients in stabilizing placements and how such outcomes will be verified.

**F. Local Presence (10 points)**

Provide information as to local resources that would be utilized and the degree of the PROPOSER'S knowledge and familiarity with the local community's needs and goals.

The PROPOSER shall declare PROPOSER'S plan to establish an office that is centrally located within Clark County, Nevada from which the program will be both programmatically and fiscally administered and implemented.

Staff that provides direct services (complaint investigations, outreach, legal services, counseling, training, etc.) must be located in Clark County, Nevada, either a main office, satellite, or subcontractor office(s) is acceptable.

- 1) Clark County/Las Vegas office address (if any).
- 2) Year Clark County/Las Vegas valley office established.
- 3) Employment (number of current employees by category):

Company	Managerial	Technical	Administrative
Office Personnel located in Clark County/Las Vegas, Nevada			
Total Firm Personnel			

- 4) Provide a statement as to your firm's local resources that will be utilized to complete the work.
- 5) Estimate of the percentage and the kinds of work to be accomplished by the PROPOSER with staff presently residing in Clark County, Nevada.
- 6) Indicate experience of performing related work within the state of Nevada.

**G. Funding and Project Budget (20 points)**

Provide PROPOSER's funding amount requested for Fiscal Year 2014/2015, which will be required by PROPOSER to provide all work and services as specified in **Exhibit A**, Scope of Work. **PROPOSER shall itemize services to be provided, and specify unit costs associated with each service. Budgets should include a schedule of costs (staffing, supplies, maintenance, utilities, etc.) to implement the project. Please also note proper quality assurance measures taken to ensure that PROGRAM costs are properly documented and utilized per the requirements of the COUNTY. Please provide a copy of your policy and procedures for internal controls, which will not be counted towards the 50 page limit.**

PROPOSER must provided proof of Medicaid and/or Medicare provider number.

**H. Documentation (10 points)—documents will not be counted towards the 50 page limit, though narrative responses will be.**

Provide samples of the documentation formats what will be used for this PROGRAM.

Please address the following:

- Process of documenting service delivery
- Experience with standardized assessment tools used such as the VI, and how it is used to addressed types of referrals, placement, and level of care
- Methods to ensure that all proper documentation is available in the file and accessible in HMIS
- Internal quality assurance measures taken to ensure that client documentation is accurate and timely

Describe how the PROPOSER delineates how multiple funding sources for services are allocated appropriately for its designated service.

**I. Compliance with County Requirements (10 points)**

- 1) **STANDARD CONTRACT:** Indicate your firm's acceptance to the attached Standard Contract. PROPOSER is advised that any exception that is determined to be material may be grounds for elimination in the selection process.
- 2) **INSURANCE:** The PROPOSER's ability to provide the required certificates of insurance as indicated in the attached Standard Contract, Insurance, Exhibit B, PROPOSER must provide a statement that firm will comply with insurance requirements.
- 3) **Credentials:** The PROPOSER and/or principal professionals involved in this project must possess appropriate Nevada Professional Licenses.
- 4) PROPOSER may indicate if its firm is a minority-owned business, women-owned business, physically-challenged business, small business, or a Nevada business enterprise as defined in Standard Contract, Disclosure of Ownership/Principals of the attached contract.
- 5) **Disclosure of Ownership/Principals,** PROPOSER must complete and submit the attached Disclosure of Ownership/Principals form.
- 6) **BUSINESS LICENSE:** The PROPOSER'S responsibility to provide the required Clark County Business License, Clark County Business Registration, or non-profit charitable registration; or the appropriate jurisdiction in which it conducts its business, and/or authorizations pursuant to all federal, State of Nevada and local laws in order to conduct business relative to this Contract. The appropriate requirement will be determined by the Clark County Business License department at contract award.

If a PROPOSER is a corporation, limited liability corporation, or not for profit, the proposer must be in good standing with the Secretary of State and must be qualified to conduct business in the State of Nevada; if PROPOSER is a not for profit, PROPOSER must also have a current IRS 501 (c) (3) letter.

- 7) **HIPAA - CONFIDENTIALITY REGARDING PARTICIPANTS,** PROPOSER'S agrees to sign the attached **Exhibit D,** HIPAA "Business Associate Agreement", prior to award of a CONTRACT. PROPOSER'S shall maintain the confidentiality of any information relating to participants, COUNTY Employees, or third parties, in accordance with any applicable laws and regulations, including, but not limited to, the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 8) **Financial Statement:** Provide a statement that reflects the PROPOSER'S financial ability to complete this project. Include year firm was established and gross revenues for 2011, 2012 and 2013.

PROPOSER must not be debarred by the federal government, State of Nevada, or local government.

If the PROPOSER has previously contracted with the State of Nevada, Clark County, Boulder City, or Mesquite, PROPOSER must not have an outstanding debt, which has not been repaid, or a repayment agreement plan has not been implemented. If PROPOSER has contracted with CRMD, PROPOSER must not have an outstanding disallowed cost or other liability to the COUNTY.

**J. Other (5 points)**

Other factors the PROPOSER determines appropriate which would indicate to the COUNTY that the PROPOSER has the necessary capability, competence, and performance record to accomplish the project in a timely and cost-effective manner.

# CLARK COUNTY, NEVADA

CONTRACT FOR MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS  
RFP NO. 603307-14

<b>//ENTER COMPANY NAME//</b>
NAME OF FIRM
<b>//Enter Designated Contact Name//</b>
DESIGNATED CONTACT, NAME AND TITLE (Please type or print)
<b>//Enter Street Address//</b> <b>//City, State and Zip Code//</b>
ADDRESS OF FIRM INCLUDING CITY, STATE AND ZIP CODE
(XXX) XXX-XXXX
(AREA CODE) AND TELEPHONE NUMBER
(XXX) XXX-XXXX
(AREA CODE) AND FAX NUMBER
<b>//Enter Email Address//</b>
E-MAIL ADDRESS

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## CONTRACT FOR MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS

This Contract is made and entered into this ##XX day of Enter Month 20XX, by and between CLARK COUNTY, NEVADA (hereinafter referred to as COUNTY), and //LEGAL NAME// (hereinafter referred to as PROPOSER , for Mobile Crisis Intervention and Outreach for the Homeless (hereinafter referred to as PROJECT).

