

APPENDIX B - REQUIRED FORMS

Exhibits

- 1) Organization Questionnaire/Affidavit
- 2) Certification of Compliance
- 3) Request for Preference Consideration
- 4) Debarment History and List of Terminated Contracts
- 5) Community Business Enterprise (CBE) Information (Excel Worksheet)
- 6) Minimum Mandatory Requirements
- 7) List of References
- 8) List of Contracts
- 9) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
– Lower Tier Covered Transactions (45 C.F.R. Part 76)
- 10) Declaration

REQUIRED FORMS – EXHIBIT 1
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Proposer Name:	County Webven Number:
Address:	
Telephone Number:	Email:
Internal Revenue Service Employer Identification Number:	California Business License Number:

1	Select the option that best defines your firm's business structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> 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: _____
2	Is your firm doing business under one or more DBA's? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Country of Registration: _____ Year became DBA: _____
3	Is your firm wholly/majority owned by, or a subsidiary of another firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 under other names within last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate any other names and the year of name change. Name(s): _____ Year(s) of Name Change: _____

REQUIRED FORMS – EXHIBIT 1
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

5	List 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.
7	List all names and contact information of all individuals legally authorized to commit the Proposer.	Name: _____ Title: _____ Phone: _____ Email: _____ Name: _____ Title: _____ Phone: _____ Email: _____ Name: _____ Title: _____ Phone: _____ Email: _____

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	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Charitable Contributions Certification Enter the California Registry of Charitable Trusts "CT" number and upload a copy of firm's most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586 (if applicable) _____	Board Policy 5.065	Check the Certification below that is applicable to your company. <input type="checkbox"/> Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed. OR <input type="checkbox"/> Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts.
6	Attestation of Willingness to Consider GAIN/START Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/START participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program
8	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	LACC 2.206	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: _____

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Proposers requesting preference consideration must complete and include this form in their proposal. Proposers may request consideration for one or more preference programs. **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

☐ **PREFERENCE NOT REQUESTED**

OR

☐ **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)**

Preference Program		Reference
<input type="checkbox"/>	Request for Local Small Business Enterprise (LSBE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	LACC 2.204
<input type="checkbox"/>	Request for Social Enterprise (SE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	LACC 2.205
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

Note: In no instance should any of the listed preference programs price or scoring be combined with any other County program to exceed fifteen percent (15%) in response to any county solicitation.

REQUIRED FORMS – EXHIBIT 4
DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Proposer's Name: _____

1. DEBARMENT HISTORY (Check one)		YES	NO
Proposer is currently debarred by a public entity		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity:			
2. LIST OF TERMINATED CONTRACTS (Check one)		YES	NO
Proposer has contracts that have been terminated in the past three (3) years.		<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list all contracts that have been terminated prior to expiration within the last three (3) years.

Service:	
Name of Entity:	
Address:	
Contact:	
Telephone:	
Email:	
Termination Date:	
Name/Contract No:	
Reason for Termination:	

Service:	
Name of Entity:	
Address:	
Contact:	
Telephone:	
Email:	
Termination Date:	
Name/Contract No:	
Reason for Termination:	

Service:	
Name of Entity:	
Address:	
Contact:	
Telephone:	
Email:	
Termination Date:	
Name/Contract No:	
Reason for Termination:	

CONTRACTS REQUIRED FORMS – EXHIBIT 5
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

TITLE	REFERENCE
1 FIRM/ORGANIZATION INFORMATION	The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.
Total Number of Employees in California:	
Total Number of Employees (including owners):	
Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:	
Race/Ethnic Composition	Owners/Partners/ Associate Partners
	Percentage of how ownership of the firm is distributed
	Male Female Male Female
Black/African American	% %
Hispanic/Latino	% %
Asian or Pacific Islander	% %
American Indian	% %
Filipino	% %
White	% %

TITLE	REFERENCE				
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE	<p>If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.</p> <div style="text-align: right; margin-top: 20px;"> Check if not applicable </div>				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ

Instructions for Completing Exhibit 5 - CBE Form

Proposer must submit Exhibit 5 - Community Business Enterprise (CBE) Information form.

