

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

CONTRACTS REQUIRED FORMS – EXHIBIT 1
PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

1	<p>Select the options that best define your firm’s business structure:</p> <p><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)</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State if Incorporation: _____ Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____</p> <p>If other: Specify business structure name: _____</p>
2	<p>Is your firm doing business under one or more DBA’s?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
3	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p> <p>State of Incorporation or registration of parent firm: _____</p>
4	<p>Has your firm done business as other names within last five (5) years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <p>Name(s): _____</p> <p style="text-align: right;">Year(s) of Name Change</p>

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.	

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	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/Grow Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/GROW 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:

CONTRACTS 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

<input type="checkbox"/> 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	<u>LACC 2.204</u>
<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	<u>LACC 2.205</u>
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<u>LACC 2.211</u>

Note: In no instance shall 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.

CONTRACTS REQUIRED FORMS – EXHIBIT 4
PROPOSER'S 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			
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.			

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

**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		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.				
		<input type="checkbox"/> Check if not applicable				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

Instructions for Completing Contracts Required Forms - Exhibit 5

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 shall be at the Director's sole judgment and his/her judgment shall 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	N/A
1	Proposal must be submitted by the proposal due date and time identified in Paragraph 1.0 (Solicitation Information and Minimum Mandatory Requirements).	<input type="checkbox"/>	<input type="checkbox"/>	
2	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. Proposer must have been ruled an exempt entity by the IRS for a period of at least two (2) years prior to the proposal due date for this RFP.	<input type="checkbox"/>	<input type="checkbox"/>	
3	Proposer must demonstrate a minimum of two (2) years within the last three (3) years administering Federal, State, County or City Contracts.	<input type="checkbox"/>	<input type="checkbox"/>	
4	Proposer must have a minimum of three (3) years of experience during the last five (5) years administering Federal, State, County, or City contracts to children and families or coordinating services among other community providers equivalent or similar to the services listed in Appendix A, Statement of Work, for CAPIT Services.	<input type="checkbox"/>	<input type="checkbox"/>	
5	Proposer must have, or be willing to establish, a service office located within the SPA for which a proposal is being submitted.	<input type="checkbox"/>	<input type="checkbox"/>	
6	Proposer must demonstrate, on their Line Item Budget and Budget Narrative, their contribution, cash, and/or in-kind in an amount equal to or more than ten percent (10%). Of the total proposed cost, toward CAPIT services.	<input type="checkbox"/>	<input type="checkbox"/>	
7	Proposer must not have unresolved questioned cost, as identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith	<input type="checkbox"/>	<input type="checkbox"/>	

	negotiations to resolve the disallowed costs, in the opinion of the County.			
8	In addition to the minimum requirements listed, Proposers who are submitting proposals to serve the Native Hawaiian/Asian Pacific Islander or the American Indian/Alaskan Native populations must also meet the minimum requirements listed in RFP Sections 4.9 and 4.10.	<input type="checkbox"/>	<input type="checkbox"/>	
9	Proposer must have a minimum of three (3) years of experience during the last five (5) years in providing social services to families or coordinating services among other community providers equivalent or similar to the services listed in Appendix A, Statement of Work for CAPIT Services, for the American Indian and Native Alaskan communities within the Los Angeles area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Proposer must have a minimum of three (3) years of experience during the last five (5) years in providing social services to families or coordinating services among other community providers equivalent or similar to the services listed in Appendix A, Statement of Work for CAPIT Services, for the Asian Pacific Islander communities within the Los Angeles area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTS REQUIRED FORMS - EXHIBIT 7
PROPOSER'S LIST OF REFERENCES

Proposer's Name: _____

Provide five (5) references where the same or similar scope of services were provided by the Proposer during the previous three (3) years. 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: _____
AGENCY/DEPT: _____	AGENCY/DEPT: _____
CONTACT: _____	CONTACT: _____
TELEPHONE: _____	TELEPHONE: _____
E-MAIL: _____	E-MAIL: _____