### W I T N E S S E T H:

WHEREAS, the PROPOSER has the personnel and resources necessary to accomplish the PROJECT within the required schedule and with a budget allowance not to exceed \$ENTER AMT, including all travel, lodging, meals and miscellaneous expenses; and

WHEREAS, the PROPOSER has the required licenses and/or authorizations pursuant to all federal, State of Nevada and local laws in order to conduct business relative to this Contract.

NOW, THEREFORE, COUNTY and PROPOSER agree as follows:

### **SECTION I: TERM OF CONTRACT**

COUNTY agrees to retain PROPOSER for the period from //ENTER DATE// through //ENTER DATE//, with the option to renew for Options, Enter Term-year periods subject to the provisions of Sections II and VIII herein. During this period, PROPOSER agrees to provide services as required by COUNTY within the scope of this Contract. COUNTY reserves the right to extend the CONTRACT for up to an additional three (3) months for its convenience.

### **SECTION II: COMPENSATION AND TERMS OF PAYMENT**

#### A. Compensation

COUNTY agrees to pay PROPOSER for the performance of services described in the Scope of Work (Exhibit A) for the fixed fee / not-to-exceed amount of \$ENTER AMT. COUNTY's obligation to pay PROPOSER cannot exceed the fixed fee / not-to-exceed amount. It is expressly understood that the entire work defined in Exhibit A must be completed by the PROPOSER and it shall be the PROPOSER's responsibility to ensure that hours and tasks are properly budgeted so the entire PROJECT is completed for the said fee.

#### B. Progress Payments

The PROPOSER will be entitled to periodic payments for work completed in accordance with the completion of tasks indicated in the Scope of Work (Exhibit A).

#### C. Terms of Payments

1. Each invoice received by COUNTY must include a Progress Report based on actual work performed to date in accordance with the completion of tasks indicated in Exhibit A,
2. Payment of invoices will be made within thirty (30) calendar days after receipt of an accurate invoice that has been reviewed and approved COUNTY.
3. COUNTY, at its discretion, may not approve or issue payment on invoices if PROPOSER fails to provide the following information required on each invoice:
  - a. The title of the PROJECT as stated in Exhibit A, Scope of Work, COUNTY's Contract Number, Project Number, Purchase Order Number, Invoice Date, Invoice Period, Invoice Number, and the Payment Remittance Address.
  - b. COUNTY's representative shall notify the PROPOSER in writing within 14 calendar days of any disputed amount included on the invoice. The PROPOSER must submit a new invoice for the undisputed amount which will be paid in accordance with paragraph C.2 above. Upon mutual resolution of the disputed amount the PROPOSER will submit a new invoice for the agreed to amount and payment will be made in accordance with paragraph C.2 above.
4. No penalty will be imposed on COUNTY if COUNTY fails to pay PROPOSER within 30 calendar days after receipt of a properly documented invoice, and COUNTY will receive no discount for payment within that period.

5. In the event that legal action is taken by COUNTY or the PROPOSER based on a disputed payment, the prevailing party shall be entitled to reasonable attorneys' fees and costs subject to COUNTY's available unencumbered budgeted appropriations for the PROJECT.
6. COUNTY shall subtract from any payment made to PROPOSER all damages, costs and expenses caused by PROPOSER's negligence, resulting from or arising out of errors or omissions in PROPOSER's work products, which have not been previously paid to PROPOSER.
7. COUNTY shall not provide payment on any invoice PROPOSER submits after six (6) months from the date PROPOSER performs services, provides deliverables, and/or meets milestones, as agreed upon in Exhibit A, Scope of Work.
8. Invoices shall be submitted to: Clark County Department of Social Service, Fiscal Services Division, Las Vegas, NV 89138.
9. PROVIDER may request a budget modification of not more than 10% of the total awarded amount, once per contract term. All budget modifications are subject to approval of the Director of the Department of Social Service. Budget modification requests must be submitted in writing, no later than two months prior to the close of a project year.

**D. County's Fiscal Limitations**

1. The content of this section shall apply to the entire Contract and shall take precedence over any conflicting terms and conditions, and shall limit COUNTY's financial responsibility as indicated in Sections 2 and 3 below.
2. Notwithstanding any other provisions of this Contract, this Contract shall terminate and COUNTY's obligations under it shall be extinguished at the end of the fiscal year in which COUNTY fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which will then become due.
3. COUNTY's total liability for all charges for services which may become due under this Contract is limited to the total maximum expenditure(s) authorized in COUNTY's purchase order(s) to the PROPOSER.

**SECTION III: SCOPE OF WORK**

Services to be performed by the PROPOSER for the PROJECT shall consist of the work described in the Scope of Work as set forth in **Exhibit A** of this Contract, attached hereto.

**SECTION IV: CHANGES TO SCOPE OF WORK**

- A. COUNTY may at any time, by written order, make changes within the general scope of this Contract and in the services or work to be performed. If such changes cause an increase or decrease in the PROPOSER's cost or time required for performance of any services under this Contract, an equitable adjustment limited to an amount within current unencumbered budgeted appropriations for the PROJECT shall be made and this Contract shall be modified in writing accordingly. Any claim of the PROPOSER for the adjustment under this clause must be submitted in writing within 30 calendar days from the date of receipt by the PROPOSER of notification of change unless COUNTY grants a further period of time before the date of final payment under this Contract.
- B. No services for which an additional compensation will be charged by the PROPOSER shall be furnished without the written authorization of COUNTY.

**SECTION V: RESPONSIBILITY OF PROPOSER**

- A. It is understood that in the performance of the services herein provided for, PROPOSER shall be, and is, an independent contractor, and is not an agent, representative or employee of COUNTY and shall furnish such services in its own manner and method except as required by this Contract. Further, PROPOSER has and shall retain the right to exercise full control over the employment, direction, compensation and discharge of all persons employed by PROPOSER in the performance of the services hereunder. PROPOSER shall be solely responsible for, and shall indemnify, defend and hold COUNTY harmless from all matters relating to the payment of its employees, including compliance with social security, withholding and all other wages, salaries, benefits, taxes, demands, and regulations of any nature whatsoever.

