



County of Los Angeles

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020

(213) 351-5602

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May 12, 2026

To: Prospective Proposers and Interested Parties

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

**ADDENDUM NUMBER TWO TO DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE EXPERTS AT THE CHILD PROTECTION HOTLINE REQUEST FOR PROPOSALS NO. 25-0055**

Addendum Number Two is issued by the County of Los Angeles Department of Children and Family Services to all holders of the Domestic Violence/Intimate Partner Violence Experts at the Child Protection Hotline Request for Proposals (RFP) No. 25-0055. Addendum Number Two amends sections in the RFP 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 Proposer’s failure to address the requirements of this Addendum Number Two may result in the proposal being found non-responsive and not being considered, as determined in the sole discretion of the County.

Changes to wording in RFP sections in this Addendum Number Two include both deletions and additions. Deletions are indicated as strikeouts (~~strikeouts~~) and additions are underlined (underlined).

The following RFP Required Forms attached to this Addendum Number Two have been replaced in their entirety to correct fields linking incorrectly in the previously released forms:

Attachment I	RFP, Required Form, Exhibit 1, Organization Questionnaire/ Affidavit
Attachment II	RFP, Required Form, Exhibit 4, Debarment History and List of Terminated Contracts
Attachment III	RFP, Required Form, Exhibit 5, Community Business Enterprise (CBE) Information

*“To Enrich Lives Through Effective and Caring Service”*

Prospective Proposers and Interested Parties

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Attachment IV	RFP, Required Form, Exhibit 7, List of Public Entities
Attachment V	RFP, Required Form, Exhibit 8, List of References
Attachment VI	RFP, Required Form, Exhibit 9, Contribution and Agent Declaration Form
Attachment VII	RFP, Required Form, Exhibit 11, Charitable Contributions Certification

**REQUIRED FORMS – EXHIBIT 1**

**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>Proposer Name:</b>	<b>County WebVen Number:</b>
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Email:</b>
<b>Internal Revenue Service Employer Identification Number:</b>	<b>California Business License Number:</b>
<b>Unique Entity Identifier (UEI):</b>	

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

**REQUIRED FORMS – EXHIBIT 1**  
**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

5	List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".		
6	Is your firm involved in any pending acquisition or mergers?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.	
7	List all names and contact information of all individuals legally authorized to commit the Proposer.	Name:	
		Title:	
		Phone:	
		Email:	
		Name:	
		Title:	
		Phone:	
		Email:	
		Name:	
		Title:	
		Phone:	
		Email:	

**REQUIRED FORMS – EXHIBIT 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: \_\_\_\_\_

**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			%	%	
Native Americans			%	%	
Subcontinent Asian			%	%	
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.				
		 Check if not applicable				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

**REQUIRED FORMS – EXHIBIT 7**

**LIST OF PUBLIC ENTITIES**

**Proposer's Name:** \_\_\_\_\_

Provide all public entity contracts for the last five (5) years where the same or similar scope of services was provided. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

<b>PUBLIC ENTITIES</b>	
AGENCY/DEPT: _____ SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____	AGENCY/DEPT: _____ SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____

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

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

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

## REQUIRED FORMS – EXHIBIT 8

### LIST OF REFERENCES

**Proposer's Name:** \_\_\_\_\_

Proposer's List of References will be used for evaluation purposes and to validate Proposer meets the Minimum Mandatory Requirements (MMRs) stated in the RFP. Proposer must provide five (5) references where the same or similar scope of services was provided.

Please note that **no more than five (5)** references must be provided. It is the Proposer's responsibility to ensure accuracy of the information provided below.

<b>REFERENCES</b>	
REFERENCE	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
REFERENCE	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
REFERENCE	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
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TELEPHONE:	
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REFERENCE	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
REFERENCE	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

## **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 \$500 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.)*

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- 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.
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**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.

<b>Date</b> (contribution solicited, or directed)	<b>Recipient Name</b> (elected official)	<b>Amount</b>

\*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.

<b>Date</b> (contribution made)	<b>Name</b> (of the contributor)	<b>Recipient Name</b> (elected official)	<b>Amount</b>

\*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

**REQUIRED FORMS – EXHIBIT 11**  
**CHARITABLE CONTRIBUTIONS CERTIFICATION**

\_\_\_\_\_  
Proposer or Contractor Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Internal Revenue Service Employer Identification Number

\_\_\_\_\_  
California Registry of Charitable Trusts “CT” number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

**Check the Certification below that is applicable to your company.**

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 or Contractor 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**

Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above 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 as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_