



BRANDON T. NICHOLS
Director

County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 5, 2024

To: Prospective Proposers and Interested Parties

From: 
Leticia Torres-Ibarra, Division Manager
Contracts Administration Division

ADDENDUM NUMBER TWO EMERGENCY SHELTER CARE SERVICES REQUEST FOR STATEMENTS OF QUALIFICATIONS #21-0072

Addendum Number Two is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all holders of the Emergency Shelter Care (ESC) Services Request for Statements of Qualifications (RFSQ) released on August 1, 2023. Addendum Number Two amends sections of the RFSQ. Changes only apply to referenced sections and/or subsections that are amended or deleted; all other sections remain in full effect.

A Prospective Proposer's failure to address the requirements of this Addendum Number Two may result in the proposal being found non-responsive and not being considered, as determined in the sole discretion of the County.

Changes to wording in the RFSQ sections in this Addendum Number Two include deletions and additions. Deletions are indicated by ~~strikethrough~~ (~~strikethrough~~) and additions are underlined (underlined).

A red line version of the ESC RFSQ #21-0072, which includes changes from Addendum Number One and Addendum Number Two is now available on the Department of Children and Family Services (DCFS) Website and the Internal Services Department (ISD) Website.

The following changes and additions are being made to the ESC Services RFSQ #21-0072:

- I. RFSQ, Appendix A, Sample Contract, Section 2, **Definitions**, Subsections 2.1.9 and 2.1.11, have been amended to read as follows:

2.1.9 County Program Director: Person designated by County with authority for County on contractual or administrative matters relating to this contract that cannot be resolved by the County's ~~Project~~ Program Manager.

"To Enrich Lives Through Effective and Caring Service"

2.1.11 Contractor's Project Program Manager: The person designated by the Contractor to administer the Contract operations under this Contract.

- II. RFSQ, Appendix A, Sample Contract, Section 6.3, **County Program Manager**, Subsection 6.3.1, has been amended to read as follows:

6.3.1 Meeting with the Contractor's Project Program Manager on a regular basis; and

- III. RFSQ, Appendix A, Sample Contract, Section 7.2, **Contractor's Project Manager**, Subsections 7.2.1 and 7.2.2, have been amended to read as follows:

7.2 Contractor's Project Program Manager

7.2.1 The Contractor's Project Program Manager is designated in Exhibit E (Contractor's Administration). The Contractor must notify the County in writing of any change in the name or address of the Contractor's Project Program Manager.

7.2.2 The Contractor's Project Program Manager will be responsible for the Contractor's day-to-day activities as related to this Contract and will meet and coordinate with the County Program Manager and County Contract Program Monitor on a regular basis.

- IV. RFSQ, Appendix A, Sample Contract, Section 7.3, **Approval of Contractor's Staff**, has been amended to read as follows:

7.3 Approval of Contractor's Staff

County has the absolute right to approve or disapprove all of the Contractor's staff performing work hereunder and any proposed changes in the Contractor's staff, including, but not limited to, the Contractor's Project Program Manager.

- V. RFSQ, Appendix A, Sample Contract, Section 8.5, **Complaints**, Subsection 8.5.1.7, has been amended to read as follows:

8.5.1.7 Copies of all written responses must be sent to the County's Project Program Manager within three (3) business days of mailing to the complainant.

- VI. RFSQ, Appendix A, Sample Contract, Section 8.11, **Consideration of Hiring GAIN-GROW Participants**, Subsections 8.11.1 and 8.11.2, have been amended to read as follows:

8.11 Consideration of Hiring ~~GAIN-GROW~~ GAIN/START Participants

8.11.1 Should the contractor require additional or replacement personnel after the effective date of this Contract, the contractor will give consideration for any such employment openings to participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or ~~General Relief Opportunity for Work (GROW)~~ Skills and Training to Achieve Readiness for Tomorrow (START) Program who meet the contractor's minimum qualifications for the open position. For this purpose, consideration will mean that the contractor will interview qualified candidates. The County will refer ~~GAIN-GROW~~ GAIN/START participants by job category to the contractor. Contractors must report all job openings with job requirements to: GAINGROW@DPSS.LACOUNTY.GOV and gainstart@dpss.lacounty.gov and BSERVICES@OPPORTUNITY.LACOUNTY.GOV and DPSS will refer qualified ~~GAIN/GROW~~ GAIN/START job candidates.

8.11.2 In the event that both laid-off County employees and ~~GAIN/GROW~~ GAIN/START participants are available for hiring, County employees must be given first priority.

- VII. RFSQ, Appendix A, Sample Contract, Section 8.36, **Public Records Act**, Subsection 8.36.1, has been amended to read as follows:

8.36.1 Any documents submitted by the contractor; all information obtained in connection with the County's right to audit and inspect the contractor's documents, books, and accounting records pursuant to Paragraph 8.38 (Record Retention and Inspection-Audit Settlement) of this Contract; as well as those documents which were required to be submitted in response to the Request for Statement of Qualifications (RFSQ) used in the solicitation process for this Contract, become the exclusive property of the County. All such documents become a matter of public record and will be regarded as public records. Exceptions will be those elements in the California Government Code Section ~~6250~~ 7921 et seq. (Public Records Act) and which are marked "trade secret", "confidential", or "proprietary". The County will not in any way be liable or responsible for the disclosure of any such records including, without

limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.

- VIII. RFSQ, Appendix A, Sample Contract, Section 8.37, **Publicity**, Subsection 8.37.1.2, has been amended to read as follows:

8.37.1.2 During the term of this Contract, the contractor will not, and will not authorize another to, publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of the County without the prior written consent of the County's Project Program Director. The County will not unreasonably withhold written consent.

- IX. RFSQ, Appendix A, Sample Contract, Section 8.43, **Termination for Default**, Subsection 8.43.1, has been amended to read as follows:

8.43.1 The County may, by written notice to the contractor, terminate the whole or any part of this Contract, if, in the judgment of County's Project Program Director:

- X. RFSQ, Appendix A, Sample Contract, Standard Exhibits, Exhibit A, Statement of Work and Attachments, Section 3.0, Definitions, subsection 3.2, has been amended to read as follows:

3.2 **Contract County Program Manager (CPM)** – an employee of DCFS who is responsible for the daily management of the contract operation.

- XI. RFSQ, Appendix A, Sample Contract, Standard Exhibits, Exhibit A, Statement of Work and Attachments, Section 8.0, **Contractor's General Responsibilities**, Subsection 8.12, has been added to read as follows:

8.12 Contractor must notify the CSW and the CPM of a change of address at least 10 days prior to moving to a new address.

- XII. RFSQ, Appendix A, Sample Contract, Standard Exhibits, Exhibit A, Statement of Work and Attachments, Section 8.0, **Contractor's General Responsibilities**, Subsection 8.13 and subparagraph 8.13.1, have been added to read as follows:

8.13 Contractor must complete a new home evaluation, prior to the placement of children in the home, if the home address changes.

8.13.1 The new home must be approved and the Resource Family Home Approval certificate must reflect the new address prior to a child being placed in the home.

- XIII. RFSQ, Appendix A, Sample Contract, Standard Exhibits, Exhibit A, Statement of Work and Attachments, Section 8.0, **Contractor's General Responsibilities**, Subsection 8.14 and subparagraph 8.14.1, have been added to read as follows:

8.14 Contractor must notify the CSW and the CPM as soon as possible and at least 30 days prior to relocating if Contractor plans a change of address while a child is placed in the home.

8.14.1 If a home evaluation is not completed prior to the address change, the child must be placed in another approved location by the County.

- XIV. RFSQ, Appendix A, Sample Contract, Standard Exhibits, **Exhibit B, Pricing Schedule**, is replaced in its entirety.
- XV. RFSQ, Appendix A, Sample Contract, Standard Exhibits, **Exhibit C, Line Item Budget**, is replaced in its entirety.
- XVI. RFSQ, Appendix B, Required Forms, **Exhibit 1, Proposer's Organization Questionnaire/ Affidavit**, is replaced in its entirety.
- XVII. RFSQ, Appendix B, Required Forms, **Exhibit 2, Certification of Compliance**, is replaced in its entirety.
- XVIII. RFSQ, Appendix B, Required Forms, **Exhibit 3, Proposer Information and Questionnaire**, is replaced in its entirety.
- XIX. RFSQ, Appendix B, Required Forms, **Exhibit 7, Pricing Schedule**, is replaced in its entirety.
- XX. RFSQ, Appendix B, Required Forms, **Exhibit 8, Line Item Budget**, is replaced in its entirety.