- B. PROPOSER shall appoint a Manager, upon written acceptance by COUNTY, who will manage the performance of services. All of the services specified by this Contract shall be performed by the Manager, or by PROPOSER's associates and employees under the personal supervision of the Manager. Should the Manager, or any employee of PROPOSER be unable to complete his or her responsibility for any reason, the PROPOSER must obtain written approval by COUNTY prior to replacing him or her with another equally qualified person. If PROPOSER fails to make a required replacement within 30 days, COUNTY may terminate this Contract for default.
- C. PROPOSER has, or will, retain such employees as it may need to perform the services required by this Contract. Such employees shall not be employed by the COUNTY.
- D. The PROPOSER agrees that its officers and employees will cooperate with COUNTY in the performance of services under this Contract and will be available for consultation with COUNTY at such reasonable times with advance notice as to not conflict with their other responsibilities.
- E. The PROPOSER will follow COUNTY's standard procedures as followed by COUNTY's staff in regard to programming changes; testing; change control; and other similar activities.
- F. The PROPOSER shall be responsible for the professional quality, technical accuracy, timely completion, and coordination of all services furnished by the PROPOSER, its subcontractors and its and their principals, officers, employees and agents under this Contract. In performing the specified services, PROPOSER shall follow practices consistent with generally accepted professional and technical standards.
- G. It shall be the duty of the PROPOSER to assure that all products of its effort are technically sound and in conformance with all pertinent Federal, State and Local statutes, codes, ordinances, resolutions and other regulations. PROPOSER will not produce a work product which violates or infringes on any copyright or patent rights. The PROPOSER shall, without additional compensation, correct or revise any errors or omissions in its work products.
  - 1. Permitted or required approval by COUNTY of any products or services furnished by PROPOSER shall not in any way relieve the PROPOSER of responsibility for the professional and technical accuracy and adequacy of its work.
  - 2. COUNTY's review, approval, acceptance, or payment for any of PROPOSER's services herein shall not be construed to operate as a waiver of any rights under this Contract or of any cause of action arising out of the performance of this Contract, and PROPOSER shall be and remain liable in accordance with the terms of this Contract and applicable law for all damages to COUNTY caused by PROPOSER's performance or failures to perform under this Contract.
- H. All materials, information, and documents, whether finished, unfinished, drafted, developed, prepared, completed, or acquired by PROPOSER for COUNTY relating to the services to be performed hereunder and not otherwise used or useful in connection with services previously rendered, or services to be rendered, by PROPOSER to parties other than COUNTY shall become the property of COUNTY and shall be delivered to COUNTY's representative upon completion or termination of this Contract, whichever comes first. PROPOSER shall not be liable for damages, claims, and losses arising out of any reuse of any work products on any other project conducted by COUNTY. COUNTY shall have the right to reproduce all documentation supplied pursuant to this Contract.
- I. The rights and remedies of COUNTY provided for under this section are in addition to any other rights and remedies provided by law or under other sections of this Contract.

#### **SECTION VI: SUBCONTRACTS**

- A. Services specified by this Contract shall not be subcontracted by the PROPOSER, without prior written approval of COUNTY.
- B. Approval by COUNTY of PROPOSER's request to subcontract, or acceptance of, or payment for, subcontracted work by COUNTY shall not in any way relieve PROPOSER of responsibility for the professional and technical accuracy and adequacy of the work. PROPOSER shall be and remain liable for all damages to COUNTY caused by negligent performance or non-performance of work under this Contract by PROPOSER's subcontractor or its sub-subcontractor.
- C. The compensation due under Section II shall not be affected by COUNTY's approval of PROPOSER's request to subcontract.

**SECTION VII: RESPONSIBILITY OF COUNTY**

- A. COUNTY agrees that its officers and employees will cooperate with PROPOSER in the performance of services under this Contract and will be available for consultation with PROPOSER at such reasonable times with advance notice as to not conflict with their other responsibilities.
- B. The services performed by PROPOSER under this Contract shall be subject to review for compliance with the terms of this Contract by COUNTY's representative, //COORD//, //CODEPT//, telephone number (702)//XXX-XXXX// or their designee. COUNTY's representative may delegate any or all of his responsibilities under this Contract to appropriate staff members, and shall so inform PROPOSER by written notice before the effective date of each such delegation.
- C. The review comments of COUNTY's representative may be reported in writing as needed to PROPOSER. It is understood that COUNTY's representative's review comments do not relieve PROPOSER from the responsibility for the professional and technical accuracy of all work delivered under this Contract.
- D. COUNTY shall assist PROPOSER in obtaining data on documents from public officers or agencies, and from private citizens and/or business firms, whenever such material is necessary for the completion of the services specified by this Contract.
- E. PROPOSER will not be responsible for accuracy of information or data supplied by COUNTY or other sources to the extent such information or data would be relied upon by a reasonably prudent PROPOSER.

**SECTION VIII: TIME SCHEDULE**

- A. Time is of the essence of this contract.
- B. If the PROPOSER's performance of services is delayed or if the PROPOSER's sequence of tasks is changed, PROPOSER shall notify COUNTY's representative in writing of the reasons for the delay and prepare a revised schedule for performance of services. The revised schedule is subject to COUNTY's written approval.
- C. In the event that the PROPOSER fails to complete the PROJECT within the time specified in the Contract, or with such additional time(s) as may be granted by formal Amendment, or fails to prosecute the work or any separable part thereof, with such diligence as will insure completion within the time(s) specified in the contract or any extensions thereof, the PROPOSER shall pay to the COUNTY, as liquidated damages, the sum of \$ENTER AMT for each calendar day of delay until such reasonable time as may be required for final completion of the work, together with any increased costs incurred by the COUNTY in completing the work.
- D. In the event that the PROPOSER fails to complete the PROJECT within the time specified in the Contract, or with such additional time(s) as may be granted in writing by County or fails to prosecute the work, or any separable part thereof, with such diligence as will insure its completion within the time specified in the Contract or any extensions thereof, the PROPOSER shall pay to COUNTY as liquidated damages the sum of \$ENTER AMT for each calendar day of delay until such reasonable time as may be required for final completion of the work, together with any increased costs incurred by COUNTY in completing the work.

**SECTION IX: SUSPENSION AND TERMINATION**

A. Suspension

COUNTY may suspend performance by PROPOSER under this Contract for such period of time as COUNTY, at its sole discretion, may prescribe by providing written notice to PROPOSER at least 10 working days prior to the date on which COUNTY wishes to suspend. Upon such suspension, COUNTY shall pay PROPOSER its compensation, based on the percentage of the PROJECT completed and earned until the effective date of suspension, less all previous payments. PROPOSER shall not perform further work under this Contract after the effective date of suspension until receipt of written notice from COUNTY to resume performance. In the event COUNTY suspends performance by PROPOSER for any cause other than the error or omission of the PROPOSER, for an aggregate period in excess of 30 days, PROPOSER shall be entitled to an equitable adjustment of the compensation payable to PROPOSER under this Contract to reimburse PROPOSER for additional costs occasioned as a result of such suspension of performance by COUNTY based on appropriated funds and approval by COUNTY.

