

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT FORM 1

Organization's Name:	County WebVen Number:
Address:	
Telephone Number:	Email:
Internal Revenue Service Employer Identification Number:	California Secretary of State. Entity Number: _____ (if registered in different state, please note): _____

This statement of qualifications is submitted for the following programs:

Check the appropriate boxes:

- Foster Family Agency (FFA)
- Foster Family Agency-Emergency Shelter Care (FFA-ESC)
- Short Term Residential Therapeutic Program (STRTP)
- Intensive Services Foster Care-FFA Serious Emotional Behavior Needs (ISFC-SEBN)
- Intensive Services Foster Care-FFA Special Health Care Needs (ISFC-SHCN)
- Intensive Services Foster Care-FFA Serious Emotional Behavior Needs for Children affected by Sexual Exploitation (ISFC-SEBN CSE)

If your organization is a non-profit corporation, state its legal name (as found in your Articles of Incorporation) and State of incorporation:

Name: _____

State: _____

Year: _____

If your organization is doing business under one or more fictitious name statement DBA's, please list all DBA's and the County(s) of registration:

Name: _____

County of Registration: _____

Year: _____

Is your organization wholly or majority owned by, or a subsidiary of, another agency/non-profit corporation?

Yes

No

If yes, Name of parent organization: _____

State of incorporation or registration of parent organization: _____

Please list any other names your organization has done business as within the last five (5) years.

Name: _____

Year: _____

Indicate if your organization is involved in any pending acquisition/merger, including the associated company name. If not applicable, indicate below.

Please list the name and facility license number of any and all Facilities licensed by the CA CDSS CCLD that the prospective Contractor's Principal Employees (and all Managers) and all Consultants have worked at, or been associated, or volunteered, or worked as a consultant or Independent Contractor or Vendor for the past 7 years.

501C3 Name:

Facility Name:

Facility Address:

Facility License Number:

Position title or Roll:

Dates associated of Employed, or Contracted:

Prospective Contractor must acknowledge and certify that it meets and will comply with all the below. Prospective Contractor must also complete and sign all the Required Forms listed below.

No.	FORM	REFERENCE	STATUS
1	Organization Questionnaire/Affidavit		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
1a	Community Business Enterprise (CBE) Information		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Certification of No Conflict of Interest	LACC 2.180	Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Prospective Contractor's Equal Employment Opportunity Certification		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Prospective Contractor's List of Contracts		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Prospective Contractor's List of Terminated Contracts		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Attestation of Willingness to Consider GAIN/GROW Participants	Board Policy 5.050	Completed and Submitted? <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

No.	FORM	REFERENCE	STATUS
8	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Completed and Submitted? <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
9	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"/> Vendor 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 Vendor 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"/> Vendor 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.
10	Offer to Perform All Required Services and Acceptance of Master Contract Terms and Conditions		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Prospective Contractor’s involvement in litigation and/ or contract Compliance Difficulties		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
12	Certification of Fiscal Compliance		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
13	Certification of Ownership and Financial Interest		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
14	Revenue Disclosures		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

No.	FORM	REFERENCE	STATUS
15	Contractor's Certification of Compliance with Child, Spousal, and Family Support Orders		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
16	Contractor's Certification of Compliance with All Federal and State Employment Reporting Requirements		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
17	Intentionally Left Blank		N/A
18	Contractor Acknowledgement and Confidentiality Agreement		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
18(b)	Intentionally Left Blank		N/A
19	List of Names of Current Members of Board of Directors and Other Agencies (if applicable)		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
20	Service Delivery Sites		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
21	Contractor's Administration		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
22	Certification of Compliance with the County's Defaulted Property Tax Reduction Program		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
23	Confidentiality of Criminal Offender Record Information (CORI)		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
24	Contractor's Certification of Compliance with Background and Security Investigation.		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
25	Intentionally Left Blank		N/A
26	Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
27	Contractor's Compliance with Encryption Requirements		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
28	Zero Tolerance Policy on Human Trafficking Certification	Motion	Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
29	Information Security and Privacy Requirements		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
30	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
31	Vendor Cyber Risk Assessment		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
32	List of References		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
33	Contribution and Agent Declaration Form		Completed and Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

MINIMUM MANDATORY QUALIFICATIONS

Prospective Contractor acknowledges and certifies that it meets and will comply with the Minimum Mandatory Qualifications indicated below and as stated in Paragraph 3.0 Minimum Mandatory Qualifications of this Request for Statement of Qualifications. The following qualifications will be evaluated on a Pass or Fail basis.