EMERGENCY SHELTER CARE SERVICES

PRICING SCHEDULE

Contractor hereby agrees to perform the services, the scope of which is set forth in the Emergency Shelter Care (ESC) Services Contract for the County of Los Angeles, under all of the terms and conditions specified in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments and Contract.

Prices include all applicable charges and costs associated with receipt, delivery, confirmation, and any other costs necessary in the performance of all tasks outlined in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments, and Contract.

APPROVED BED CAPACITY	
1. Licensed/Approved Capacity (Number of Beds):	
2. DCFS ESC Approved Capacity (Number of Beds):	

Please check one of the following boxes:	
NEW CONTRACT	AMENDMENT TO CHANGE BED CAPACITY

EMERGENCY SHELTER CARE PRICING SCHEDULE					
Bed Placement Category	Monthly Rate Per Available Bed	Number of Available Beds ^{1,2}			Annual Cost for Available Beds
		Male	Female	Both	
1. Number of Cribs for Infants, ages 0-2					
2. Number of Beds for Children, ages 3-20					
3. Number of Beds for Sibling Group, ages 0-20 ³					
4. Number of Bed Sets, consisting of one bed and one crib for Teen Mother and her Infant ⁴					

CONTRACTOR'S NAME (Print)

CO-CONTRACTOR'S NAME (Print)

CONTRACTOR'S SIGNATURE

CO-CONTRACTOR'S SIGNATURE

Date

Date

¹ The total number of beds cannot exceed the bed capacity per your Resource Family Approval certificate and Title 22 Regulations.

² If a bed vacancy exceeds 60 days, CPM reserves the right to withhold the Monthly Bed Availability rate payment and place the bed on off-call" status until a placement is secured.

³ A minimum of two beds must be available for sibling groups with a maximum of two children per bedroom.

⁴ Rate includes one bed for the mother and a separate crib for the infant in the same room. A separate crib is required for each infant.

EMERGENCY SHELTER CARE LINE ITEM BUDGET

CONTRACTOR NAME: _____

CO-CONTRACTOR NAME: _____

This budget shall contain Contractor's proposed monthly expenses to provide Emergency Shelter Care (ESC) services, based on the number of available ESC beds, and the category of these available beds that Contractor has entered into agreement with COUNTY.

A. ESTIMATED TOTAL MONTHLY HOUSEHOLD INCOME (excluding ESC Contract Revenue):		\$
B. Monthly Household Expenses		
Mortgage or Rent	\$	
Homeowner's (or Renter's) Liability Insurance	\$	
Automobile Insurance	\$	
Utilities (Water, Power, Gas, etc.)	\$	
Telephone/Communication (i.e., Cell Phone, Wi-Fi)	\$	
Food (Groceries)	\$	
Total Monthly Household Expenses:	\$	
C. Estimated Monthly ESC Beds Expenses		
1. Linen for ESC Beds	\$	
2. Laundry Items for ESC Beds	\$	
3. Other Items to maintain availability of ESC Beds (List Additional Items Below):		
a.	\$	
b.	\$	
c.	\$	
Total Estimated Monthly ESC Beds Expenses:	\$	
D. TOTAL MONTHLY EXPENSES (Add Total Monthly Household Expenses and Total Estimated Monthly ESC Beds Expenses):		\$
E. TOTAL MONTHLY NET INCOME (A minus D):		\$

Prospective Contractor's Name (Print)

Prospective Co-Contractor's Name (Print)

Prospective Contractor's Signature

Prospective Co-Contractor's Signature

Date

Date

FOR COUNTY USE ONLY

I have reviewed the above ESC Line Item Budget for accuracy and appropriateness of expenditures.