The County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

Section 1: FIRM/ORGANIZATION INFORMATION	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE
If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area will be at the Director's sole judgment and their judgment will be final.

REQUIRED FORMS – EXHIBIT 6

MINIMUM MANDATORY REQUIREMENTS

Proposer acknowledges and certifies that it meets and will comply with the Proposer's Minimum Mandatory Requirements indicated below and as stated in Paragraph 4.0, of this Request for Proposals.

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	Proposer must submit their proposal(s) for ADOPTION PROMOTION AND SUPPORT SERVICES by 12:00 PM, PST, on Tuesday, February 13, 2024.		
2	Proposer must have, or be willing to establish, a service office located within the SPA for which a proposal is being submitted. The address of Proposer's service office must be included in the proposal.		
3	Proposer must demonstrate a minimum of two (2) years within the last three (3) years administering Federal, State, County or City contracts.		
4	Proposer must have a minimum of five (5) years of experience within the last seven (7) years providing adoption-focused services including Referrals, Case Management, Therapy, Parenting Education, Mentor Program, and Support Groups.		
5	Proposer must be a non-profit social service organization or public entity and be tax exempt under 501(c)(3) of the Internal Revenue Code for a period of at least two (2) years prior to the proposal due date for this RFP.		
6	If Proposer's compliance with a County contract has been reviewed by the Department of Auditor-Controller within the last ten (10) years, Proposer must not have unresolved questioned cost, as identified by the Auditor-Controller, in an amount over \$100,000, that are confirmed to be disallowed costs by the County department, and remain unpaid for a period of six (6) months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.		

REQUIRED FORMS – EXHIBIT 7

LIST OF REFERENCES

Proposer's Name: _____

Provide five (5) references for the same or similar scope of services that were provided by the Proposer during the previous three (3) years. Proposer's references will be used for evaluation purposes and to validate Proposer meets the Minimum Mandatory Requirements stated in the RFP. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

SERVICE TYPE: _____	SERVICE TYPE: _____
CONTRACT TERM: _____	CONTRACT TERM: _____
CONTRACT AMT: _____	CONTRACT AMT: _____
FIRM NAME: _____	FIRM NAME: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
TELEPHONE: _____	TELEPHONE: _____
E-MAIL: _____	E-MAIL: _____

SERVICE TYPE: _____	SERVICE TYPE: _____
CONTRACT TERM: _____	CONTRACT TERM: _____
CONTRACT AMT: _____	CONTRACT AMT: _____
FIRM NAME: _____	FIRM NAME: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
TELEPHONE: _____	TELEPHONE: _____
E-MAIL: _____	E-MAIL: _____

SERVICE TYPE: _____	SERVICE TYPE: _____
CONTRACT TERM: _____	CONTRACT TERM: _____
CONTRACT AMT: _____	CONTRACT AMT: _____
FIRM NAME: _____	FIRM NAME: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
TELEPHONE: _____	TELEPHONE: _____
E-MAIL: _____	E-MAIL: _____

REQUIRED FORMS – EXHIBIT 8

LIST OF CONTRACTS

Proposer's Name: _____

Provide a list for all public entities for which the Proposer has provided services within the last three (3) years. Proposer's references will be used for evaluation purposes and to validate Proposer meets the Minimum Mandatory Requirements stated in the RFP. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

(All contracts with other governmental agencies including the County of Los Angeles must be listed.)	
SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ FIRM NAME: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____	SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ FIRM NAME: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____
SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ FIRM NAME: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____	SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ FIRM NAME: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____
SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ FIRM NAME: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____	SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ FIRM NAME: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____

REQUIRED FORMS – EXHIBIT 9

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Proposer must provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it must not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Proposer further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Master Agreement, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing will be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Proposer and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer must attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation must describe the specific circumstances concerning the inability to certify. It further must identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation must provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

REQUIRED FORMS – EXHIBIT 10

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-10 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

Provide a narrative that demonstrates the organization's background and experience specific to items **8.5.1.1.1, 8.5.1.1.2, and 8.5.1.1.3.**

- 8.5.1.1.1** Proposer must demonstrate their experience in providing adoption services to the following target populations: a) Children or non-minor dependents that could benefit from a more permanent plan of adoption; b) Children or non-minor dependents who are hesitant about adoption; c) Matched and unmatched children, caregivers and families involved in the DCFS/Probation adoption process, including pre-adoption activities or participating in the Resource Family Approval process; d) Children, non-minor dependents or families in need of support and services before and after adoption finalization, up until the youngest prospective adoptive or adopted child is age twenty-one (21); e) Adoption Assistant Program (AAP) benefit recipients who were prior dependents of Los Angeles County DCFS/Probation, or have been determined eligible and receive benefits through Los Angeles County DCFS AAP; and f) Los Angeles County DCFS/Probation Kin-GAP recipients who wish to explore adoption of a prior or current DCFS/Probation dependent child.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.1.1.1 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.1.1.2** Proposer must demonstrate their experience in building and maintaining networks with community partners for the Service Planning Area they propose to serve.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.1.1.2 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.1.1.3** Proposer must demonstrate their experience assessing for the need for adoption-focused parenting education and family therapy; and describe their understanding of and experience with how adoption issues impact parenting and family functioning.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.1.1.3 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to items **8.5.2.1 to 8.5.2.7**.

8.5.2.1 Proposer must describe their approach and provide examples of identifying and servicing the target population.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

8.5.2.1 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.2.2** Proposer must describe a plan to provide funding, either Medi-Cal or other funding sources, in support of their adoption-focused and/or adoption-informed individual therapy to the target population.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.2.2 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.2.3** Proposer must describe their method in providing services which align with the Seven Core Issues in Adoption.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.2.3 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.2.4** Proposer must describe their adoption-focused mentoring program, including recruitment, training, and compensation of mentors.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.2.4 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.2.5** Proposer must describe their approach to offering support groups at a minimum of once monthly and bilingual Spanish-speaking groups in compliance with the requirements of the SOW to the following: a) Adult support group; b) Child adoption-focused support group; and c) Bilingual Spanish-speaking support group.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.2.5 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.2.6** Proposer must describe their approach to providing adoption-focused quarterly trainings to the community and adoption professionals.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.2.6 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.2.7** Proposer must describe their plan to provide documentation of services provided, including therapy services, as part of the service reports submitted to DCFS as follows: a) Client counts; b) Number of sessions; and c) Full documentation (excluding actual therapy notes).

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.2.7 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

Provide a narrative that demonstrates the organization's quality control plan to specific to items **8.5.3.1, 8.5.3.2, and 8.5.3.3.**

- 8.5.3.1** Proposer must describe their method in providing services in accordance with the Integrated Core Practice Model as follows: a) Engaging; b) Teaming; c) Assessing/Understanding; d) Planning/Intervening; and e) Tracking/Adapting.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.3.1 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.3.2** Proposer must describe their methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.3.2 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

- 8.5.3.3** Proposer must describe their protocol to ensure uninterrupted services to APSS clients in the event of work stoppage or emergent staffing shortage due to the following: a) Illness; b) Vacation and absences; and c) Pandemic.

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055
Narrative Form

8.5.3.3 Continued

REQUIRED FORM – EXHIBIT 11

Adoption Promotion and Support Services Request for Proposals #22-0055 Narrative Form

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected.

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

Agency Name: _____

Tax ID #: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

APPENDIX B

REQUIRED FORMS - COST PROPOSAL

Exhibits

- 12) Price Sheet
- 13) Line Item Budget
- 14) Budget Narrative
- 15) Service Planning Area Preference Form

REQUIRED FORMS - EXHIBIT 12

ADOPTION PROMOTION AND SUPPORT SERVICES RFP #22-0055 PRICE SHEET

One (1) Pricing Sheet is required for each of the Service Planning Areas (SPAs) the Proposer proposes to serve. Rates quoted must be fully loaded to include all applicable costs associated with Adoption Promotion and Support Services (APSS) and any other costs necessary to perform all tasks outlined in the APSS RFP, Sample Contract, Statement of Work, Performance Outcome Measures, Exhibits, and Attachments.

The chart below provides a list of the historical average caseload per SPA and the maximum annual funding amount available. Caseload numbers can vary in the upcoming years depending on multiple factors. This chart is meant to assist Proposers in developing their proposed cost with information currently available for this RFP.

SPA	Historical Average Caseload Per SPA	Maximum Annual Funding Per SPA
1	64	\$330,000
2	81	\$417,000
3	134	\$688,400
4	32	\$180,000
5	76	\$389,200
6	79	\$407,000
7	76	\$388,500
8	40	\$203,400

Proposers must demonstrate how they arrived at the final proposed annual cost to be submitted on page two (2) of Exhibit 12, by providing a Line Item Budget and Budget Narrative (Exhibits 13 and 14). *All information provided in the Price Sheet, Line Item Budget, and Budget Narrative will become part of the Contract, if proposal is recommended, as indicated in the Sample Contract Section 5.5.15.*

REQUIRED FORMS - EXHIBIT 12

**ADOPTION PROMOTION AND SUPPORT SERVICES RFP #22-0055
PRICE SHEET**

Service Planning Area (SPA) Select one	TOTAL PROPOSED ANNUAL COST Firm-fixed price for the selected SPA
_____	\$ _____

Service Planning Areas (SPAs) – Choose only one (1) SPA (SPA No. 1 through SPA No. 8) for each proposal. SPAs are described in terms of zip codes in the Adoption Promotion and Support Services (APSS) RFP, Appendix A, Zip Codes by Service Planning Area.

The undersigned offers to furnish all personnel, labor and materials necessary for APSS. Said work must be done for the period prescribed and the manner set forth in the APSS Statement of Work. The proposed cost is a firm-fixed price to remain firm for the duration of the Contract.

I declare under penalty of perjury under the laws of the State of California that all computations used to arrive at the cost for Adoption Promotion and Support Services for the SPA above are true and correct to the best of my knowledge.

Authorized Signature

Date

Print Name and Title

Agency Name

Agency Address

REQUIRED FORMS - EXHIBIT 13**SAMPLE LINE ITEM BUDGET SUMMARY**

Proposer should adjust line items as necessary in order to fully demonstrate how they will provide APSS services.

BUDGET SHEET FOR _____

Proposer Name

DIRECT COST (List each staff classification)

Salaries and Wages:	FTE*	Monthly Salary
Employee Classification _____		\$ _____
Employee Classification _____		\$ _____
Employee Classification _____		\$ _____
Others (Please continue to list)		

Total Annual Salaries and Wages \$ _____

*FTE = Full Time Equivalent Positions

Employee Benefits (EB)	Monthly Cost per FTE
Medical Insurance	\$ _____
Dental Insurance	\$ _____
Life Insurance	\$ _____
Other (list)	\$ _____

Total Annual Benefits \$ _____

Payroll Taxes (List all appropriate, e.g., FICA, SUI, Workers' Compensation, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Annual Payroll Taxes \$ _____

Services & Supplies

Auto/Travel	\$ _____
Supplies	\$ _____
Purchased Services	\$ _____
Office Equipment	\$ _____
Telephone/Utilities	\$ _____
Insurance not listed under EB	\$ _____
Rent	\$ _____
Other (please continue to list)	

Total Annual Services & Supplies \$ _____

TOTAL ANNUAL DIRECT COSTS \$ _____

INDIRECT COST

TOTAL ANNUAL INDIRECT COSTS \$ _____

Indirect Annual Cost as it relates to Total Annual Cost (Please enter a percentage) % _____

Reminder: Contractors may utilize a maximum of ten percent (10%) of their Maximum Annual Contract Sum for administrative/indirect costs. CFDA #93.556 part 070 indicates, "State grantees must limit administrative costs to ten percent (10%) of the total expenditures required to draw their allotment."

(Provide a full breakdown of costs in the Narrative)

TOTAL DIRECT AND INDIRECT ANNUAL COST \$ _____

TOTAL PROJECTED NUMBER OF FAMILIES TO BE SERVED _____

REQUIRED FORMS - EXHIBIT 14

BUDGET NARRATIVE

Proposers are allowed to develop their budget narrative in a manner that they believe best reflects and supports the Line Item Budget of their proposal. All proposals must have a narrative attached to the line item budget providing a thorough and clear explanation of all projected line item budget costs.

The narrative must follow the same sequence as the line item budget, and include an explanation of the method of allocating costs for any joint or shared budget item. All figures and compilations must be clearly explained. Include explanation of any line item expenditure, which may be unclear to a reviewer who is unfamiliar with your organization. There is no recommendation for page length.

Specifications:

DIRECT COST

Provide an explanation for purpose and particulars associated with each classification listed in the "Salaries and Wages" section of the Line Item Budget and explain their benefit to this program.

All benefits to be provided in addition to Medical, Dental, and Life Insurance should be listed as well as the Monthly Cost per FTE. For all benefits, specify amounts paid by the employer, the employee and the total monthly premium.

For all items detailed under "Services and Supplies", provide an explanation for their need and/or how it benefits the program. Computations associated with these costs should be explained and provided. The following costs are not allowable under any circumstances: bad debts, contingency provisions, contributions and donations, fines and penalties, fundraising activities, and interest expenses (unless expressly allowed by federal guidelines). Regarding Insurance, provide annual total costs for each Insurance type/coverage. For further clarification, see Sample Contract, Sub-paragraph 8.25, Insurance Coverage.

INDIRECT COST

All details and computations associated with indirect costs should be explained.

Contractors may utilize a maximum of ten percent (10%) of their Maximum Annual Contract Sum for administrative/indirect costs. CFDA #93.556 part 070 indicates, "State grantees must limit administrative costs to ten percent (10%) of the total expenditures required to draw their allotment."

REQUIRED FORMS - EXHIBIT 15
SERVICE PLANNING AREA PREFERENCE FORM

Proposer's Name: _____

Section A: Proposer's Authorized Person and Signatory (Identify the person authorized to sign and bind the contract on behalf of the agency)	
Name:	Title:
Email:	Phone Number:
Mailing address:	City, State, Zip Code:
Signature:	Date:

Instructions:

Check off at least one (1) Service Planning Area (SPA) where your agency has submitted a proposal, Section B below, and indicate the order of preference. The information below will be utilized to select a contract for those agencies that submit multiple proposals. The County retains the right to negotiate service planning areas based on Proposer's capacity and need.

Section B: Proposer must check off at least one (1) Service Planning Area where it is able to provide Adoption Promotion Support Services and indicate the order of preference.	
<input type="checkbox"/> SPA 1 – Preference #:	<input type="checkbox"/> SPA 5 – Preference #:
<input type="checkbox"/> SPA 2 – Preference #:	<input type="checkbox"/> SPA 6 – Preference #:
<input type="checkbox"/> SPA 3 – Preference #:	<input type="checkbox"/> SPA 7 – Preference #:
<input type="checkbox"/> SPA 4 – Preference #:	<input type="checkbox"/> SPA 8 – Preference #: