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August 28, 2025

To: Prospective Contractors and Interested Parties

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

ADDENDUM NUMBER ONE TO TRANSITIONAL HOUSING PLACEMENT PROGRAM FOR NON-MINOR DEPENDENTS REQUEST FOR STATEMENT OF QUALIFICATION NO. 24-00091

Addendum Number One is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all Prospective Contractors of the Transitional Housing Placement Program for Non-Minor Dependents, Request for Statement of Qualification (RFSQ) Number 24-0091. Addendum Number One releases the Questions & Answers, and amends sections in the RFSQ and Sample Contract as provided below. Changes only apply to referenced sections and/or subsections that are amended or deleted; all other sections remain in full effect.

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

Changes to wording in RFSQ and Sample Contract sections in this Addendum Number One include both deletions and additions. Deletions are indicated as strikeouts (~~strikeouts~~) and additions are underlined (underlined) in red.

RFSQ and Sample Contract section revisions are listed in sequential order as they appear in the documents:

1. RFSQ, Section **7.4.2**, Required Forms (Section B) is deleted in its entirety and replaced with the following:

Exhibit 1 Organization Questionnaire/Affidavit

Exhibit 2 Certification of Compliance

Exhibit 3 Request for Preference Consideration

"To Enrich Lives Through Effective and Caring Service"

<u>Exhibit 4</u>	<u>Debarment History and List of Terminated Contracts</u>
<u>Exhibit 5</u>	<u>Community Business Enterprise (CBE) Information</u>
<u>Exhibit 6</u>	<u>Minimum Mandatory Requirements</u>
<u>Exhibit 7</u>	<u>List of Contracts</u>
<u>Exhibit 8</u>	<u>List of References</u>
<u>Exhibit 9</u>	<u>Contribution and Agent Declaration</u>
<u>Exhibit 10</u>	<u>Intentionally Omitted</u>
<u>Exhibit 11</u>	<u>Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)</u>
<u>Exhibit 12</u>	<u>Service Delivery Sites</u>
<u>Exhibit 13</u>	<u>Current Members of Board of Directors/Other Agencies</u>
<u>Exhibit 14</u>	<u>Contractor's Certification of Compliance with Child, Spousal, And Family Support Orders</u>
<u>Exhibit 15</u>	<u>Line-Item Budget and Narratives</u>
<u>Exhibit 16</u>	<u>Intentionally Omitted</u>
<u>Exhibit 17</u>	<u>Certification of Fiscal Compliance</u>
<u>Exhibit 18</u>	<u>Contractor's Certification of Compliance with all Federal and State Employment Reporting Requirements</u>
<u>Exhibit 19</u>	<u>Involvement in Litigation and/or Contract Compliance Difficulties</u>
<u>Exhibit 20</u>	<u>Declaration</u>

2. RFSQ, Appendix A- Sample Contract, Exhibit B is Intentionally Omitted.
3. RFSQ, Section **7.5**, SOQ Submission, subsection **7.5.1.2** is amended as follows.
7.5.1.2. Contractors must submit five (5) electronic PDF files in their SOQ submission e-mail as follows:
 - 1) ~~Background and Experience~~ Contractor's Qualifications (Section A)
 - 2) Required Forms (Section B)

- 3) Proof of Insurability ([Section C](#))
 - 4) Corporate Documents- Licenses ([Section D](#))
 - 5) Plan of Operations ([Section E](#))
4. The Questions and Answers document are based on questions submitted by prospective contractors during question submittal period, it is incorporated as Attachment I.
5. RFSQ, Appendix B, Required Forms are replaced in its entirety as Attachment II.

Except as provided by addendum, all other terms and conditions of the RFSQ remain unchanged.

**Transitional Housing Placement Program For Non-Minor Dependents
(THPP-NMD) Services
Questions (Q) and Answers (A)**

This Question-and-Answer document includes questions received after Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) Request for Statement of Qualification #22-0091 posted on August 8, 2025, and at the Prospective Contractors' Conference on August 14, 2025. Questions are posted exactly as received; and similar questions are grouped with a single answer.

1. Do we provide a response for each SPA we wish to provide services?

A1. A separate SOQ is not required for each SPA you wish to provide services. Only one SOQ is needed per agency.

2. Can you explain the SRR that's due on August 22, 2025?

A2. The SRR provides an opportunity for contractors to request a solicitation review as described in Section 9.1 of the RFSQ.

3. Where is the SRR form that we need to submit on 8/22?

A3. The SRR form is referenced as Appendix C of the RFSQ.

4. Is there a page limit to any of the sections?

A4. No, there is no page limit for any of the sections.

5. Is there a page limit for the section A narrative?

A5. No, there is no page limit for Section A, Narrative.

6. Does the email inbox we will submit to have a size limit?

A6. The email inbox size limit is 30MB.

7. Should the application be double spaced or single spaced?

A7. There is no standard preference.

8. What is the font size/style for the application?

A8. The font and size/style 12 Arial is preferred.

9. Will a scoring rubric be shared?

**Transitional Housing Placement Program For Non-Minor Dependents
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A9. An RFSQ is not scored, rather the minimum requirements for THPP-NMD providers to contract with the County are included in section 3.0, Minimum Mandatory Requirements of the RFSQ.

10. Where do we find the Written Questions to submit today?

A10. All written questions were to be submitted by 5:00 pm on August 14, 2025, and are being released via this Addendum Number One.

11. Appendix B Required Forms -Exhibits 21 and 22 are missing.

A11. Please refer to Addendum Number One to the RFSQ. Exhibit 21 and Exhibit 22 have been Intentionally Omitted.

12. Page 21 Section 7.4.2 states "Exhibit 18 List of Commitments" and "Exhibit 21 Equal Employment Opportunity (EEO) Certification"; however, these exhibits are not mentioned on page 166 in the summary of exhibits, and also do not appear in the exhibits provided. Are proposers required to provide those documents, or should they be omitted? If they should be submitted, will the county be releasing an addendum including the Exhibits?

A12. Please refer to Addendum Number One of the RFSQ. Section 7.4.2 of the RFSQ has been deleted in its entirety and replaced with updated language.

13. Appendix B Required Forms - Exhibit 11 is a certification but there are no signature lines. Do you sign and date somewhere on the page?

A13. Prospective contractors on Exhibit 20, Declaration certifies that all exhibits are true and correct.

14. Appendix B- #8 References-Can we list staff from LA DCFS as references?

A14. Yes, Los Angeles County DCFS staff can be listed as references.

15. How should the budget template be submitted? Do you want it in excel or only in the pdf attachment? (P 189 or Part 2 Exhibit 15)

A15. Please refer to Section 7.5, SOQ Submission.

16. Do we submit budget for singles and parents?

A16. Please see revised Exhibit 15, Line Item Budget and Narrative.

**Transitional Housing Placement Program For Non-Minor Dependents
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17. Where do we indicate how many beds we are requesting for each SPA? And designate number for singles and numbers for parents? There is no section in the RFSQ on any form. Do we insert the information into the budget section?

A17. Please see revised Exhibit 15, Line Item Budget and Narrative.

18. My other question involves Exhibit 15 Line Item Budget and Narratives; is that for the year 2026? From Jan 1, 2026 – Dec 31, 2026?

A18. Please see revised Exhibit 15, Line Item Budget and Narrative. The budget should reflect the anticipated term of the contract to commence July 1, 2026.

19. Corporate documents (Section D) Number 4 Board Resolution – what is the resolution for? Approval to submit the bid?

A19. A board resolution is a formal, written record of a decision made by a company's board of directors. It serves as an official and legal record of the board's decisions, documenting who made the decision, what was decided, and when.

20. Will the "maximum annual contract amount of \$35,966,172" be split between awardees? Paragraph 2.6.2 (p.3 of RFSQ Part 1; p.7 of entire PDF)

A20. Yes.

21. The names of each file for SOQ submission vary in the reference two sections. Section 7.4 (p.17 of RFSQ Part 1; 21-22 of entire PDF) states "Proposers must submit five (5) electronic PDF files in their proposal submission email as follows: 1) Contractor's Qualifications (Section A), 2) Required Forms (Section B), 3) Proof of Insurability (Section C), 4) Corporate Documents (Section D), 5) Plan of Operations (Section E)" On the other hand, Paragraph 7.5.12 (p.22 of RFSQ Part 1; 26 of entire PDF) states " Contractors must submit five (5) electronic PDF files in their SOQ submission email as follows:

- 1) Background and Experience
- 2) Required Forms
- 3) Proof of Insurability
- 4) Corporate Documents – Licenses
- 5) Plan of Operations"

A21. Section 7.5.1.2. has been revised to match Section 7.4. Please refer to Addendum One of the RFSQ.

**Transitional Housing Placement Program For Non-Minor Dependents
(THPP-NMD) Services
Questions (Q) and Answers (A)**

22. Section A (Contractors' Qualifications) seems to have no narratives and includes all forms that are already part of Section B (Required Forms). What do we submit for Section A?

A22. Proposers will submit a narrative to demonstrate that the Contractor's organization has the experience to perform the required services.

23. Can the team confirm the items that are required for section A? (PDF p 22 Part 1 Section 7.4.1)

A23. Proposers will submit a narrative to demonstrate that the Contractor's organization has the experience to perform the required services.

24. Could you confirm appendix B must be in section B required forms, not section A?

A24. Yes, Appendix B (Required Forms) must be provided in Section B (Required Forms) of Contractor's SOQ.

25. Is section A looking for a list of similar scope of services, but more officially in section B?

A25. Proposers will submit a narrative to demonstrate that the Contractor's organization has the experience to perform the required services.

26. Should we prepare a statement about how we meet the requirements and list it in section A?

A26. Proposers will submit a narrative to demonstrate that the Contractor's organization has the experience to perform the required services.

27. What format is required for a proposer's response to Section A? Should Section A be written in narrative form and reference the required Exhibits mentioned in Section B? If so, are there any limitations to the narrative format? Does the county expect proposers to include Exhibit 1 in Section A or Section B, where it is also listed (Page 20, 7.4.2), or in both Sections? The same question applies to all other Exhibits referenced in 7.4.1.1. - 7.4.1.4. Example: Page 18, Section 7.4.1.1 Contractor's Background and Experience (Section A.1) states, "The Contractor must complete, sign, and date the Exhibit 1 (Organization Questionnaire/ Affidavit) as set forth in Appendix B (Required Forms)."

**Transitional Housing Placement Program For Non-Minor Dependents
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A27. Proposers will submit a narrative to demonstrate that the Contractor's organization has the experience to perform the required services.

28. How should we name each file?

A28. Please refer to the section 7.5, SOQ Submission of the RFSQ.

29. Is section C requirements only 1 document with insurance? (PDF p 25 Part 1 Section 7.4.3)

A29. Yes, only proof of insurability is required in Section C.

30. Is the insurance certificate in Section C the only item required? Also, should the insurance certificate be listed again in Section D, Corporate documents? (PDF p 26 Paragraph 7.5.1.2)

A30. Yes, only proof of insurability is required in Section C. Yes, the insurance certificate must also be provided in section D, Corporate Documents.

31. If we already have insurance, are we to just submit the COI?

A31. Yes

32. Page 22 under 7.4.4 Corporate Documents - Proof of Licenses (Section D), item 6, an insurance certificate is requested. Assuming we already have adequate coverage already in place, does the county expect proposers to attach the same certificate in both sections, even if it is redundant?

A32. Yes, the insurance certificate must be provided in Section C, Proof of Insurability and Section D, Corporate Documents.

33. If submitting proposals for each spa would the title of the document and email subject lines need to indicate the specific spa?

A33. SOQ's for multiple SPA's are not required.

34. Should we submit a separate email for each SPA application?

A34. SOQ's for multiple SPA's are not required.

35. So, we should submit after August 28 in case changes are made to the RFSQ?

A35. SOQ's are due on or before 12:00 p.m. (Pacific Daylight-Savings Time) on September 11, 2025.

**Transitional Housing Placement Program For Non-Minor Dependents
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Questions (Q) and Answers (A)**

36. If Provider has services in Counties that do not use Contracts, does that disqualify the Contractor?

A36. Interested and qualified Prospective Contractors that meet the Minimum Requirements as outlined below are invited to submit an SOQ by the deadline.

37. Initially one THP Rate letter was provided for all Counties and these rate letters have never been updated to be county specific do we just provide the rate letter we received?

A37. Yes. If a general rate was previously issued at the state level, but you have not received a county specific letter, pending the County specific rate letter if available. However, updates will be expected, therefore please check with the issuing body and include any updates with your packet.

38. Should the certificate of good standing mentioned in section 7.4.1 page 23 be placed in section D after the certificate of status?

A38. Please include the Certificate of Good Standing in Section A, Contractor's Qualifications.

39. Will these slides be shared as well as this recording?

A39. No.

40. Do we need to submit the SOQ if we were a provider and have an existing contract?

A40. Yes, an SOQ needs to be submitted.

41. Can you repeat the language required on the board resolution?

A41. A board resolution is a formal, written record of a decision made by a company's board of directors. It serves as an official and legal record of the board's decisions, documenting who made the decision, what was decided, and when.

42. Is the SRR required?

A42. No. It is not required.

43. Is there a Part II? The RFSQ upon download identifies this as Part I.

A43. Yes. There are Part I and Part II of the RFSQ that were released.

**Transitional Housing Placement Program For Non-Minor Dependents
(THPP-NMD) Services
Questions (Q) and Answers (A)**

44. Will all answers be posted at once? Or as you have the answers?

A44. All questions and answers will be posted via Addendum One.