No.	Minimum Mandatory Qualification (MQ)	Does the Prospective Contract Certify it meets the Minimum Mandatory Qualification?	
2.4.1	Is the Prospective Contractor licensed by the California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) for each program it is attempting to qualify for and must provide a copy of the license for each program and each site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.2	Does the Prospective Contractor hold an approved Rate from the CDSS Foster Care Rates and Outcomes Bureau for each program it is attempting to qualify, and must provide a copy of their Rate Notification letter for each program and each site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.3	Is the Prospective Contractor organized as a 501 (c)(3) non-profit tax-exempt organization or entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.4	Are the Prospective Contractor’s proposed facility(ies) located within Los Angeles County or any of the contiguous counties, which includes Kern, Orange, Riverside, San Bernardino, and Ventura counties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.5	Does the Prospective Contractor have any substantiated non- compliance findings or outstanding Contractor Alert Reporting Database (CARD) findings related to any County, State, Federal, or out-of-state government agency that remain unresolved.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have any of the Prospective Contractor’s Principal Employees or Managers, i.e., its Chief Executive Officer, its Chief Financial Officer, its Corporate Secretary, its Program Administrators, its Directors, Executive Directors, Managers, Facility Managers, Volunteers and Consultants been subject to any administrative proceeding in the past seven (7) years by the CA CDSS CCLD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

No.	Minimum Mandatory Qualification (MQ)	Does the Prospective Contract Certify it meets the Minimum Mandatory Qualification?	
	Did the Prospective Contractor disclose any such non-compliance findings that can be construed as being unresolved in Appendix A, Required Forms, Form 11, Prospective Contractor's Involvement in Litigation and/or Contract Compliance Difficulties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.6	Is the Prospective Contractor in compliance with applicable laws and regulations pertaining to financial audits, including, but not limited to, the California Government Code Section 12586, the CDSS, Manual of Policies and Procedures, Division 11, Chapter 11-400, Section 11-405 et seq., and the Office of Management and Budget 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and 2 CFR 1.100, Title 2, Part 1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.7	Did the Prospective Contractor responding to this RFSQ submit fewer than three (3) Audited Financial Statements and Single Audit Reports reflecting the three (3) most recent fiscal years for which the organization was required to undergo financial and single audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2.4.7 Any organization that submits fewer than three (3) Fiscal Years of Audited Financial Statements and Single Audit Reports must state why they were exempt from the applicable audit requirements for each corresponding fiscal year. Provide Statement Below.</p>			

No.	Minimum Mandatory Qualification (MQ)	Does the Prospective Contract Certify it meets the Minimum Mandatory Qualification?	
2.4.8	Is the Prospective Contractor on “Do Not Use” or a “Hold” with an adverse status with Los Angeles County or any other county, State, or out-of-state government agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.9	Does The Plan of Operation and the Program Statement clearly demonstrate the Prospective Contractor’s understanding of the program requirements and the ability to implement the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.10	<p>Does the Prospective Contractor attempting to qualify for ISFC SEBN, ISFC SHCN, and ISFC SEBN CSE have current FFA license for at least three (3) years?</p> <ul style="list-style-type: none"> • Does the Prospective Contractor attempting to qualify for ISFC programs have experience providing contracted placement services in LA or adjacent counties within the last five (5) years? • Does the Prospective Contractor have an ISFC rate letter? • Is the Prospective Contractor and in good standing with LA County. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.11	Does the Prospective Contractor demonstrate fiscal viability, based on Quick Ratio, Current Ratio, Expenses to Income Ratio, and Long Term Financial Viability Test, in accordance with Generally Accepted Accounting Principles (GAAP), and the Government Auditing Standards (GAS), through a review and evaluation of the organization’s financial documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.12	<p>Prospective Contractor that submitted less than three (3) most recent fiscal years of Audited Financial Statements and Single Audit Reports, must submit either Reviewed Financial Statements or Compiled Financial Statements that are in compliance with the Statements on Standards for Accounting and Review Services (SSARS No. 21) and must:</p> <ul style="list-style-type: none"> • agree to participate in the Enhanced Risk Based Technical Assistance and 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

No.	Minimum Mandatory Qualification (MQ)	Does the Prospective Contract Certify it meets the Minimum Mandatory Qualification?	
	<ul style="list-style-type: none"> • Fiscal and Technical Compliance Monitoring, not limited to: • Ad-hoc meetings that may occur monthly or more often as needed, • Compliance performance monitoring beginning 120 days after the first County of Los Angeles placement or acceptance into Foster Care Placement Program or Treatment Services: • enhanced fiscal monitoring, • technical assistance, • training, • demonstrate the ability to implement immediate corrective action to resolve deficiencies, and fiscal reports using the FC 32 form issued by the California Department of Social Services. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4.13	<p>Has the Prospective Contractor's compliance with a County contract been reviewed by the Department of the Auditor-Controller (A-C) within the last 10 years?</p> <ul style="list-style-type: none"> • Did the Prospective Contractor have unresolved questioned costs identified by the A-C, in an amount over \$100,000, that were confirmed to be disallowed costs by the contracting County department, and remained unpaid for six months or more from the date of the A-C Report? • Were the Prospective Contractor's unresolved questioned costs identified by the A-C disallowed costs subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

No.	Minimum Mandatory Qualification(s) (MQ)	Does the Prospective Contract Certify it meets the Minimum Mandatory Qualification?	
2.4.14	Did the Prospective Contractor explicitly state that they are seeking to qualify their ISFC program because the Organization’s principals, partners, or officers personally meet the minimum qualifications from previous organizations as required by paragraph 2.4.10?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Prospective Contractor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ 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.

On behalf of _____ (Prospective Contractor’s name),
 I _____ (Name of Contractor’s authorized representative),
 certify that the information contained in this Contractor’s Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

 Signature

 Title

 Date