**B. Termination**

1. This Contract may be terminated in whole or in part by either party in the event of substantial failure or default of the other party to fulfill its obligations under this Contract through no fault of the terminating party; but only after the other party is given:
  - a. not less than 10 calendar days written notice of intent to terminate; and
  - b. an opportunity for consultation with the terminating party prior to termination.
2. Termination for Convenience
  - a. This Contract may be terminated in whole or in part by COUNTY for its convenience; but only after the PROPOSER is given:
    - i. not less than 10 calendar days written notice of intent to terminate; and
    - ii. an opportunity for consultation with COUNTY prior to termination.
  - b. If termination is for COUNTY's convenience, COUNTY shall pay the PROPOSER that portion of the compensation which has been earned as of the effective date of termination but no amount shall be allowed for anticipated profit on performed or unperformed services or other work.
3. Termination for Default
  - a. If termination for substantial failure or default is effected by COUNTY, COUNTY will pay PROPOSER that portion of the compensation which has been earned as of the effective date of termination but:
    - i. No amount shall be allowed for anticipated profit on performed or unperformed services or other work; and
    - ii. Any payment due to the PROPOSER at the time of termination may be adjusted to the extent of any additional costs occasioned to COUNTY by reason of the PROPOSER's default.
  - b. Upon receipt or delivery by PROPOSER of a termination notice, the PROPOSER shall promptly discontinue all services affected (unless the notice directs otherwise) and deliver or otherwise make available to COUNTY's representative, copies of all deliverables as provided in Section V paragraph H.
  - c. If after termination for failure of the PROPOSER to fulfill contractual obligations it is determined that the PROPOSER has not so failed, the termination shall be deemed to have been effected for the convenience of COUNTY.
4. Upon termination, COUNTY may take over the work and prosecute the same to completion by agreement with another party or otherwise. In the event the PROPOSER shall cease conducting business, COUNTY shall have the right to make an unsolicited offer of employment to any employees of the PROPOSER assigned to the performance of this Contract.
5. The rights and remedies of COUNTY and the PROPOSER provided in this section are in addition to any other rights and remedies provided by law or under this Contract.
6. Neither party shall be considered in default in the performance of its obligations hereunder, nor any of them, to the extent that performance of such obligations, nor any of them, is prevented or delayed by any cause, existing or future, which is beyond the reasonable control of such party. Delays arising from the actions or inactions of one or more of PROPOSER's principals, officers, employees, agents, subcontractors, vendors or suppliers are expressly recognized to be within PROPOSER's control.

**SECTION X: INSURANCE**

The PROPOSER shall obtain and maintain the insurance coverage required in **Exhibit B** incorporated herein by this reference. The PROPOSER shall comply with the terms and conditions set forth in **Exhibit B** and shall include the cost of the insurance coverage in their prices.

**SECTION XI: NOTICES**

Any notice required to be given hereunder shall be deemed to have been given when received by the party to whom it is directed by personal service, hand delivery, certified U.S. mail, return receipt requested or facsimile, at the following addresses:

TO COUNTY: Clark County Department of Social Service  
Attention: Director  
1600 Pinto Lane, 3<sup>rd</sup> Floor  
Las Vegas, Nevada 89106

TO PROPOSER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION XII: MISCELLANEOUS**

A. Independent Contractor

PROPOSER acknowledges that PROPOSER and any subcontractors, agents or employees employed by PROPOSER shall not, under any circumstances, be considered employees of the COUNTY, and that they shall not be entitled to any of the benefits or rights afforded employees of COUNTY, including, but not limited to, sick leave, vacation leave, holiday pay, Public Employees Retirement System benefits, or health, life, dental, long-term disability or workers' compensation insurance benefits. COUNTY will not provide or pay for any liability or medical insurance, retirement contributions or any other benefits for or on behalf of PROPOSER or any of its officers, employees or other agents.

B. Immigration Reform and Control Act

In accordance with the Immigration Reform and Control Act of 1986, the PROPOSER agrees that it will not employ unauthorized aliens in the performance of this Contract.

C. Non-Discrimination/Public Funds

PROPOSER acknowledges that the COUNTY has an obligation to ensure that public funds are not used to subsidize private discrimination. PROPOSER recognizes that if they or their subcontractors are found guilty by an appropriate authority of refusing to hire or do business with an individual or company due to reasons of race, color, religion, sex, sexual orientation, gender identity or gender expression, age, disability, national origin, or any other protected status, the COUNTY may declare the PROPOSER in breach of the Contract, terminate the Contract, and designate the PROPOSER as non-responsible.

D. Assignment

Any attempt by PROPOSER to assign or otherwise transfer any interest in this Contract without the prior written consent of COUNTY shall be void.

E. Indemnity

The PROPOSER does hereby agree to defend, indemnify, and hold harmless COUNTY and the employees, officers and agents of COUNTY from any liabilities, damages, losses, claims, actions or proceedings, including, without limitation, reasonable attorneys' fees, that are caused by the negligence, errors, omissions, recklessness or intentional misconduct of the PROPOSER or the employees or agents of the PROPOSER in the performance of this Contract.

F. Governing Law

Nevada law shall govern the interpretation of this Contract.

G. Covenant Against Contingent Fees The PROPOSER warrants that no person or selling agency has been employed or retained to solicit or secure this Contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide permanent employees. For breach or violation of this warranty, COUNTY shall have the right to annul this Contract without liability or in its discretion to deduct from the Contract price or consideration or otherwise recover the full amount of such commission, percentage, brokerage, or contingent fee.