45. Where can we find the RSFQ?

A45. Please see, [LA County Solicitations](#).

46. Do you have the bid docs for this opportunity:

RFSQ - Transitional Housing Placement Program for Non-Minor Dependents

A46. Please see, [LA County Solicitations](#).

47. To clarify written questions due today are any question's we have prior to submission? Or is there a set of questions from DCFS for providers to answer and submit today?

A47. All questions submitted prior to the submittal deadline are being release via addendum one.

48. What is the purpose of the Exhibit 16 (SPA preference form) under Required Forms if we are submitting separate emails for each SPA?

A48. Please refer to Addendum One, Exhibit 16 has been intentionally omitted.

49. Will you please provide clarification on Exhibit 11 Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)? There is no place to certify No Debarment. Where do we find the certification so we can complete that?

A49. Prospective contractors on Exhibit 20, Declaration certifies that all exhibits are true and correct.

50. Page 21 Section 7.4.3 "Proof of Insurability (Section C) "Contractor must provide proof of insurability that meets all insurance requirements set forth in the Appendix A (Contract), Paragraphs 9.24 and 9.25. If a Contractor does not currently have the required coverage, a letter from a qualified insurance carrier indicating a willingness to provide the required coverage should the Contractor be selected to receive a Contract award may be submitted with the SOQ."

A50. A letter from the qualified insurance carrier will be accepted.

**Transitional Housing Placement Program For Non-Minor Dependents
(THPP-NMD) Services
Questions (Q) and Answers (A)**

51. (Page 176 of the file titled "197_THPPNMDRFSQ240091Part2") EXHIBIT 7 LIST OF CONTRACTS - The Exhibit 7 format may be cumbersome when hundreds of contracts are involved. If proposers have hundreds of contracts to list, can they attach a spreadsheet with a different format, but that retains all of the requested information as Exhibit 7, and say "See attached list"?

A51. Yes. A separate spreadsheet in PDF format can be attached.

52. Can you confirm if the THPP-NMD rates are different than the THP-NMD rates, and where is a good place to find the current rates?

A52. THPP-NMD's rate is as established by California Department of Social Services (CDSS).

53. Can you confirm what we need to submit under the corporate documents section?

A53. Please refer to section 7.4.4 of the RFSQ.

54. If we have a Rate letter for the NMD program in a different County, is that sufficient?

54A. Each County does have differing cost and rates. However, the California Department of Social Services (CDSS) rate letter is a statewide general document. We suggest checking with the local CDSS/CCL office in Los Angeles County for information about where you plan to provide services and updates on how to obtain a Los Angeles County specific document. Please provide documentation with your packet.

55. Do we provide services for youth aged 20 who agrees to pay utilities?

A55. Yes. Non-minor dependents 20 years old in the THPP-NMD program may accept responsibility to pay utilities if they have been with the placement agency for at least six-months, are in agreement, and a readiness assessment has been determined that NMD is capable to pay for a utility bill.

56. For scattered site programs, are we listing every single unit we currently have procured?

A56. Yes. Please list current units procured, location, SPA and capacity to determine your current housing portfolio.

**Transitional Housing Placement Program For Non-Minor Dependents
(THPP-NMD) Services
Questions (Q) and Answers (A)**

57. We submitted our latest POO in September 2024 and still have not heard back. Do we submit again to the email listed in RFSQ and attach and include in the Exhibit even though it is still in review?

A57. If you have not received approval for your updated Plan of Operation, please submit it with your packet via email address provided. Also, note that the updated plan is in review and reference your original Plan of Operation submission and date.

58. Will the Plan of Operations required prior approval from County to submit with this RFSQ?

A58. Yes. Plans of Operations that have received a letter of certification from the County have previously been submitted and approved for licensing purposes. To obtain an L.A. County DCFS THPP-NMD Contract, agency must complete the licensing process. If the agency is pursuing a THPP-NMD license, Plan of Operations should be submitted by said deadline.

59. Is the county preparing for AB-1314, limiting requirements to CCL Reg requirements?

A59. The County continues to follow all Community Care Licensing regulations and requirements for THPP-NMD. Any regulation requirements under AB-1314 will be communicated through All County letters when applicable.

60. CCL has often not reviewed updated POO, should we provide the last approved COO?

A60. Yes. If the Plan of Operation is still under CCL review, please submit the most recently approved Certificate of Operation or equivalent documentation. Please attach the update plan as pending CCL review.

61. Are there any significant changes to the SOW?

A61. There are no major or significant changes to the scope of work outlined in the SOW at this time. Please refer to the RFSQ documents for further details.