SERVICE TYPE: _____	SERVICE TYPE: _____
CONTRACT TERM: _____	CONTRACT TERM: _____
CONTRACT AMT: _____	CONTRACT AMT: _____
AGENCY/DEPT: _____	AGENCY/DEPT: _____
CONTACT: _____	CONTACT: _____
TELEPHONE: _____	TELEPHONE: _____
E-MAIL: _____	E-MAIL: _____

SERVICE TYPE: _____	SERVICE TYPE: _____
CONTRACT TERM: _____	CONTRACT TERM: _____
CONTRACT AMT: _____	CONTRACT AMT: _____
AGENCY/DEPT: _____	AGENCY/DEPT: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
TELEPHONE: _____	TELEPHONE: _____
E-MAIL: _____	E-MAIL: _____

SERVICE TYPE: _____	SERVICE TYPE: _____
CONTRACT TERM: _____	CONTRACT TERM: _____
CONTRACT AMT: _____	CONTRACT AMT: _____
AGENCY/DEPT: _____	AGENCY/DEPT: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
TELEPHONE: _____	TELEPHONE: _____
E-MAIL: _____	E-MAIL: _____

CONTRACTS REQUIRED FORMS - EXHIBIT 8
PROPOSER'S LIST OF CONTRACTS

Proposer's Name:

Provide a list of all public entities for which the Proposer has provided service within the last three (3) years. 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: _____ AGENCY/DEPT: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____	SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ AGENCY/DEPT: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____
SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ AGENCY/DEPT: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____	SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ AGENCY/DEPT: _____ 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: _____
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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 shall 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 shall 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 shall 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 shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall 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 shall 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.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

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

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 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 agency’s experience providing culturally sensitive services, including bi-lingual services to the following underserved communities, in the SPA in which they plan to serve:

- 1)LGBTQIA2S+ (Lesbian, Gay, Bisexual, Transgender,Queer/Questioning, Intersex, Asexual, Two-Spirit,+)
- 2)African American
- 3)LatinX
- 4)Asian Pacific Islander
- 5)Native American

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.1.1.1 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

- 8.5.1.1.2** Proposer must demonstrate their agency's experience aligning the integrated Core Practice Model with the services below?
- 1) Intake
 - 2) Assessment
 - 3) Counseling
 - 4) Parenting Education
 - 5) Case Management

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.1.1.2 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

- 8.5.1.1.3** Proposer must demonstrate their agency's experience providing families with counseling services for families who have complex needs. (Complex needs are trauma needs (generational, institutional and personal trauma) and concrete needs (due to poverty), that can contribute to substance use, intimate partner violence and mental health issues that can contribute to the maltreatment of children.)

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.1.1.3 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 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 to developing a current network of linkages or their approach to further develop a network of linkages to be able to refer clients for other services, as needed.

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.2.1 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

Proposer must describe their agency's approach to address trauma experienced by families in the following areas:

8.5.2.2

- 1) Child abuse and neglect
- 2) Intimate Partner Violence/Domestic Violence
- 3) Substance abuse
- 4) Mental health
- 5) Sexual abuse.

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.2.2 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

- 8.5.2.3** Proposer must describe their agency's approach to using Evidence Based Parenting Curriculum(s) to provide parenting education services.

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.2.3 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

- 8.5.2.4** Proposer must describe their agency's approach to support the Safe Sleep and Safe Surrender campaigns.

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.2.4 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

- 8.5.2.5** Proposer must describe their approach and ability to provide counseling by licensed and Master level professionals.

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.2.5 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

- 8.5.2.6** Proposer must describe their approach to ensure that all direct service staff providing CAPIT receive regular, ongoing training and weekly supervision.

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.2.6 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

- 8.5.2.7** Proposer must describe their plan to provide supplemental family/recreational services (ie: peer groups, leisure and craft activities, exercise classes, etc.).

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.2.7 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 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 agency's methods for identifying and addressing improvement opportunities to ensure the ongoing provision of quality services.