ESC Program Staff Name and Title (Print)

Signature

Date

CONTRACTS REQUIRED FORMS – EXHIBIT 1

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROSPECTIVE PROPOSER'S NAME:	COUNTY WEBVEN NUMBER:
ADDRESS:	
TELEPHONE NUMBER:	E-MAIL:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:

1.	Select the options that best define your firm's business structure: Corporation Limited Liability Company (LLC) Limited Partnership Sole Proprietorship Non-Profit Franchise Resource Family Approval Parent Other (Specify): _____	If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____ State of Incorporation: _____ Year of Incorporation: _____ If Limited Partnership or a Sole Proprietorship: Name of Proprietor or Managing Partner: _____ If Other , specify business structure name: _____ If Resource Family Approval Parent , specify the Name: _____
2.	Is your firm doing business under one or more DBA's? YES NO N/A	Name: _____ Country of Registration: _____ Year became DBA: _____
3.	Is your firm wholly/majority owned by, or a subsidiary of another firm? YES NO N/A	If YES , indicate name of Parent Firm and State of Incorporation: Name of Parent Firm: _____ State of Incorporation or Registration of Parent firm: _____
4.	Has your firm done business as other names within last five (5) years? YES NO N/A	If YES , indicate any other names and the year of name change. Name(s): _____ Year(s) of Name Change: _____

EXHIBIT 1

5.	List the names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".	
6.	Is your firm involved in any pending acquisition or mergers? YES NO N/A	If YES , please provide additional information regarding the pending merger.
7.	List all the names and contact information of all individuals legally authorized to commit the Proposer.	Name: _____ Title: _____ Telephone Number: _____ E-Mail: _____

Prospective Proposer's Name (Print)

Prospective Co-Proposer's Name (Print)

Prospective Proposer's Signature

Prospective Co-Proposer's Signature

Date

Date

CONTRACTS REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

Proposer certifies compliance with all programs, policies, and ordinances specified in exhibits listed below:

TITLE		REFERENCE	CERTIFICATIONS
1.	Certification of No Conflict of Interest	<u>LACC 2.180</u>	Certifies Compliance? Yes No
2.	Familiarity with the County Lobbyist Ordinance Certification	<u>LACC 2.160</u>	Certifies Compliance? Yes No
3.	Zero Tolerance Policy on Human Trafficking Certification	<u>Motion</u>	Certifies Compliance? Yes No
4.	Compliance with Fair Chance Employment Hiring Practices Certification	<u>Board Policy 5.250</u>	Certifies Compliance? Yes No
5.	Attestation of Willingness to Consider GAIN/START Participants	<u>Board Policy 5.050</u>	Certifies Compliance? Yes No Willing to provide GAIN/START participants access to employee mentoring program? Yes No N/A
6.	Contractor Employee Jury Service Program Certification Form & Application for Exception	<u>LACC 2.203</u>	Certifies Compliance? Yes No If “No”, identify exemption: <p>My business does not meet the definition of “contractor” as defined in the Program.</p> <p>My business is a small business as defined in the Program.</p> <p>My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.</p>
7.	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<u>LACC 2.206</u>	Certifies Compliance? Yes No If “No”, identify the exemption: <hr/>
8.	Certification of Prospective Proposer or Contractor not operating a child daycare business within the same physical structure or on the same property where ESC Services are being provided.	<u>ESC-SOW 8.6</u>	Certifies Compliance? Yes No

Prospective Proposer's Name (Print)

Prospective Co-Proposer's Name (Print)

Prospective Proposer's Signature

Prospective Co-Proposer's Signature

Date

Date



DEPARTMENT OF CHILDREN AND FAMILY SERVICES



EMERGENCY SHELTER CARE (ESC) PROSPECTIVE PROPOSER INFORMATION AND QUESTIONNAIRE

I. PROSPECTIVE PROPOSER'S PERSONAL INFORMATION:

(Please use the same name indicated on Resource Family Approval Certificate)

NAME (First, Middle, Last):		DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:
HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):			
MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):			
IS THE MAILING ADDRESS A P.O. BOX? YES NO			
JUSTIFICATION FOR MAILING ADDRESS: _____			
CA DRIVER'S LICENSE (CDL) NUMBER:		CDL EXPIRATION DATE:	
PRIMARY TELEPHONE NUMBER:	ALTERNATE PHONE NUMBER:	EMAIL ADDRESS:	



PLEASE ATTACH A COPY OF THE PROSPECTIVE PROPOSER'S CALIFORNIA DRIVER'S LICENSE.

II. PROSPECTIVE CO-PROPOSER'S PERSONAL INFORMATION:

(If applicable, otherwise state "N/A")

NAME (First, Middle, Last):		DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:
HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):			
MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):			
CA DRIVER'S LICENSE (CDL) NUMBER:		CDL EXPIRATION DATE:	
PRIMARY TELEPHONE NUMBER:	ALTERNATE PHONE NUMBER:	EMAIL ADDRESS:	

RELATIONSHIP TO PROSPECTIVE PROPOSER:



PLEASE ATTACH A COPY OF THE PROSPECTIVE CO-PROPOSER'S CALIFORNIA DRIVER'S LICENSE.

III. ALTERNATIVE CAREGIVER PERSONAL INFORMATION:

(If applicable, otherwise state "N/A")

NAME (First, Middle, Last):	DATE OF BIRTH (mm/dd/yyyy):
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DOES THE ALTERNATIVE CAREGIVER RESIDE WITH THE PROSPECTIVE PROPOSER?

YES NO

HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):

MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):

CA DRIVER'S LICENSE (CDL) NUMBER:

CDL EXPIRATION DATE:

PRIMARY TELEPHONE NUMBER:

ALTERNATE PHONE NUMBER:

EMAIL ADDRESS:

RELATIONSHIP TO PROSPECTIVE PROPOSER:



DOES THE ALTERNATIVE CAREGIVER HAVE A WRITTEN CLEARANCE FROM THE STATE OF CALIFORNIA COMMUNITY CARE LICENSING? (NOTE: A copy of the written clearance from the State of California Community Care Licensing must be attached)

YES NO

IV. HOUSEHOLD MEMBERS:

Please list all persons who live in your home on a full or part time basis, including the Prospective Proposer, Prospective Co-Proposer (if applicable) and Alternative Caregiver (if applicable)

NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH (MM/DD/YYYY):	AGE:	RELATIONSHIP TO PROSPECTIVE PROPOSER:	MALE/ FEMALE	LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING	DISABLED VETERAN	RACE/ETHNIC COMPOSITION OF HOUSEHOLD (CHECK ALL THAT APPLY FOR EACH PERSON)
1.			SELF	MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)
2.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)
3.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)

IV. HOUSEHOLD MEMBERS:

Continued

NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH (MM/DD/YYYY):	AGE:	RELATIONSHIP TO PROSPECTIVE PROPOSER:	MALE/ FEMALE	LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING	DISABLED VETERAN	RACE/ETHNIC COMPOSITION OF HOUSEHOLD (CHECK ALL THAT APPLY FOR EACH PERSON)
4.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)
5.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)
6.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)

V. EMPLOYMENT (or SELF EMPLOYED):

Do you currently have outside employment?		Please state any other income source you have (i.e., Retirement Pension, Social Security, etc.):
YES	NO	
NAME OF EMPLOYER (NOTE: If you are not currently employed, please indicate "N/A"):		
EMPLOYER'S ADDRESS (Number, Suite #, Street Name, City, State, Zip Code):		
EMPLOYER'S TELEPHONE NUMBER:	EMPLOYER'S EMAIL ADDRESS:	CONTACT NAME:
NUMBER OF WORK HOURS PER WEEK:		

VI. WORK SCHEDULE:

DAYS OF THE WEEK	START TIME (Please indicate)	Check One		END TIME (Please indicate)	Check One	
Sunday		a.m.	p.m.		a.m.	p.m.
Monday		a.m.	p.m.		a.m.	p.m.
Tuesday		a.m.	p.m.		a.m.	p.m.
Wednesday		a.m.	p.m.		a.m.	p.m.
Thursday		a.m.	p.m.		a.m.	p.m.
Friday		a.m.	p.m.		a.m.	p.m.
Saturday		a.m.	p.m.		a.m.	p.m.

VII. CHILD CARE PLAN:

1. Please describe what childcare plan you have for ESC Services children or youth placed in your home when you are working:

2. Name of Day Care Provider:

VIII. COUNTY CONTRACT HISTORY:

1. Do you have a current or previous ESC Services contract with Los Angeles County?

YES NO

2. If **YES**, please identify the commencement and termination dates of ESC Services contracts you've entered into with Los Angeles County:

Start Date

End Date

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. Has a Corrective Action Plan (CAP) ever been initiated in your home due to substantiated allegation brought against you by Community Care Licensing and/or by DCFS?	4. If YES , please indicate the DATE of the CAP (mm/dd/yyyy):
<p>YES NO</p>	_____

5. Please explain the incident:

IX. LICENSES AND CERTIFICATIONS:

1. What is your California State Foster Care License/Resource Family Approval Certificate Number: _____



2. PLEASE ATTACH A COPY OF THE RESOURCE FAMILY APPROVAL CERTIFICATE.

3. How long have you been a Licensed Foster Parent/Approved Resource Parent under your current license/approval?

YEARS:

MONTHS:

4. Do you have six (6) months active experience as a licensed foster parent/approved resource parent with a valid license/approval issued by CDSS/CCL/County?

YES

NO

5. If **YES**, please provide name of the agency you are/were working under and their contact information:

AGENCY NAME:

AGENCY ADDRESS (Number, Suite #, Street Name, City, State, Zip Code):

TELEPHONE NUMBER:

EMAIL ADDRESS:

CONTACT PERSON:

6. Have you have ever been a Licensed Foster Parent/Approved Resource Parent in another County or State in the past?

YES

NO

7. If **YES**, please complete the following:

Previous License/Certificate Number:

County/State:

Number of Years with previous License:

X. HOMEOWNER'S/RENTER'S LIABILITY INSURANCE:

1. Do you own your home? **YES** **NO**



2. PLEASE ATTACH A COPY OF THE CERTIFICATE OF HOMEOWNERS' LIABILITY INSURANCE.

OR

3. Do you rent the home you live in? **YES** **NO**



4. PLEASE ATTACH A COPY OF THE CERTIFICATE OF RENTER'S LIABILITY INSURANCE.

XI. TRANSPORTATION:

1. Are you willing to provide roundtrip transportation to medical and/or dental appointments for all children or youth placed in your home? This includes appointments scheduled prior to the placement at your home and those scheduled after placement has occurred.

YES **NO**

2. If you stated "**NO**" to Question 1, please state the reason why:

3. If you stated "**YES**" to Question 1, who will be driving?

Only myself:

Myself and Prospective
Co-Proposer:

Only Prospective
Co-Proposer:

4. If you stated "**YES**" to Question 1, will you drive your own vehicle or someone else's vehicle?

Only my vehicle:

Mine and Prospective Co-Proposer's
vehicle:

Only someone
else's vehicle:

5. Please provide the following information:

CAR INFORMATION	VEHICLE 1	VEHICLE 2	VEHICLE 3
Legal Owner(s) (First, Middle, Last Name)			
Car Make			
Car Model			
License Plate Number			
Year of Vehicle			
Color of Vehicle			



6. PLEASE ATTACH COPY/COPIES OF CURRENT CAR REGISTRATION(S).



7. PLEASE ATTACH A COPY/COPIES OF PROOF OF AUTOMOBILE INSURANCE.

(NOTE: Please attach copies of proof of automobile insurance policies for licensed drivers residing in your home or whom you may depend on to provide transportation to ESC children).

8. **If someone else will be driving**, please provide that person's information and attach a copy of the following:
(If applicable, otherwise state "N/A")

NAME (First, Middle, Last):		DATE OF BIRTH (mm/dd/yyyy):	
HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):			
MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):			
CA DRIVER'S LICENSE (CDL) NUMBER:		CDL EXPIRATION DATE:	
PRIMARY TELEPHONE NUMBER:	ALTERNATE PHONE NUMBER:	EMAIL ADDRESS:	
RELATIONSHIP TO PROSPECTIVE PROPOSER:			



9. PLEASE ATTACH A COPY OF PROOF OF AUTOMOBILE INSURANCE (for person listed on Number 8).

DECLARATION:

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Prospective Proposer's Name (Print)

Prospective Co-Proposer's Name (Print)

Prospective Proposer's Signature

Prospective Co-Proposer's Signature

Date

Date

For County Use Only:

1. Number of beds approved by the DCFS Child Welfare Services Case Management System (CWS/CMS):

I certify that the following are TRUE and CORRECT:

2. Prospective Proposer does not have any substantiated **or** open non-compliance findings or investigations with any County, State, Federal, or out-of-state government agency that remain unresolved:

YES

NO

3. Prospective Proposer is not on "**Do Not Use**" or a "**Hold**" with an adverse status with Los Angeles County or any other county:

YES

NO

ESC Program Staff Name and Title (Print)

Signature

Date

EMERGENCY SHELTER CARE SERVICES**PRICING SCHEDULE**

Contractor hereby agrees to perform the services, the scope of which is set forth in the Emergency Shelter Care (ESC) Services Contract for the County of Los Angeles, under all of the terms and conditions specified in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments and Contract.

Prices include all applicable charges and costs associated with receipt, delivery, confirmation, and any other costs necessary in the performance of all tasks outlined in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments, and Contract.

APPROVED BED CAPACITY	
1. Licensed/Approved Capacity (Number of Beds):	
2. DCFS ESC Approved Capacity (Number of Beds):	

Please check one of the following boxes:	
NEW CONTRACT	AMENDMENT TO CHANGE BED CAPACITY

EMERGENCY SHELTER CARE PRICING SCHEDULE					
Bed Placement Category	Monthly Rate Per Available Bed	Number of Available Beds ^{1,2}			Annual Cost for Available Beds
		Male	Female	Both	
1. Number of Cribs for Infants, ages 0-2					
2. Number of Beds for Children, ages 3-20					
3. Number of Beds for Sibling Group, ages 0-20 ³					
4. Number of Bed Sets, consisting of one bed and one crib for Teen Mother and her Infant ⁴					

CONTRACTOR'S NAME (Print)

CO-CONTRACTOR'S NAME (Print)

CONTRACTOR'S SIGNATURE

CO-CONTRACTOR'S SIGNATURE

Date

Date

¹ The total number of beds cannot exceed the bed capacity per your Resource Family Approval certificate and Title 22 Regulations.

² If a bed vacancy exceeds 60 days, CPM reserves the right to withhold the Monthly Bed Availability rate payment and place the bed on off-call" status until a placement is secured.

³ A minimum of two beds must be available for sibling groups with a maximum of two children per bedroom.

⁴ Rate includes one bed for the mother and a separate crib for the infant in the same room. A separate crib is required for each infant.

EMERGENCY SHELTER CARE LINE ITEM BUDGET

CONTRACTOR NAME: _____

CO-CONTRACTOR NAME: _____

This budget shall contain Contractor's proposed monthly expenses to provide Emergency Shelter Care (ESC) services, based on the number of available ESC beds, and the category of these available beds that Contractor has entered into agreement with COUNTY.

A. ESTIMATED TOTAL MONTHLY HOUSEHOLD INCOME (excluding ESC Contract Revenue):		\$
B. Monthly Household Expenses		
Mortgage or Rent	\$	
Homeowner's (or Renter's) Liability Insurance	\$	
Automobile Insurance	\$	
Utilities (Water, Power, Gas, etc.)	\$	
Telephone/Communication (i.e., Cell Phone, Wi-Fi)	\$	
Food (Groceries)	\$	
Total Monthly Household Expenses:	\$	
C. Estimated Monthly ESC Beds Expenses		
1. Linen for ESC Beds	\$	
2. Laundry Items for ESC Beds	\$	
3. Other Items to maintain availability of ESC Beds (List Additional Items Below):		
a.	\$	
b.	\$	
c.	\$	
Total Estimated Monthly ESC Beds Expenses:	\$	
D. TOTAL MONTHLY EXPENSES (Add Total Monthly Household Expenses and Total Estimated Monthly ESC Beds Expenses):		\$
E. TOTAL MONTHLY NET INCOME (A minus D):		\$

Prospective Contractor's Name (Print)

Prospective Co-Contractor's Name (Print)

Prospective Contractor's Signature

Prospective Co-Contractor's Signature

Date

Date

FOR COUNTY USE ONLY

I have reviewed the above ESC Line Item Budget for accuracy and appropriateness of expenditures.

ESC Program Staff Name and Title (Print)

Signature

Date