62. The THPP-NMD budget will include the state rate for room and the costs for support in the program that the county will pay for?

A62. Yes. The THPP-NMD budget covers the placement rate and support services (staffing, participant expenses, direct cost, program cost).

**Transitional Housing Placement Program For Non-Minor Dependents
(THPP-NMD) Services
Questions (Q) and Answers (A)**

63. Can a (nonpaid) board member serve as the administrator for this contract?

A63. The Program Administrator must be a staff member with defined roles and responsibilities separate from the board to avoid conflicts of interest and to ensure compliance and contract standards.

64. Does the plan of operation also need to be reformatted as follows: double spaced, size 12, font arial?

A64. Unless specified in the RFSQ instructions, the Plan of Operations does not require specific formatting styles, however, to ensure readability, it is recommended to use Arial font 12 with 1.5 line spacing unless different font is mandated in the RFSQ instructions.

65. Regarding the requirement for a minimum of 4 years of experience in case management of TAY, would STRTR meet that requirement?

A65. If STRTP (Short-Term Residential Therapeutic Program) staff have a minimum four consecutive years' experience working with Transition Age Youth this may satisfy the requirement. Please ensure work experience is clearly indicated, including job titles, responsibilities, dates of work experience and other relevant information.

66. Initially one THP Rate letter was provided for all Counties, and these rate letters have never been updated to be county specific do we just provide the rate letter we received?

A66 Yes. If a general rate was previously issued at the state level, but you have not received a county specific letter, pending the County specific rate letter if available. However, updates will be expected, therefore please check with the issuing body and include any updates with your packet.

67. Do we provide additional stipend for youth who agree to pay their utilities?

A67. No. Providers are not required to provide additional stipend for youth who agree to pay their utilities. However, youth must be at least 20 years of age, resided with the agency for at least six-months, must agree and be assessed for readiness.

**Transitional Housing Placement Program For Non-Minor Dependents
(THPP-NMD) Services
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68. My organization is new; however, those who carry out the day-to-day duties have the qualifications as well as the experience. (the 4 in 6 years being asked for in the proposal). Can my organization still apply?

A68. Prospective Contractors that meet the Minimum Mandatory Requirements as outlined below are invited to submit an SOQ by the deadline.

69. Dear THPP-NMD RFSQ Team, I am writing to request clarification regarding the minimum qualifications for the Transitional Housing Placement Program–Nonminor Dependent (THPP-NMD) RFSQ No. 24-0091. From my review of the requirements, it appears that eligible applicants must already operate an existing, licensed THPP program. Could you please confirm whether this RFSQ is open to new providers who are not yet licensed? If new, unlicensed providers are eligible, could you advise on the process for obtaining a Letter of Support from the County?

A69. New providers may apply for the purpose of their Plan of Operation to be reviewed for the possibility of receiving a County Letter of Support to move forward in the licensing process. New providers with a current license will be considered for L.A. County Contract only. Please refer to Section 7.4.5 of the RFSQ.

70. I am writing to request clarification regarding whether a board member can work as the project manager for RFSQ No. 24-0091. I was informed that a board member cannot work as the administrator for THPP NMD. However, I'm not sure if that is entirely accurate. So, if not, can a board member work as the project manager for the proposal?

A70. We recommend that Program Managers be official staff member with specific roles and responsibilities. Although, Board members provide value to the organization, it poses a conflict of interest to work as a Program Manager.

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 Contracts
- 8) List of References
- 9) Contribution and Agent Declaration Form
- 10) Intentionally Omitted
- 11) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)
- 12) Service Delivery Site
- 13) Names of Current Members of Board of Directors/Other Agencies
- 14) Contractor's Certification of Compliance with Child, Spouse, and Family Support Order
- 15) Sample Line Item Budget and Narratives
- 16) Intentionally Omitted
- 17) Certification of Fiscal Compliance
- 18) Contractor's Certification of Compliance with all Federal and State Employment Reporting Requirements
- 19) Involvement in Litigation And/Or Contract Compliance Difficulties
- 20) Declaration

REQUIRED FORMS – EXHIBIT 1
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER 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: <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 if 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	
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 as 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. <div style="display: flex; justify-content: space-between;"> <div>Name(s):</div> <div>Year(s) of Name Change</div> </div>

5	<p>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".</p>	
6	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide additional information regarding the pending merger.</p>
7	<p>List all names and contact information of all individuals legally authorized to commit the Proposer.</p>	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<u>LACC 2.160</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<u>Motion</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<u>Board Policy 5.250</u>	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) _____	<u>Board Policy 5.065</u>	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	<u>Board Policy 5.050</u>	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	<u>LACC 2.203</u>	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	<u>LACC 2.206</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption:

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Vendors requesting preference consideration must complete and include this form in their SOQ. Vendors 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	<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 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:	_____

Instructions for Completing Exhibit 5 - CBE Form

Proposer must submit Form 5 - Community Business Enterprise (CBE) Information form in Excel format.