H. Gratuities

1. COUNTY may, by written notice to the PROPOSER, terminate this Contract if it is found after notice and hearing by COUNTY that gratuities (in the form of entertainment, gifts, or otherwise) were offered or given by the PROPOSER or any agent or representative of the PROPOSER to any officer or employee of COUNTY with a view toward securing a contract or securing favorable treatment with respect to the awarding or amending or making of any determinations with respect to the performance of this Contract.
2. In the event this Contract is terminated as provided in paragraph 1 hereof, COUNTY shall be entitled:
  - a. to pursue the same remedies against the PROPOSER as it could pursue in the event of a breach of this Contract by the PROPOSER; and
  - b. as a penalty in addition to any other damages to which it may be entitled by law, to exemplary damages in an amount (as determined by COUNTY) which shall be not less than three (3) nor more than 10 times the costs incurred by the PROPOSER in providing any such gratuities to any such officer or employee.
3. The rights and remedies of COUNTY provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

I. Audits

The performance of this contract by the PROPOSER is subject to review by COUNTY to insure contract compliance. The PROPOSER agrees to provide COUNTY any and all information requested that relates to the performance of this contract. All requests for information will be in writing to the PROPOSER. Time is of the essence during the audit process. Failure to provide the information requested within the timeline provided in the written information request may be considered a material breach of contract and be cause for suspension and/or termination of the contract.

J. Covenant

The PROPOSER covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Contract. PROPOSER further covenants, to its knowledge and ability, that in the performance of said services no person having any such interest shall be employed.

K. Confidential Treatment of Information

PROPOSER shall preserve in strict confidence any information obtained, assembled or prepared in connection with the performance of this Contract.

L. ADA Requirements

All work performed or services rendered by PROPOSER shall comply with the Americans with Disabilities Act standards adopted by Clark County. All facilities built prior to January 26, 1992 must comply with the Uniform Federal Accessibility Standards; and all facilities completed after January 26, 1992 must comply with the Americans with Disabilities Act Accessibility Guidelines.

M. Subcontractor Information

The PROPOSER shall provide a list of the Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Physically-Challenged Business Enterprise (PBE), Small Business Enterprise (SBE), and Nevada Business Enterprise (NBE) subcontractors for this Contract utilizing the attached format (**Exhibit C**). The information provided in **Exhibit C** by the PROPOSER is for the COUNTY's information only.

N. Disclosure of Ownership Form

The PROPOSER agrees to provide the information on the attached Disclosure of Ownership/Principals form prior to any contract and/or contract amendment to be awarded by the Board of County Commissioners.

IN WITNESS WHEREOF, the parties have caused this Contract to be executed the day and year first above written.

COUNTY:

CLARK COUNTY, NEVADA

By: \_\_\_\_\_  
YOLANDA T. KING  
Chief Financial Officer

\_\_\_\_\_  
DATE

PROPOSER:  
//LEGAL NAME//

By: \_\_\_\_\_  
//NAME//  
//TITLE//

\_\_\_\_\_  
DATE

APPROVED AS TO FORM:  
STEVEN B. WOLFSON  
District Attorney

By: \_\_\_\_\_  
ELIZABETH A. VIBERT  
Deputy District Attorney

\_\_\_\_\_  
DATE

## EXHIBIT A MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS SCOPE OF WORK

Clark County (COUNTY) will provide County funds to assist with the cost of operating the MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS Program. The PROGRAM is designed to provide in the field crisis intervention, assessment, referral, and connection to services for those who have been living in an area not meant for human habitation. Clark County authorized funds will be made available for the 2014/2015 program year commencing from July 1, 2014 and ending June 30, 2015.

The PROGRAM services shall be provided to homeless households free of charge and for the entire PROGRAM period.

### A. RESPONSIBILITIES OF PROVIDER

1. Provide mobile crisis intervention team(s) that include the following:
  - Respond to crisis intervention requests involving households who are residing in an area not meant for human habitation, such as a street, park, field, makeshift shelter, tent, abandoned building, etc. Requests may be made from the COUNTY and other designated organizations. Households can include an individual, family, or cohabitating individuals.
  - Provide Responder Assessments that assess the area for the number of households present in a designated geographical space (e.g., lot, park, city block, private undeveloped property, etc.), environmental factors, and health and safety issues.
  - Assess the health and safety status of the households residing in the area for medical, mental health, and substance abuse treatment needs, and provide immediate assistance upon consent of the individual.
  - Determine a person's eligibility, current and potential strengths, weaknesses, and needs towards placement into a stabilizing treatment or housing situation.
  - Refer to a case management agency to develop a specific, comprehensive, individualized treatment service plan that will be responsive to immediate housing needs.
  - When transitioning clients to case management services, PROVIDER will be responsible to participate in service planning and participation towards successfully transitioning the client to the case management provider. This should include case conferencing and co-facilitation of initial case management appointments to retain rapport and client engagement in service delivery.
  - Monitor the outcome of the referral to assure that client is continuing to be stable, or provide targeted outreach to households to attempt to stabilize them until they choose to consent with the previously listed intervention strategies.
  - Routinely monitor geographical areas that continue to have households residing in the space not meant for human habitation and offer the previous intervention strategies to assist households until they consent or until after the property or space has been vacated.
  - Meet and case conference with designated organizations to identify needed services to improve responsiveness to interventions, e.g., census of housing beds, availability of inpatient services, etc., as needed.
  - Advocate as needed on behalf of a specific client or group of clients to ensure equity and appropriate services are provided.
  - Report outcomes of intervention requests to the COUNTY and other designated organizations.
  
2. Employ management, staff, and volunteers with sufficient technical knowledge, skill, and expertise necessary to provide the services. Staffing should include licensed, professional individuals that can provide medical, mental health, and substance abuse assessments in the field, and be available 24 hours per day, 7 days per week.

Minimum staffing should include:

- QMHP Supervisor/Team Leader: The team leader, who must meet the Nevada State Medicaid definition of Qualified Mental Health Professional, must have experience in supervising services and staff outlined below and should have experience in working with dual-diagnosed client populations. The team lead is responsible for overseeing the daily operations of the MCIT. At minimum, their responsibilities include the following: facilitating the daily meetings to discuss the status of each client, allocating the work of the MCIT to meet each client's needs, and distributing the MCIT staff into teams to conduct outreach and engagement and deliver ongoing services. The team leader is the point of contact for the MCIT members throughout the day to address client crises and emergent needs. The MCIT team leader is also responsible for coordinating and facilitating the development of an initial intervention plan and all subsequent plan reviews.
  
- QMHP/QMHA Outreach Worker: The worker must meet the Nevada State Medicaid definition of Qualified Mental Health Professional. This worker is responsible for completing screenings and diagnostic assessments, providing crisis intervention and other types of interventions that promote

wellness and recovery. The worker will also assist clients with accessing community resources and supports. This position may do mental health screenings and is responsible for assisting clients with accessing any necessary community resources and supports and assisting clients with gaining, restoring, improving or maintaining daily independent living, social/leisure, and/or personal hygiene skills.

