

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 (Worksheet)
- 6) Minimum Mandatory Requirements
- 7) List of Public Entities
- 8) List of References
- 9) Contribution and Agent Declaration Form
- 10) Pending Litigation and Judgments
- 11) Charitable Contributions Certification
- 12) Business Proposal (Narrative)
- 13) Declaration
- 14) Price Sheet
- 15) Line Item Budget
- 16) Budget Narrative

REQUIRED FORMS – EXHIBIT 1

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

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

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	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	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.	<p>Name: Title: Phone: Email:</p> <p>Name: Title: Phone: Email:</p> <p>Name: Title: Phone: Email:</p>

REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

Proposer certifies compliance with all programs, policies, and ordinances specified below.

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250 LACC 8.300	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) Click or tap here to enter text.	Board Policy 5.065	Check the Certification below that is applicable to your company. <input type="checkbox"/> Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General’s Registry of Charitable Trusts when filed. OR <input type="checkbox"/> Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts.
6	Attestation of Willingness to Consider GAIN/START Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/START participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program
8	Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	LACC 2.206	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption:

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

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

PREFERENCE NOT REQUESTED

OR

PREFERENCE REQUESTED (SELECT ALL THAT APPLY)

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

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

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

Proposer's Name:

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

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

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

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

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

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

Refer to CBE Worksheet

Instructions for Completing Exhibit 5 - CBE Form

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

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

Section 1: FIRM/ORGANIZATION INFORMATION

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

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE

If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

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

**REQUIRED FORMS – EXHIBIT 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 6

MINIMUM MANDATORY REQUIREMENTS

Proposer acknowledges and certifies that it meets the Minimum Mandatory Requirements indicated below and as stated in Paragraph 4.0 (Minimum Mandatory Requirements), of this Request for Proposals.

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	Proposer must submit their proposal(s) for Domestic Violence/Intimate Partner Violence Experts at the Child Protection Hotline Services by 12:00 P.M. PDT on June 1, 2026.	<input type="checkbox"/>	<input type="checkbox"/>
2	Proposer must demonstrate a minimum of three (3) years within the last five (5) years administering Federal, State, County, or City contracts.	<input type="checkbox"/>	<input type="checkbox"/>
3	Proposer must have a minimum of five (5) years of experience within the last seven (7) years delivering domestic violence/intimate partner violence intervention and support services such as Referrals, Case Management, Community Outreach, Conflict Resolution, Crisis Intervention, Mental Health Counseling, Therapy, and Parenting Education.	<input type="checkbox"/>	<input type="checkbox"/>
4	Proposer does not have unresolved questioned costs, as identified by the Auditor-Controller (A-C), in an amount over \$100,000, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for a period of six months or more from the date of the A-C Report, 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 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.

PUBLIC ENTITIES	
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: _____	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.

REFERENCES	
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:	
CONTRACT AMT:	
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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.)*

- 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

REQUIRED FORMS – EXHIBIT 10

PENDING LITIGATION AND JUDGMENTS

Proposer must identify by name, case and court jurisdiction any pending litigation in which Proposer is involved, or judgments against Proposer in the past five (5) years. Proposer must provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or Proposer's principals, as stated in Paragraph 8.5.1.5 (Proposer's Pending Litigation and Judgments) of this RFP. A review to determine the magnitude of any pending litigation or judgments against the Proposer will be conducted by County. Use additional pages if required.

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: _____

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

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

8.5.1.1.1. Provide a summary of your experience providing domestic violence (DV)/intimate partner violence (IPV) services to the target population.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.1.1.1 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.1.1.2. Provide a summary of your experience providing services to families that have had interactions with the Child Welfare System.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.1.1.2 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.1.1.3. Provide a summary of your relevant experience and established partnership with community agencies in addressing or improving DV and/or IPV issues.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.1.1.3 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

Provide a narrative that describes the organization's approach to providing required services specific to items 8.5.2.1, 8.5.2.2, 8.5.2.3, 8.5.2.4, 8.5.2.5, and 8.5.2.6 of this RFP.

8.5.2.1 Describe your approach in aiding Child Protection Hotline (CPH) staff with providing additional linkage and resources for DV/IPV services to callers in need.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.1 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.2 Describe your approach of reviewing 200 DV/IPV 5-Day Response, Immediate Response, and Evaluated Out referrals within five (5) business days per month.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.2 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.3 Describe your approach to attending 20 Child and Family Team Meetings (CFTMs) (10 per expert) per month.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.3 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.4 Describe your approach in providing consultation and guidance to DCFS staff.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.4 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.5 Describe your approach in reviewing 50 cases per month.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.5 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.6 Describe your approach to developing the curriculum and providing quarterly trainings to DCFS staff.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.2.6 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

Provide a narrative that describes the organization's quality assurance plan specific to items 8.5.3.1, 8.5.3.2, and 8.5.3.3 of this RFP.

8.5.3.1 Describe your plan for providing the required documentation and monthly reports on a timely basis.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.3.1 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.3.2 Describe your protocol for ensuring uninterrupted services to the County in the event of a strike or any other potential disruption in service, including but not limited to employee illness, vacations, or pandemics.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.3.2 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.3.3 Describe your plan for working with and providing recommendations to the CPM to resolve outstanding issues and avoid further problems with service delivery.

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

8.5.3.3 Continued

REQUIRED FORMS – EXHIBIT 12
BUSINESS PROPOSAL (NARRATIVE)

Domestic Violence/Intimate Partner Violence Experts at the Child Protection Hotline
Request for Proposals #25-0055

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

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

Agency Name

Tax Identification Number

Print Name: _____ Title: _____

Signature: _____ Date: _____

REQUIRED FORMS – EXHIBIT 13

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-16 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORMS – EXHIBIT 14

PRICE SHEET

Domestic Violence/Intimate Partner Violence Experts at the Child Protection Hotline #25-0055

Proposer Name:	County WebVen Number:
Address:	
Telephone Number:	E-mail:
Tax ID:	California Business License Number:

Proposer must indicate the total cost to provide domestic violence (DV)/intimate partner violence (IPV) experts to aid Department of Children and Family Services (DCFS) and Child Protection Hotline staff by providing additional linkage or resources for DV/IPV services to callers or clients in need. **Amount quoted must be fully loaded** to include all applicable costs associated with the case reviewing, consultation and guidance, resource mapping, quarterly trainings, and attending Child and Family Team Meetings to help DCFS staff better assess families experiencing DV/IPV.

Total Cost Per Year:	
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Proposers must demonstrate how they arrived at the final price proposed by completing the Line Item Budget (Exhibit 15) and Budget Narrative (Exhibit 16). Point deductions will be applied for computation errors and line items not discussed in the budget narrative. *All information provided in the Price Sheet, Line Item Budget, and Budget Narrative will become part of the new contract, if the proposal is recommended.*

The undersigned offers to furnish all personnel, labor, and materials necessary for the provision of DV/IPV experts to provide all work outlined in the Statement of Work for the period prescribed.

By submission of this proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.

I declare that all computations used to arrive at the projected total price indicated above are true and correct to the best of my knowledge.

Authorized Signature

Date

Print Name and Title

REQUIRED FORMS – EXHIBIT 15

SAMPLE LINE ITEM BUDGET

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)	\$ _____
_____	\$ _____
_____	\$ _____
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 **\$ _____**

TOTAL MONTHLY COSTS **\$ _____**

REQUIRED FORMS – EXHIBIT 16

BUDGET NARRATIVE

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

The narrative must follow the same sequence as the line item budget and include an explanation of the method of allocating costs for any joint or shared budget item. All figures and compilations must be clearly explained. Include explanation of any line item expenditure, which may be unclear to a reviewer who is unfamiliar with your organization.

Specifications:

DIRECT COST

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

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

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

INDIRECT COST

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

Contractors may utilize a maximum of ten percent (15%) of their Maximum Annual Contract Sum for administrative/indirect costs.