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

REQUIRED FORMS – EXHIBIT 6

MINIMUM MANDATORY REQUIREMENTS

Prospective Contractor acknowledges and certifies that it meets and will comply with the Minimum Mandatory Requirements indicated below and as stated in Paragraph 3.0 (Minimum Mandatory Requirements), of this Request for Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	Prospective Contractor must have a minimum of four (4) years of experience, within the last six (6) years as a Transitional Housing provider, or four (4) years' experience providing Case Management services to transition-aged youth (Foster/Probation Youth). The experience must include the provision of educational and employment support services to youth equivalent or similar to the services identified in the THPP-NMD Statement of Work.	<input type="checkbox"/>	<input type="checkbox"/>
2	Prospective Contractor must submit and maintain a California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) license to operate a Transitional Housing Placement Program, and to provide Transitional Housing Placement Program for Non-Minor Dependents services in Los Angeles County; the facility address on the license must be within Los Angeles County.	<input type="checkbox"/>	<input type="checkbox"/>
3	Prospective Contractor must submit and maintain a CDSS THPP or THPP-NMD Rate Notification Letter from CDSS Foster Care Rates Bureau. Prospective Contractors who have received a California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) license to operate a Transitional Housing Placement Program and to provide Transitional Housing Placement Program for Non-Minor Dependents services in Los Angeles County, but have not received a Rate Letter, may submit a copy of the SOC 179 Rate Application signed by the organization's Executive Director and submitted to CDSS.	<input type="checkbox"/>	<input type="checkbox"/>
4	Prospective Contractor must submit a non-profit determination letter from the Internal Revenue Service.	<input type="checkbox"/>	<input type="checkbox"/>
5	Prospective Contractor must submit a non-profit determination letter from the State of California Franchise Tax Board.	<input type="checkbox"/>	<input type="checkbox"/>

6	Prospective Contractor must submit a current certified Statement of Information from the California Secretary of State.	<input type="checkbox"/>	<input type="checkbox"/>
7	Prospective Contractor shall submit a Certificate of Status from the California Secretary of State.	<input type="checkbox"/>	<input type="checkbox"/>
8	Prospective Contractor shall have been in “Good Standing” with the County of Los Angeles Department of Children and Family Services, the County of Los Angeles Probation Department, any other County of Los Angeles department, CDSS CCLD, and other counties within the State of California for the past twenty-four months.	<input type="checkbox"/>	<input type="checkbox"/>
9	Prospective Contractor must not have been in a “Do-Not-Refer” or “Do-Not-Use” status, as defined in Attachment M, with the County of Los Angeles Department of Children and Family Services, the County of Los Angeles Probation Department, any other County of Los Angeles department, CDSS CCLD, or any other counties within the State of California.	<input type="checkbox"/>	<input type="checkbox"/>
10	Prospective Contractor does 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 negotiations to resolve the disallowed costs, in the opinion of the County.	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED - EXHIBIT 7

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: _____

REQUIRED- EXHIBIT 8

LIST OF REFERENCES

Proposer's Name: _____

Provide three (3) references where the same or similar scope of services were provided by the Proposer. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

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

SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ AGENCY/DEPT: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____	SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ AGENCY/DEPT: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____
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REQUIRED FORMS – EXHIBIT 9
CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act ([Government Code Section 84308](#)), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.

This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.

REQUIRED FORMS – EXHIBIT 9
CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State “none” if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

- a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal:
- b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months:
- c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

- 2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. “Controlled or directed” means shared ownership, 50% or greater ownership, or shared management and control between the entities.
 - a) Parent(s):
 - b) Subsidiaries:
 - c) Related Business Entities:
- 3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.
- 4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

REQUIRED FORMS – EXHIBIT 9
CONTRIBUTION AND AGENT DECLARATION FORM

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

B. CONTRIBUTIONS

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

Date (contribution solicited, or directed)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

Date (contribution made)	Name (of the contributor)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

REQUIRED FORMS – EXHIBIT 9
CONTRIBUTION AND AGENT DECLARATION FORM

C. DECLARATION

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

I, _____ (Authorized Representative), on behalf of _____ (Declarant Company), at which I am employed as _____ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date

REQUIRED FORMS – EXHIBIT 9
CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL BIDDERS OR APPLICANTS

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date

Intentionally Omitted

REQUIRED FORMS**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 Vendor 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. Vendor shall provide immediate written notice to the person to whom this proposal is submitted if at any time Vendor 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. Vendor 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. Vendor 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. Vendor 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. Vendor acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Vendor acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement 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 Vendor and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Vendor shall attach a written explanation to its proposal in lieu of submitting this Certification. Vendor'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 Vendor 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 solicitation.