- Certified Substance Abuse Counselor: The Certified Substance Abuse Counselor is required to have a minimum of six months of experience providing substance abuse services to individuals with co-occurring substance abuse and mental health treatment needs. The Certified Substance Abuse Counselor is responsible for providing substance abuse counseling and services that promote wellness, assisting clients with the development of relapse prevention plans and helping clients to access self-help groups and detoxification programs.
  - Peer Advocate or Family Advocate or Parent Partner: A Peer Advocate is an individual with lived mental health experience. A Family Advocate is a family member of an individual with serious mental illness (SMI) or severe emotional disturbance (SED). A parent partner is a parent of an individual with SMI or SED. These individuals are responsible for providing peer-to-peer/family-to family/ parent-to-parent counseling and support. These individuals may also assist clients with accessing community resources and supports, and with gaining, restoring, improving or maintaining daily independent living, social/leisure and personal hygiene skills.
3. Be available for consultation regarding the operation and progress of the PROGRAM with all parties to the funding agreement, and at such other reasonable times with advance notice as to not conflict with PROVIDER's other responsibilities.
  4. Enter client service information into the Homeless Management Information System (HMIS) or like data collection database for service delivery. Monthly reports will be generated from data collected in HMIS or like database system, including outcomes and performance measures.
  5. Enter and update agency and program information into Nevada 2-1-1 prior to the commencing of each year of services. A copy of the listing must be provided to COUNTY's authorized representative.
  6. Implement a quality assurance component to facilitate client feedback on quality of services, which must include at least one of the following: client satisfaction surveys during and at the completion of service delivery; development of a client advisory council which has the ability to meet on a regular basis to discuss service delivery issues, and/or regularly-scheduled opportunities to meet with agency leadership to discuss programs. PROVIDER will submit a written procedure for implementing the client feedback mechanism(s), and report on its progress quarterly when submitting monthly reports.
  7. Submit to COUNTY's authorized representative the funding agreement monthly status report(s) via MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS Program report, which shall be due on the 10<sup>th</sup> calendar day of the month following the month for which services were provided. Each monthly report shall cover a single month, starting on the 1<sup>st</sup> day of each calendar month and ending on the last day of each calendar month regardless of the day of the week or the date that services actually commenced.

PROGRAM reports shall cover the activities of the PROGRAM, including, but not limited to: 1) Total number of unduplicated clients served, 2) Number of handicapped clients served, 3) Number of senior citizens served, 4) Number of unaccompanied youth (under 18 years of age) served, 5) Number of families served, and 6) Number of veterans served. Client outcomes (measures of what happens to participants after receiving the service) should also be reported with focus on the service provision areas outlined in "Performance Outcomes," **Exhibit D**. In addition, the PROVIDER must submit status report(s) to support the program services and salary expenses and benefit realized by the COUNTY for PROGRAM support and outcomes of client satisfaction activities. A standard reporting format will be generated from HMIS, in addition to a narrative section regarding program highlights.

8. An annual progress report describing the PROGRAM's progress and activity is due within 30 days of the end of a PROGRAM year. This report will be generated from HMIS with a narrative section to report notable program highlights.
9. Submit to COUNTY's authorized representative a monthly reimbursement invoice by the 15<sup>th</sup> calendar day of each month for the previous month's services. Monthly invoices should include: contract number, HMIS unique identifier for each client, line item of total contracted amount, balance available at the beginning of the month, amount requested for the month, remaining line item balances, and the total amount of the request to support the programs services as outlined in the "Project Budget", **Exhibit E** towards the benefit realized by the OWNER for PROGRAM support. Appropriate back-up documentation should also be included. Documentation of services provided will be via reports from HMIS or like data base system.

10. Maintain financial records pertaining to all matters relative to contract in accordance with standard accounting principles and procedures and to retain all records and supporting documentation applicable for a period of five (5) years upon completion of contract, or termination of contract, whichever comes first. Please also delineate how multiple funding sources for services are allocated appropriately for its designated intended service. All such records relating to any analysis or audit performed relative to the contract shall be retained for five (5) years after such analysis or audit has been performed and any findings have been resolved. In the event that PROVIDER no longer operates in Nevada, it shall be required to deliver a copy of all records relating to the contract with the COUNTY to be retained by the COUNTY for the required period of time.
11. PROVIDER shall provide written notice to COUNTY of any program changes during Fiscal Year 2014/2015 for which COUNTY's funds are allocated under the provisions of resolution(s) to be approved and adopted between COUNTY and PROVIDER.
12. PROVIDER is responsible to participate with the COUNTY within the local Continuum of Care in further development of improved provision of homeless services. This includes collaboration with other homeless service providers to minimize duplication of service and maximize utilization of available resources.

**EXHIBIT B**  
**MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS**  
**INSURANCE REQUIREMENTS**

**TO ENSURE COMPLIANCE WITH THE CONTRACT DOCUMENT, PROPOSER SHOULD FORWARD THE FOLLOWING INSURANCE CLAUSE AND SAMPLE INSURANCE FORM TO THEIR INSURANCE AGENT PRIOR TO PROPOSAL SUBMITTAL.**

- A. **Format/Time:** PROPOSER shall provide COUNTY with Certificates of Insurance, per the sample format (page B-3), for coverage as listed below, and endorsements affecting coverage required by this Contract within **ten (10) business days** after the award by the COUNTY. All policy certificates and endorsements shall be signed by a person authorized by that insurer and who is licensed by the State of Nevada in accordance with NRS 680A.300. All required aggregate limits shall be disclosed and amounts entered on the Certificate of Insurance, and shall be maintained for the duration of the Contract and any renewal periods.
- B. **Best Key Rating:** COUNTY requires insurance carriers to maintain during the contract term, a Best Key Rating of A.VII or higher, which shall be fully disclosed and entered on the Certificate of Insurance.
- C. **Owner Coverage:** COUNTY, its officers and employees must be expressly covered as additional insured's except on Workers' Compensation. PROPOSER'S insurance shall be primary as respects COUNTY, its officers and employees.
- D. **Endorsement/Cancellation:** PROPOSER'S general liability and automobile liability insurance policy shall be endorsed to recognize specifically PROPOSER'S contractual obligation of additional insured to COUNTY and must note that COUNTY will be given thirty (30) calendar days advance notice by certified mail "return receipt requested" of any policy changes, cancellations, or any erosion of insurance limits. Either a copy of the additional insured endorsement, or a copy of the policy language that gives Clark County automatic additional insured status must be attached to any certificate of insurance.
- E. **Deductibles:** All deductibles and self-insured retentions shall be fully disclosed in the Certificates of Insurance and may not exceed \$25,000.
- F. **Aggregate Limits:** If aggregate limits are imposed on bodily injury and property damage, then the amount of such limits must not be less than \$2,000,000.
- G. **Commercial General Liability:** Subject to Paragraph F of this Exhibit, PROPOSER shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury (including death), personal injury and property damages. Commercial general liability coverage shall be on a "per occurrence" basis only, not "claims made," and be provided either on a Commercial General Liability or a Broad Form Comprehensive General Liability (including a Broad Form CGL endorsement) insurance form. Policies must contain a primary and non-contributory clause and must contain a waiver of subrogation endorsement.
- H. **Automobile Liability:** Subject to Paragraph 6 of this Exhibit, PROPOSER shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage to include, but not be limited to, coverage against all insurance claims for injuries to persons or damages to property which may arise from services rendered by PROPOSER and **any auto** used for the performance of services under this Contract.
- I. **Professional Liability:** PROPOSER shall maintain limits of no less than \$1,000,000 aggregate. If the professional liability insurance provided is on a Claims Made Form, then the insurance coverage required must continue for a period of two (2) years beyond the completion or termination of this Contract. Any retroactive date must coincide with or predate the beginning of this and may not be advanced without the consent of the COUNTY.
- J. **Workers' Compensation:** PROPOSER shall obtain and maintain for the duration of this contract, a work certificate and/or a certificate issued by an insurer qualified to underwrite workers' compensation insurance in the State of Nevada, in accordance with Nevada Revised Statutes Chapters 616A-616D, inclusive, provided, however, a PROPOSER that is a Sole Proprietor shall be required to submit an affidavit (Attachment 1) indicating that PROPOSER has elected not to be included in the terms, conditions and provisions of Chapters 616A-616D, inclusive, and is otherwise in compliance with those terms, conditions and provisions.
- K. **Failure To Maintain Coverage:** If PROPOSER fails to maintain any of the insurance coverage required herein, COUNTY may withhold payment, order PROPOSER to stop the work, declare PROPOSER in breach, suspend or terminate the Contract, assess liquidated damages as defined herein, or may purchase replacement insurance or pay premiums due on existing policies. COUNTY may collect any replacement insurance costs or premium payments made from PROPOSER or deduct the amount paid from any sums due PROPOSER under this Contract.
- L. **Additional Insurance:** PROPOSER is encouraged to purchase any such additional insurance as it deems necessary.
- M. **Damages:** PROPOSER is required to remedy all injuries to persons and damage or loss to any property of COUNTY, caused in whole or in part by PROPOSER, their subcontractors or anyone employed, directed or supervised by PROPOSER.
- N. **Cost:** PROPOSER shall pay all associated costs for the specified insurance. The cost shall be included in the price(s).

- O. **Insurance Submittal Address:** All Insurance Certificates requested shall be sent to the Clark County Purchasing and Contracts Division, Attention: Insurance Coordinator. See the Submittal Requirements Clause in the RFP package for the appropriate mailing address.
- P. **Insurance Form Instructions:** The following information must be filled in by PROPOSER'S Insurance Company representative:
1. Insurance Broker's name, complete address, phone and fax numbers.
  2. PROPOSER'S name, complete address, phone and fax numbers.
  3. Insurance Company's Best Key Rating
  4. Commercial General Liability (Per Occurrence)
    - (A) Policy Number
    - (B) Policy Effective Date
    - (C) Policy Expiration Date
    - (D) Each Occurrence (\$1,000,000)
    - (E) Damage to Rented Premises (\$50,000)
    - (F) Medical Expenses (\$5,000)
    - (G) Personal & Advertising Injury (\$1,000,000)
    - (H) General Aggregate (\$2,000,000)
    - (I) Products - Completed Operations Aggregate (\$2,000,000)
  5. Automobile Liability (Any Auto)
    - (J) Policy Number
    - (K) Policy Effective Date
    - (L) Policy Expiration Date
    - (M) Combined Single Limit (\$1,000,000)
  6. Worker's Compensation
  7. Professional Liability
    - (N) Policy Number
    - (O) Policy Effective Date
    - (P) Policy Expiration Date
    - (Q) Aggregate (\$1,000,000)
  8. Description: RFP Number and Name of Contract (must be identified on the initial insurance form and each renewal form).
  9. Certificate Holder:

Clark County, Nevada  
c/o Purchasing and Contracts Division  
Government Center, Fourth Floor  
500 South Grand Central Parkway  
P.O. Box 551217  
Las Vegas, Nevada 89155-1217
  10. Appointed Agent Signature to include license number and issuing state.



POLICY NUMBER: \_\_\_\_\_

COMMERCIAL GENERAL AND AUTOMOBILE LIABILITY

RFP NUMBER AND CONTRACT NAME:

**THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY**  
**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY AND AUTOMOBILE LIABILITY COVERAGE PART.

**SCHEDULE**

Name of Person or Organization:

CLARK COUNTY, NEVADA  
C/O PURCHASING & CONTRACTS DIVISION  
500 S. GRAND CENTRAL PKWY 4<sup>TH</sup> FL  
PO BOX 551217  
LAS VEGAS, NEVADA 89155-1217

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

CLARK COUNTY, NEVADA, ITS OFFICERS, EMPLOYEES AND VOLUNTEERS ARE INSUREDS WITH RESPECT TO LIABILITY ARISING OUT OF THE ACTIVITIES BY OR ON BEHALF OF THE NAMED INSURED IN CONNECTION WITH THIS PROJECT.

**ATTACHMENT 1**

**AFFIDAVIT**

**(ONLY REQUIRED FOR A SOLE PROPRIETOR)**

I, \_\_\_\_\_, on behalf of my company, \_\_\_\_\_, being duly sworn,

(Name of Sole Proprietor)

(Legal Name of Company)

depose and declare:

1. I am a Sole Proprietor;
2. I will not use the services of any employees in the performance of this contract, identified as RFP No. 603307-14, entitled MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS;
3. I have elected to not be included in the terms, conditions, and provisions of NRS Chapters 616A-616D, inclusive; and
4. I am otherwise in compliance with the terms, conditions, and provisions of NRS Chapters 616A-616D, inclusive.

I release Clark County from all liability associated with claims made against me and my company, in the performance of this contract, that relate to compliance with NRS Chapters 616A-616D, inclusive.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature \_\_\_\_\_

State of Nevada        )  
                                   )ss.  
 County of Clark        )

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 by \_\_\_\_\_ (name of person making statement).

Notary Signature  
 STAMP AND SEAL

**EXHIBIT C**  
**SUBCONTRACTOR INFORMATION**

**DEFINITIONS:**

MINORITY OWNED BUSINESS ENTERPRISE (MBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

WOMEN OWNED BUSINESS ENTERPRISE (WBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

PHYSICALLY-CHALLENGED BUSINESS ENTERPRISE (PBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

SMALL BUSINESS ENTERPRISE (SBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function, is **not** owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

NEVADA BUSINESS ENTERPRISE (NBE): Any Nevada business which has the resources necessary to sufficiently perform identified County projects, and is owned or controlled by individuals that are not designated as socially or economically disadvantaged.

VETERAN OWNED ENTERPRISE (VET): A Nevada business at least 51% owned/controlled by a veteran.

DISABLED VETERAN OWNED ENTERPRISE (DVET): A Nevada business at least 51% owned/controlled by a disabled veteran.

It is our intent to utilize the following MBE, WBE, PBE, SBE, and NBE subcontractors in association with this Contract:

1. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type: \_\_\_ MBE \_\_\_ WBE \_\_\_ PBE \_\_\_ SBE \_\_\_ NBE

2. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type: \_\_\_ MBE \_\_\_ WBE \_\_\_ PBE \_\_\_ SBE \_\_\_ NBE

3. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type: \_\_\_ MBE \_\_\_ WBE \_\_\_ PBE \_\_\_ SBE \_\_\_ NBE

4. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type: \_\_\_ MBE \_\_\_ WBE \_\_\_ PBE \_\_\_ SBE \_\_\_ NBE

No MBE, WBE, PBE, SBE, or NBE subcontractors will be used.

**EXHIBIT D**  
**MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS**  
**PERFORMANCE OUTCOMES**

Program Goal	Outcome	Target # or %	Data Source
Program services harder to serve homeless population	Households served by program at entry: Homeless <ul style="list-style-type: none"> <li>• Mental Illness</li> <li>• Substance abuse</li> <li>• Chronic health condition(s)</li> <li>• HIV</li> <li>• Developmental Disabilities</li> <li>• Physical disabilities</li> </ul>	100% of households are homeless and may have one other criteria	HMIS
Increase access to stabilizing housing situation	Emergency, Transitional, or Permanent Housing	20% of clients placed in permanent housing remain in housing for at least six (6) months	HMIS
Increase access to wrap-around services through access to a medical home, which includes integrated mental/, physical health and substance abuse treatment	Increase stability and improved health outcomes	Year 1: 20% of clients obtain federal, state or community resources for mental/physical health, substance abuse treatment  Year 2: 50% of clients obtain federal, state or community resources for mental/physical health, substance abuse treatment	HMIS
HMIS participation	Clients exit (transition) to known destination	75% at known destinations	HMIS

**EXHIBIT E**  
**MOBILE CRISIS INTERVENTION AND OUTREACH FOR THE HOMELESS**  
**PROJECT BUDGET**  
(insert here)

**INSTRUCTIONS FOR COMPLETING THE  
DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM**

**Purpose of the Form**

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners ("BCC") in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

**General Instructions**

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

**Detailed Instructions**

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

**Business Entity Type** – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting 'Other', provide a description of the legal entity.

**Non-Profit Organization (NPO)** - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

**Business Designation Group** – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), or Physically-Challenged Business Enterprise (PBE). This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

**Minority Owned Business Enterprise (MBE):**

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

**Women Owned Business Enterprise (WBE):**

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

**Physically-Challenged Business Enterprise (PBE):**

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

**Small Business Enterprise (SBE):**

An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

**Business Name (include d.b.a., if applicable)** – Enter the legal name of the business entity and enter the "Doing Business As" (d.b.a.) name, if applicable.

**Corporate/Business Address, Business Telephone, Business Fax, and Email** – Enter the street address, telephone and fax numbers, and email of the named business entity.

**Local Business Address, Local Business Telephone, Local Business Fax, and Email** – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

**Number of Clark County Nevada Residents employed by this firm.**

**List of Owners/Officers** – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list all Corporate Officers and Directors only.

**For All Contracts – (Not required for publicly-traded corporations)**

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s) or appointed/elected official(s). If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If **YES**, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, University Medical Center of Southern Nevada, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean).

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

**Signature and Print Name** – Requires signature of an authorized representative and the date signed.

**Disclosure of Relationship Form** – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise			
Corporate/Business Entity Name:						
(Include d.b.a., if applicable)						
Street Address:			Website:			
City, State and Zip Code:			POC Name and Email:			
Telephone No:			Fax No:			
Local Street Address:			Website:			
City, State and Zip Code:			Local Fax No:			
Local Telephone No:			Local POC Name Email:			
Number of Clark County Nevada Residents Employed:						

**All entities**, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

**Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors** in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

**Entities** include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

*This section is not required for publicly-traded corporations.*

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
   
 Yes     No    (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
  
2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
   
 Yes     No    (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT

\* County employee means Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District.

“Consanguinity” is a relationship by blood. “Affinity” is a relationship by marriage.

“To the second degree of consanguinity” applies to the candidate’s first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

***For County Use Only:***

If any Disclosure of Relationship is noted above, please complete the following:

- Yes  No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?  
 Yes  No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF RELATIONSHIP

***For County Use Only:***

If any Disclosure of Relationship is noted above, please complete the following:

Yes  No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

Yes  No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

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Signature

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Print Name  
Authorized Department Representative

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***For County Use Only:***

If any Disclosure of Relationship is noted above, please complete the following:

Yes  No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

Yes  No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

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Signature

---

Print Name  
Authorized Department Representative

---

***For County Use Only:***

If any Disclosure of Relationship is noted above, please complete the following:

Yes  No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

Yes  No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

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Signature

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Print Name  
Authorized Department Representative