

REQUEST FOR PROPOSAL

The Macomb County Community Mental Health Board is accepting proposals for the provision of _____ . The services must meet the following requirements:

Bidders may obtain a proposal packet by contacting the MCCMH Business Management Division at (586) 469-5275.

Deadline for the proposal is 5:00 p.m. **DAY, DATE.**

Dear Prospective Bidder:

Macomb County Community Mental Health (MCCMH) is currently requesting a proposal for _____.

Enclosed are:

1. Service Features Guidelines;
2. MCCMH Policy on Procurement of Services;
3. Network Provider Qualification Statement.

All bids will be evaluated with reference to the following criteria:

1. The cost of the services to be provided;
2. The ability, capacity, and skill of the bidder to perform the contract, and to provide the services required;
3. The character, integrity, reputation, judgment, experience, and efficiency of the bidder, based upon objective verifiable information;
4. The bidder's history of compliance with applicable laws and ordinances relating to contract performance;
5. The number and scope of conditions attached to the bid; and
6. Whether the bidder is presently in default to the MCCMH Board for any reason.

The MCCMH Board reserves the right to reject all bids, to waive or not to waive informalities or irregularities in bids or bidding procedures, to accept any bid, even though not the lowest.

Proposals are to be submitted to:

MCCMH Business Management Division
22550 Hall Road
Clinton Township, MI 48036

The deadline is **TIME, DAY, DATE.**

Prospective Network Providers shall be required to comply with MCCMH MCO Policy 3-004, “Network Application / Profiling Process.”

Sincerely,

[NAME]

MCCMH Business Management Director