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

Vendor 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.

SERVICE DELIVERY SITES

TRANSITIONAL HOUSING PLACEMENT PROGRAM FOR NON-MINOR DEPENDENTS (THPP-NMD)

THPP-NMD (AGENCY)

AGENCY NAME	AGENCY ADDRESS	AGENCY CONTACT PERSON	TELEPHONE AND FAX NUMBERS
			P: ()
			F: ()

THPP-NMD SERVICE SITE(S) (FACILITY)

FACILITY Name	FACILITY Address	FACILITY Contact Person	Phone (P)
			Fax (F)
			P: ()
			F: ()
			P: ()
			F: ()
			P: ()
			F: ()

(Please make additional copies of this form if necessary)

LIST NAMES OF CURRENT MEMBERS OF BOARD OF DIRECTORS/OTHER AGENCIES

Legal Name of Agency: _____

NAME	BUSINESS ADDRESS	PHONE (P): FAX (F):	E-mail	OTHER AGENCIES *
		P: ()		
		F: ()		
		P: ()		
		F: ()		
		P: ()		
		F: ()		
		P: ()		
		F: ()		

*List the name of any other agency that the Board Member also serves on. (Please make additional copies of this form is necessary)

I declare under penalty of perjury that the foregoing is true and correct.

Print Name and Title of Principal Owner, an Officer, or Manager authorized to bind Contractor in a Contract with the County.

Authorized Signature of Principal Owner, an Officer, or Manager authorized to bind Contractor in a Contract with the County.

Date

**CONTRACTOR'S CERTIFICATION OF COMPLIANCE
WITH CHILD, SPOUSAL, AND FAMILY SUPPORT ORDERS**

_____ do hereby certify that our
(Name of Proposer)

organization complies with all orders for Child, Spousal, and Family Support and we have complied with all lawfully served wage assignments and notices of assignment.

We understand that failure to implement lawfully served wage assignments or notices of assignment will constitute a default under the contract, which shall subject the contract to termination if such default is not cured within 90 days.

Failure to comply with the above requirement may be cause for debarment.

Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County

Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County

Date

**SAMPLE LINE ITEM BUDGET SHEET
TRANSITIONAL HOUSING PLACEMETN PROGRAM FOR
NON-MINOR DEPENDENDS**

Contractor's Name:

SPA #:

Number of Parenting/Non-Parenting NMDs

Fiscal Year:

DIRECT COST (List each staff classification)

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

***FTE = Full Time Equivalent Positions**

Employee Benefits	No. of Employees	Monthly Cost per FTE
Medical Insurance	_____	\$ _____
Dental Insurance	_____	\$ _____
Life Insurance	_____	\$ _____
Other (list)	_____	\$ _____
Total Benefits		\$ _____

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

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Payroll Taxes	\$ _____

Insurance (List Type/Coverage. See Sample Contract, Part II, Section 5.2, Insurance Coverage Requirements)

_____	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles	\$ _____
Supplies	\$ _____
Services	\$ _____
Office Equipment	\$ _____
Telephone/Utilities	\$ _____
Other (please continue to list)	\$ _____

Total Insurance/Misc. S & S \$ _____**TOTAL DIRECT COSTS** \$ _____**INDIRECT COST** (List all appropriate)

General Accounting/Bookkeeping	\$ _____
Management Overhead (Specify)	\$ _____
Other (Specify)	\$ _____

TOTAL INDIRECT COSTS \$ _____**TOTAL DIRECT AND INDIRECT COST** \$ _____

PROFIT (Please enter percentage: _____%) \$ _____

TOTAL MONTHLY COSTS \$ _____

***Matching funds must be included in the line item budget and calculated into the fixed cost fee per series completed.**

GENERAL INSTRUCTIONS FOR COMPLETING YOUR BUDGET NARRATIVE

(See SAMPLE Budget Narrative Below)

All proposals must have a narrative attached to the 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.

GENERAL INSTRUCTIONS:

The budget is comprised of both Budget Categories and Budget Line Items.

Budget Categories are the major classifications of expense shown on the Sample Line Item Budget Sheet: Payroll, Employee Benefits, Insurance, Indirect Cost, etc.

Budget Line Items are the individual cost items within each budget category. For example, budget line items within the Payroll category are the individual positions to be funded under this Contract.

The budget narrative must provide clear and complete descriptions that: (1) explain the purpose of each budget line item; (2) how the line item is directly connected to the provision of a given service; (3) the dollar amount requested for the item; and (4) the methodology used to calculate the amount, etc. For example:

<u>BUDGET AMOUNT</u>	<u>DESCRIPTION</u>
\$12,000	Contractor's Program Manager: This position will provide administrative supervision to the Program staff on this Contract and will be responsible for administering the Contract in accordance with the Statement of Work. The total amount requested for this line item is \$12,000 (\$2,500/mo x .40 x 12 months).

The methodology in the above example is calculated by multiplying each item, from left to right, as follows:

Monthly Salary (Total Monthly Salary for this Position)	Percent of Time (Allocated to Work on this Contract)	Number of Months (Allocated to Work on this Contract)
\$2,500	40%	12

The Budget Narrative must include all of the proposed budget line items within that budget category. For example, the narrative for "Payroll" or "Salaries" must include a description of each position to be funded under the contract. Use the same budget categories from your actual "Line Item Budget" in writing the narrative.

Intentionally Omitted

CERTIFICATION OF FISCAL COMPLIANCE

The undersigned hereby affirms that the Contractor utilizes commonly accepted accounting procedures and maintains internal controls and procedures necessary for the monitoring of any resultant contract award. A copy of the Contractor’s last three (3) independent financial auditor’s report and financial statements plus all management letters or reports on internal accounting procedures are included in the SOQ.

If there have been any failures or refusals by the undersigned to complete any previous contract(s) or grant(s) or there has been performance at a level below that required by the contract resulting in unexpended contract funds, information disclosing such failures is provided in this proposal.

Print Name and Title of Principal Owner, an Officer, or Manager authorized to bind Contractor in a Contract with the County

Authorized Signature of Principal Owner, an Officer, or Manager authorized to bind Contractor in a Contract with the County

Date

**CONTRACTOR'S CERTIFICATION OF COMPLIANCE WITH ALL FEDERAL AND STATE
EMPLOYMENT REPORTING REQUIREMENTS**

_____ do hereby certify that our
(Name of Proposer)

organization complies with all Federal and State reporting requirements related to Employment Reporting Requirements for our employees.

We understand that failure to comply with Employment Reporting Requirements will constitute a default under the contract, which shall subject the contract to termination if such default is not cured within 90 days.

Failure to comply with the above requirement may be cause for debarment.

Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County

Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County

Date

INVOLVEMENT IN LITIGATION AND/OR CONTRACT COMPLIANCE DIFFICULTIES

(Legal Name of Agency)

Please answer "YES" or "NO" to the following questions. If a "YES" answer is marked, please attach a separate sheet and explain fully the circumstances and include discussion of the potential impact on the Contractor's ability to perform the contract's services, if any. The County, in its own discretion, may implement procedures to validate the responses made below. The County reserves the right to declare the contract void if false or incorrect information is submitted by the Contractor.

- | | | | |
|----|--|-----------|----------|
| a. | Has the Proposer been involved in any litigation?
Please include past and present litigation. | YES [] | NO [] |
| b. | Has anyone on the Board of Directors, or employed by the Proposer as a CEO, President, Executive Director, or other Administrative Officer currently, or within the past seven (7) years, been involved in litigation related to the administration and operation of the Proposer's business as a Transitional Housing provider? | YES [] | NO [] |
| c. | Are any of the Proposer's staff members unable to be bonded? | YES [] | NO [] |
| d. | Have there been unfavorable rulings by any Government funding source against the Proposer for improper activities/conduct or contract compliance deficiencies? | YES [] | NO [] |
| e. | Has the Proposer or any members of its Board of Directors or employees ever had public or foundation funds withheld? | YES [] | NO [] |
| f. | Has the Proposer or any Board members, or employees refuse to participate in any fiscal audit or review requested by a government agency or funding source? | YES [] | NO [] |
| g. | Has the Proposer or any Board members, or Employees been involved in any litigation involving the prospective Contractor or any principal officers thereof, in connection with any Contract within the past seven (7) years? | YES [] | NO [] |

EXPLANATION: (Please use a separate sheet of paper to detail any question answered Yes. Please label each page with the question that was answered with a Yes. You may submit additional pages as required.)

Print Name and Title of Person authorized to bind Contractor in a Contract with the County

Authorized Signature of Person authorized to bind Contractor in a Contract with the County

REQUIRED FORMS – EXHIBIT 20

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN **EXHIBITS 1 - 20** IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE: