



West Michigan Community Mental Health
With locations at:
Lake, Mason, and Oceana Counties, Michigan

REQUEST FOR PROPOSAL (RFP)

West Michigan Community Mental Health (WCMH) is seeking bids for the following services to be provided virtually:

- **Implicit Bias Training** – West Michigan Community Mental Health (WCMH) is seeking a live, interactive, and engaging virtual training for its staff and key stakeholders. Total number of learners is approximately 200. Session(s) must be limited to no more than 2 hours in total length.

Interested parties can request a full bidder's package, including bidder's instructions, by contacting Nicole Kusebuski at nicole2k@wmcchs.org.

PROPOSAL DEADLINE: Completed proposals must be received no later than 5pm, Wednesday, December 22, 2021. WCMH will accept proposals via mail, fax or email in PDF format. All proposals should be submitted to Nicole Kusebuski at nicole2k@wmcchs.org or faxed to (231) 845-7095, ATTN: Nicole Kusebuski.

NO LATE PROPOSALS WILL BE ACCEPTED

INSTRUCTIONS FOR PROPOSAL SUBMISSION

- RFP responses are due by **12:00 noon on Monday, January 24, 2022** and must meet the minimum requirements:
 - A completed West Michigan Community Mental Health Bidder Response Form for each service being bid on.
 - A proposed budget based individual services being bid on.
 - Submission of at least three (3) professional references.
- Proposals will be assessed on the following criteria:
 - Qualifications and experience
 - References
 - Proposed budget
- Late submissions will not be accepted. There will be no exceptions to this requirement.
- WMCMH reserves the right, at its sole discretion, to reject any bid. Successful bidders will be required to furnish evidence of insurance coverage.
- When bidding on multiple services, bidder acknowledges and accepts that WMCMH will evaluate each service independently and may, at its own discretion, award bids for certain services and reject others.
- Providers must submit proposal on the provided forms.

Proposals will be accepted via Email or Fax:

**Attention Nicole Kusebuski
920 Diana Street
Ludington, MI 49431
nicole2k@wcmchs.org
Fax: 231-845-7095**

**WEST MICHIGAN COMMUNITY MENTAL HEALTH
BIDDER RESPONSE**

Organization Name:	
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Please answer the questions below. Feel free to attach additional sheets (and note in the section below) if further space is needed for your response.

1	Please detail your experiences experience, including years in business, approximate number of customers, qualifications, and any applicable certifications or licenses.
2	<p>If selected, can you provide valid proof of Certificate of Insurance and Commercial General Liability, Motor Vehicle, and Worker’s Compensation or Certified BWC-337 or Notarized WMCMH Sole Proprietor Form?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3	<p>The conditions of participation in a program that receives Federal funding requires submission of Disclosure of Ownership and Controlling Interest Statement, pursuant to 42 CFR Part §455. If selected, are you willing to submit this documentation as required?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p>Do you attest that you have the necessary equipment and tools, are available to provide services at the times required and in a timely manner as requested by WMCMH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5	<p>Have you included a proposed budget for this project?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>