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.3.1 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

- 8.5.3.2** Proposer must describe their agency's protocol for ensuring uninterrupted services despite unforeseen circumstances below:
- 1) medical leaves
 - 2) pandemic
 - 3) vacations
 - 4) other staffing shortages

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.3.2 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009 Narrative Form

- 8.5.3.3** Proposer must describe their agency's methods for assuring that the below essential documentation is completed:
- 1) Protective Factors and Client Satisfaction Surveys and are entered into electronic databases (as required)
 - 2) Case Notes that reflect family strengths and needs
 - 3) Individualized service plans that address needs assessments
 - 4) Annual reports
 - 5) Financial records

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services Request for Proposals #23-0009
Narrative Form

8.5.3.3 Continued

REQUIRED FORM – EXHIBIT 11

Child Abuse Prevention, Intervention, and Treatment Services
Request for Proposals #23-0009
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

REQUIRED FORMS - EXHIBIT 12
Child Abuse Prevention, Intervention, and Treatment (RFP # 23-0009)
PRICE SHEET

One price sheet is required of 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 Child Abuse Prevention, Intervention, and Treatment (CAPIT) services and any other costs necessary to perform all tasks outlined on the CAPIT RFP, Sample Contract, Statement of Work, Exhibits, and Attachments. The proposed maximum hourly reimbursement rate is:

- Level 1 = **\$195** per hour (Hourly rate must be at least \$170 for Level 1 Professional staff)
- Level 2 = **\$170** per hour (Hourly rate must be at least \$100 for Level 2 Professional staff)
- Master Level Interns = **\$100** per hour (Hourly rate must be at least \$25 for Master Level Interns)

Level 1 staff must utilize a minimum of 50% of the total service units. Level 2 staff (which includes Master Level Interns) cannot utilize more than 50% of the service units. Master Level Interns cannot utilize more than 25% of Level 2 service units.

Selected contractors are expected to serve families an average of 25 hours:

SPA	Maximum Annual Funding Amount Per SPA	Average Number of Hours Expected to be Served Per Family
All SPAs	\$310,200	25

Proposers shall demonstrate how they arrived at the final proposed hourly rate indicated on page two of Required Exhibit 12, by providing a line item budget (Required Exhibit 13) and budget narrative (Required Exhibit 14). All information provided in the Price Sheet, Line Item budget, and Budget Narrative shall become part of the contract, if proposal is recommended, as indicated in the Sample Contract Section 5.5.2.

REQUIRED FORMS - EXHIBIT 12

**Child Abuse Prevention, Intervention, and Treatment (RFP # 23-0009)
PRICE SHEET**

Service Planning Areas (SPA) Select one SPA only	PROPOSED HOURLY RATE FOR CAPIT SERVICES <i>This includes both Level 1 and Level 2 hourly costs.</i>
_____ _____	(A) Level 1: \$ _____ % (B) Level 2: \$ _____ % (C) Master Level Intern: \$ _____ % <p align="right">A+B+C= must equal 100%</p>

Service Planning Areas (SPAs) – You must choose only one SPA for each proposal.

The undersigned offers to furnish all personnel, labor and materials necessary for CAPIT. Said work shall be done for the period prescribed and the manner set forth in the CAPIT Statement of Work.

I declare that all computations used to arrive at the proposed hourly rate for Child Abuse Prevention, Intervention, and Treatment services for the SPA above are true and correct to the best of my knowledge. In no circumstance can the proposed hourly rate be:

- more than \$195 per hour for Level 1 staff or less than \$170 per hour
- more than \$170 per hour for Level 2 staff or less than \$100
- more than \$100 per hour for Master Level Interns or less than \$25

I understand that the hourly rate I bid above would need to cover all of my costs related to CAPIT services, and if my proposal is recommended, the COUNTY will only pay the hourly rate that I propose in this Exhibit 12.

_____ Date

Authorized Signature

_____ Date

Print Name and Title

Agency Name

Agency Address

REQUIRED FORMS - EXHIBIT 13

CAPIT SAMPLE LINE ITEM BUDGET SUMMARY

Proposer should add ust line items as necessary in order to fully demonstrate how they will provide 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.. Cal 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 #9f the total expenditures required to draw their allotment.