



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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May 20, 2026

To: Prospective Proposers and Interested Parties

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

Dear Prospective Proposers and Interested Parties:

ADDENDUM NUMBER ONE TO THE WELLBEING SERVICES FOR YOUTH AND FAMILIES REQUEST FOR PROPOSALS NUMBER 25-04-018

Addendum Number One is issued by the County of Los Angeles, Department of Children and Family Services to all holders of the Wellbeing Services for Youth and Families Request for Proposals (RFP) Number 25-04-018, released on April 7, 2026. Changes only apply to reference sections and/or subsections that are amended or deleted; all other sections remain in full effect.

A proposer’s failure to address the requirements of this Addendum Number One 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 One include both deletions and additions. Deletions are indicated by strikeouts (~~strikeouts~~) and additions are underlined (underlined).

Attached to this Addendum are the responses (Attachment A) to the questions submitted via email and at the Proposers’ Conference.

For any additional concerns please contact Contract Analyst, Mireille Nseir, at Wellbeing@dcfs.lacounty.gov.

RFP section revisions are listed in sequential order as they appear in the document.

1. RFP, Page 5, Section 3.2 Sample Contract: County Terms and Conditions, Subsection 3.2.3 is amended as follows:

3.2.3 Days of Operation

“To Enrich Lives Through Effective and Caring Service”

Contractors will be required to provide Wellbeing Services for Youth and Families Monday through Friday from 8:00 am to ~~10:00~~ 5:00 pm PST, including [County-recognized holidays](#), and Saturday and Sunday ~~from 8:00 am to 5:00 pm~~ as needed to maximize support for participants and ensure office access.

2. Appendix A-Sample Contract, Section 9.17 Hours of Operations, Subsection 9.17.1 is amended as follows:

9.17.1 Hours of Operation

The Contractor must be available to children and youth from 8:00 a.m. to ~~10:00~~ 5:00 p.m., Pacific Standard Time (PST) Monday through Friday, including [County-recognized holidays](#), and ~~from 8:00 am to 5:00 pm, PST,~~ Saturday and Sunday: as needed to maximize support for participants and ensure office access.

3. Statement of Work (SOW), Page 2, Section B-Program Foundation, Section 4.0 Definitions, Subsection 4.2 Affirming Services is amended as follows:

4.2.45 AFFIRMING SUPPORT SERVICES – Direct services, interventions, and resources that actively validate and celebrate LGBTQIA2S+ identities. Affirming Support services strengthens family and community connections, address underlying needs with care and respect, and support improved safety, well-being, and outcomes for youth.

4. SOW, Page 12, Section C-Service Description, Section 9.0 Contractor Responsibilities, Subsection 9.11 Tailored Services for Youth CPN, paragraph 9.11.1 is amended as follows:

9.11.1 ~~The Each~~ CPN ~~will~~ may oversee 30 program participants during the month.

5. SOW, Page 21, Section C-Service Description, Section 11.0 Hours of Operations, Subsection 11.1 is amended as follows:

11.1 CONTRACTOR must be available to children and youth during the County's business hours from, 8:00 am to 5:00 pm, PST Monday through Friday, including [County-recognized holidays](#), and ~~from 8:00 am to 5:00 pm, PST,~~ Saturday and Sunday: as needed to maximize support for participants and ensure office access.

6. Appendix A-Sample Contract, Exhibits A-F, are revised and attached hereto.
7. Appendix B-Required Forms are revised and attached hereto.
8. Appendix C-Solicitation Requirements Review Request is revised and attached hereto.

County of Los Angeles, Department of Children and Family Services

LIST OF TECHNICAL EXHIBITS FOR STATEMENT OF WORK

WELLBEING SERVICES FOR YOUTH AND FAMILIES

Technical Exhibit	
A-1	Performance Requirements Summary
A-2	Contract Discrepancy Report
A-3	DCFS Office Locations and County Administration
A-4	Contractor's Office Location(s) and Administration
A-5	Performance Outcome Measure Summary
A-6	DCFS Procedural Guide 1200-500.01, LGBTQ+ Children/Non-Minor Dependents, Dated 12/20/23
A-7	Communication Campaign 6 Places to Share Your Personal Pronouns Infographic
A-8	Los Angeles County Department of Human Resources Transgender Awareness Glossary of Terms
A-9	Blueprint for Rainbow Resource Network Best Practices
A-10	Invoice Template

Performance Requirements Summary Chart

	REQUIRED SERVICE	COMPLIANCE MONITORING METHOD	REMEDIES FOR NON-COMPLIANCE WITH PERFORMANCE
1.	Promote Tailored Services for Youth and Rainbow Resource Network, to DCFS Regional Offices.	Provide update on efforts in biannual DCFS and community outreach plan and Monthly Participant Service Logs.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why Program and Program services have not been promoted, including barriers to compliance and recommendations for achieving compliance in this area.
2.	Document program updates and progress in Monthly Participant Service Log and annual reports.	Include these updates in Biannual, and Annual Program Service Reports, and Monthly Participant Service Log.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why Program Updates and Progress were not included in service reports and logs, as required, including barriers to compliance and recommendations for achieving compliance in this area.
3.	CONTRACTOR to Maintain Wait List and update accordingly.	Wait List to be submitted to County for review as required by timelines set out in SOW so that families in crisis are not waiting too long for needed services.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why Wait list is not available or not updated as required by County, including barriers to compliance and recommendations for achieving compliance in this area.

4.	CONTRACTOR to conduct timely initial contact and intake assessments of 100% participants referred to the Program, as outlined in this SOW.	Review Monthly Participant Service Log.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why Intakes and Assessments of all referred participants were not completed, as required by County, including barriers to compliance and recommendations for achieving compliance in this area.
5.	CONTRACTOR to conduct Customer Satisfaction and Program Impact Surveys for Tailored Services and Rainbow Resource Network participants.	Surveys are due to the County every six (6) months, in addition to annual surveys once per CONTRACT year. Results must be maintained in participant case file(s) and included in corresponding Biannual, or Annual Program Service Report and Monthly Participant Service Log.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why Surveys were not completed as required by County, including barriers to compliance and recommendations for achieving compliance in this area.
6.	CONTRACTOR to complete and document twice monthly contacts with referred and participating LGBTQIA2S+ Youth participants.	Participant needs and services must be documented in case file(s) and corresponding Biannual and Annual Program Service Reports.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why minimum number of youth visits were not completed as required by County, including barriers to compliance and recommendations for achieving compliance in this area.
7.	CONTRACTOR to develop, maintain and oversee affirming spaces where youth can access Rainbow Resource Network inventory.	Compliance must be measured by review of monthly outreach efforts, utilization summary, fiscal reviews, and in-person site visits by Program Manager.	CONTRACTOR to provide a corrective action plan to County with explanation as to why affirming spaces were not developed and maintained, recommendations to increase oversight and engagement, barriers to compliance and recommendations for achieve compliance in this area.

8.	CONTRACTOR to provide services in-house if services are available or offered. When they are not, Contractor to directly refer, link or subcontract with community-based providers to ensure needs of participant are met.	Provision of services to meet identified needs must be documented in case file(s) and corresponding Biannual, or Annual Service Reports and Monthly Participant Service Log.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why tailored services to meet identified needs were not provided in-house, or why requisite linkages/referrals were not directly made, as required by County, including barriers to compliance and recommendations for achieving compliance in this area.
9.	CONTRACTOR to provide participant-centered, affirming care and customer service to children, youth, young adults, parents, caregivers, supportive adults, etc. who participate in the Program, as required by DCFS Policy and SOW.	Compliance must be measured and/or monitored by Customer Satisfaction and Program Impact Services as well as Special Incident Reports and any information provided in Biannual and, Annual Program Service Reports, and Monthly Participant Service Log.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why quality and affirming customer service was not provided to participants as required by County, including recommendations for achieving compliance in this area. Repercussions may follow actual or suspected breaches of care in this area.
10.	CONTRACTOR must report any actual or suspected incident of child abuse/neglect to CPH at (800) 540-4000, followed up with a written report to SCAR within 36 hours of the verbal report to the CPH.	Compliance must be monitored by information provided in Biannual and, Annual Program Service Reports, Monthly participant Service Log, as well as by collateral sources such as DCFS CSW, CPH, participants, law enforcement, etc.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why a report of actual or suspected child abuse/neglect was not reported to the CPH as required by County, including recommendations for achieving compliance in this area. Repercussions may follow actual or suspected breaches of care in this area.

11.	CONTRACTOR must ensure all staff (paid and unpaid), interns, volunteers, meet the hiring and training requirements as set out in the SOW.	Compliance must be monitored by Biannual, Annual Program Service Reports, and Monthly Participant Service Log, site visits, staffing records, etc.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why staff person transactions, requirements, and training were not carried out as required by County, including recommendations for achieving compliance in this area.
12.	CONTRACTOR must ensure that all staff (paid and unpaid), interns, volunteers safeguard identifying participant information and comply with DCFS and County confidentiality requirements.	Compliance must be monitored by documentation in participant case file(s), Customer Satisfaction and Program Impact Surveys, Biannual, Annual Program Service Reports, Monthly Participant Service Log, site visits, staff person records, etc.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why County and DCFS standards regarding confidentiality and safeguarding protected personal information were not upheld, including recommendations for achieving compliance in this area. Repercussions may follow actual or suspected breaches of care in this area.
13.	CONTRACTOR must ensure all meetings as outlined in the SOW are planned, organized and attended.	Compliance must be monitored through review of the Monthly Participant Service Log.	CONTRACTOR to provide a corrective action plan to the County with an explanation as to why CONTRACTOR did not plan, organize or attend one (1) or all of the monthly meetings. CONTRACTOR to provide a plan for how they must meet the expectations moving forward.
14.	CONTRACTOR must complete and submit participant intake assessments and biannual reports as outlined within the SOW.	Compliance must be monitored through review of the Monthly Participant Service Log.	CONTRACTOR to provide a correction action plan to the County with an explanation as to why the CONTRACTOR did not provide reports, a timeline for when delinquent reports must be submitted and a plan to ensure all future reports must be submitted timely.

15.	CONTRACTOR to provide all Corrective Action plans as indicated in this Performance Requirement Summary.	Monthly review of pending Corrective Action Plans by the CPM, and as indicated in the Monthly Participant Service Log.	CONTRACTOR must be considered for CARD, which is a County maintained database that tracks and monitors CONTRACTOR performance history. Information entered into CARD may be used for a variety of purposes, including determining whether the County will exercise a CONTRACT term extension option.
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CONTRACT DISCREPANCY REPORT

SAMPLE

CONTRACTOR RESPONSE DUE BY _____ (enter date and time)

Date: _____		Contractor Response Received:
Contractor: _____	Contract No.: _____	County's Project Manager:
Contact Person: _____	Telephone: _____	County's Project Manager Signature:
Email: _____		Email:

A contract discrepancy(s) is specified below. The Contractor will take corrective action and respond back to the **County personnel** identified above by the date required. Failure to take corrective action or respond to this Contract Discrepancy Report by the date specified may result in the deduction of damages.

No.	Contract Discrepancy	Contractor's Response*	County Use Only		
			Date Correction Due	Date Completed	Approved
1	_____	_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
2	_____	_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
3	_____	_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

*Use additional sheets if necessary

_____ *Contractor's Representative Signature* _____ *Date Signed*

Additional:

DCFS Office Locations and County

Administration

1.0 DCFS Headquarters 510 S. Vermont Ave. Los Angeles, CA (213) 351-5507	7.0 Lancaster 300 East Avenue K6 Lancaster, CA (661) 471-1001	13.0 Santa Clarita 28490 Avenue Stanford Santa Clarita, CA (661) 702-6262	19.0 Wateridge 5110 Goldleaf Circle Los Angeles, CA (323) 290-8500
2.0 Belvedere 5835 South Eastern Ave Commerce, CA (323) 725-4401	8.0 Metro North 1933 South Broadway Los Angeles, CA (213) 763-1440	14.0 Santa Fe Springs 10355 Slusher Drive Santa Fe Springs, CA (562) 903-5000	20.0 West LA 5757 Wilshire Blvd Los Angeles, CA (323) 900-2222
3.0 Compton-Carson 1 Civic Plaza Drive Carson, CA 90745 (310) 233-1000	9.0 Palmdale 39959 Sierra Hwy Palmdale, CA (661) 223-4200	15.0 South County 4060 Watson Plaza Drive Lakewood, CA (562) 497-3500	21.0 West San Fernando 20151 Nordhoff St Chatsworth, CA (818) 717-4002
4.0 San Gabriel Valley and Specialized Program 900 Corporate Center Drive Monterey Park, CA (213) 987-0182	10.0 Brand 611 N. Brand Ave Glendale, CA (747) 307-2300	16.0 Torrance 2325 Crenshaw Boulevard Torrance, CA (310) 972-3111	
5.0 Glendora 725 South Grand Avenue Glendora, CA (626) 691-1700	11.0 Pomona 801 Corporate Center Drive Pomona, CA (909) 802-1300	17.0 Van Nuys 7555 Van Nuys Blvd Van Nuys, CA (818) 904-8300	
6.0 Hawthorne 11539 Hawthorne Boulevard Hawthorne, CA (310) 263-2178	12.0 San Dimas 955 Overland Court San Dimas, CA (909) 450-2525	18.0 Vermont Corridor 8300 South Vermont Avenue Los Angeles, CA (323) 965-7060	

**Contractor's Office Location(s) and
Administration
(TBD)**

Performance Outcome Measure Summary

PROGRAM OUTCOME MEASURE SUMMARY		
SAFETY		
PROGRAM: AFFIRMING RESOURCES FOR CHILDREN, YOUTH AND FAMILIES		
OUTCOME GOALS: Decreased occurrences of child abuse/neglect		
OUTCOME INDICATORS	PERFORMANCE TARGETS	DATA COLLECTION
Of all DCFS referred youth receiving LGBTQIA2S+ Tailored Services:		
Percentage of youth involved in subsequent substantiated child abuse and/or neglect referral:	Must not exceed 25%	CWS/CMS Monthly Reports
Percentage of children or youth who experience maltreatment in out-of-home care:	Must not exceed 10%	
Percentage of child(ren) or youth removed from parent(s) and placed in out-of-home care: must not exceed:	Must not exceed 30%	

Performance Outcome Measure Summary

PROGRAM OUTCOME MEASURE SUMMARY		
PERMANENCY		
PROGRAM: AFFIRMING RESOURCES FOR CHILDREN, YOUTH AND FAMILIES		
OUTCOME GOAL: Reduction in the number of children, youth and young adults entering care		
OUTCOME INDICATORS	PERFORMANCE TARGETS	DATA COLLECTION
Of all youth receiving LGBTQIA2S+ Tailored Services:		
Percentage of families reunified:	Must exceed 50%	CWS/CMS, Monthly Reports
Percentage of child(ren) or youth who re-enter out-of-home care within 12 months of reunification:	Must not exceed 20%	
Placement stability:	Child(ren) or youth must not exceed 6 placement moves per 1000 in out-of-home care or 2 placement changes per year	

Performance Outcome Measure Summary

PROGRAM OUTCOME MEASURE SUMMARY		
WELL-BEING		
PROGRAM: WELLBEING SERVICES FOR YOUTH AND FAMILIES		
OUTCOME GOALS: Children, youth, and young adults receive services and supports tailored to meet their individual needs and promote well-being.		
OUTCOME INDICATORS	PERFORMANCE TARGETS	DATA COLLECTION
Biological parent(s), caretaker(s) or resource parent(s) must demonstrate knowledge of protective factors as measures by the Protective Factors Survey or other DCFS approve assessment tool:	Protective factors must improve for a minimum of 80% of participants who successfully complete the program.	Protective Factors Survey CWS/CMS, Monthly Reports DCFS-approved assessments
Child(ren) or youth must demonstrate increased sense of self-esteem and self-reported mental health as measured by CANS or other DCFS approved assessment tool:	Self-esteem and self-acceptance must improve for a minimum of 80% of participants who successfully complete the program.	
Child(ren) or youth must demonstrate an increased access and linkage to affirming health, mental health or other supportive services to meet their case plan goals, as measures by CANS or other DCFS approved assessment tool:	Access and linkage to affirming health, mental health or other supportive services must improve for a minimum of 80% of participants who successfully complete the program.	

DCFS Procedural Guide 1200-500.01, LGBTQ+ Children/Non-Minor Dependents, Dated 12/20/23

LGBTQ+ Children/Nonminor Dependents

1200-500.01 | Revision Date: 12/20/2023

Overview

This policy provides guidance and resources for providing services to lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ+) children/nonminor dependents (NMDs) and information on placement requirements for Transgender and gender non-conforming (TGNC) children/NMDs in out-of-home care based on current legislation and best practice.

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Version Summary

This policy guide was updated from the 02/28/2020 version to reflect policy and protocol updates based on Assembly Bills (ABs) 959 and 175 regarding the Foster Youth Bill of Rights; All County Letter (ACL) 21-149 regarding the documentation of Sexual Orientation, Gender Identity and Expression (SOGIE); and to include information regarding the LGBTQ+ Tailored Services to Youth program.

POLICY

In a 2014 study conducted by the RISE Program of the Los Angeles LGBT Center, the Williams Institute at UCLA, and Holarchy Consulting, findings showed that:

- 19% of foster youth sampled in Los Angeles County identify as LGBTQ. Meaning that there are between 1.5 and 2 times more LGBTQ+ youth as a percentage of young people in foster care than outside foster care.
- 94% of the youth sampled were youth of color, indicating that many of them likely faced both racial and anti-LGBTQ discrimination.
- 5.6% of the foster youth sampled identified as transgender, a significant overrepresentation compared to an estimated .3 % of the national population.

Nineteen (19) percent of the youth in out-of-home care identifying as LGBTQ+ is likely an undercount. More recent studies in California (2019) and New York City (2020) have reported that upwards of 34% of youth ages 10+ in out-of-home care identify as LGBTQ+. Refer to the following studies for more detailed information:

[Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City](#)
[Disproportionality and Disparities](#) and [LGTBO Youth in Unstable Housing and Foster Care \(2019\)](#).

Not only are LGBTQ+ youth overrepresented in the foster care population, there are also significant disparities in experience between LGBTQ+ youth and their non-LGBTQ+ counterparts. According to the Williams-Holarchy study LGBTQ+ children/NMD:

- Report worse experiences in the foster care system compared to non-LGBTQ+ children/NMD;
- Have a higher than average number of foster care placements; of the home
- Are more likely to live in a group home;
- Are more likely to have been hospitalized for emotional reasons; and
- Are more likely to experience homelessness at some point in their lives

Sexual Orientation, Gender Identity, and Expression (SOGIE)

LGBTQ+ children/NMDs have the right to be free of harassment and discrimination based on their actual or perceived SOGIE (sexual orientation, gender identity, or gender expression), or association.

LGBTQ+ children/NMDs shall not be exposed to attempts to change their SOGIE and cannot be forced to hide their SOGIE in order to get support, receive services, be placed, etc.

Confidentiality

Any information about a child/NMD's sexual orientation, gender identity and expression, including LGBTQ+, however the information is obtained is to be treated as private and confidential. As indicated in [All County Letter 21-149](#), all information regarding a child/NMD's SOGIE is confidential and not to be disclosed to anyone or documented without the child/NMD's expressed consent or otherwise as authorized/required by law.

Unwarranted disclosure of SOGIE information may subject a child/NMD to rejection, ridicule, harassment, or abuse. Caution should be taken when recording or sharing this information and should only be done when necessary to advance the child/NMD's well-being and after consulting with the child/NMD, after explaining their confidentiality rights and securing the child/NMD's written consent. The child/NMD may withdraw their consent or limit it at any time.

Information about a child/NMD's identification as LGBTQ+ should not be disclosed to other children/NMDs, outside parties, individuals, or agencies, including health care or social service providers, without the child/NMD's permission/consent, unless such disclosure is necessary to comply with state or federal law or relevant to an emergency mental health or medical incident.

The extent and limits of keeping confidential information about a child/NMD's SOGIE is to be explained to the child/NMD. If for any reason disclosure of the information is required to be shared with another individual, the child/NMD is to be informed to whom the information will be disclosed and the reason for the disclosure. In such a case, the individual receiving the information is to be informed about the parameters of said disclosure and the party disclosing the information needs to plan to mitigate any risks pertaining to the disclosure.

Additionally, per [ACL 21-149](#), child welfare social workers and juvenile probation officers (SWs/POs) should

explain confidentiality and the limits of confidentiality in a way that is age and developmentally appropriate and be open and honest from the beginning of asking any SOGIE questions. Children and NMDs are more likely to share private information about their SOGIE when they feel supported and know what to expect. When discussing limits of confidentiality with a child or NMD, the SW/PO should explain to them that they have the right to keep their SOGIE information private and they can authorize or deny to whom their SOGIE information is disclosed. However, they should also clarify for the child/NMD that there are some circumstances in which their information will be required to be shared even without the child's/NMD's consent.

Different scenarios may arise on a case-by-case basis regarding LGBTQ+ children/NMDs. For any concerns related to confidentiality prior to the disclosure of SOGIE information, CSWs and SCSWs may conference and/or consult with County Counsel.

Medical Records

The disclosure of medical and mental health information, including [Protected Health Information \(PHI\)](#) is regulated by federal and state laws. Under federal law, the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) of 1996, protects the privacy of patient health information. HIPAA limits disclosure of what it calls "protected health information" (PHI). Under state law, California Code 56, et seq, protects medical and mental health information. Pursuant to federal and state laws, DCFS staff may not disclose medical or mental health information unless a specific legal exception applies. Unauthorized disclosure of confidential medical or mental health information carries both civil and criminal penalties.

Court Reports

A child/NMD's sexual orientation and gender identity is confidential and is not to be disclosed in any court reports unless, after being advised of their confidentiality rights and discussing the possible disclosure and who will receive the information, the child/NMD has given permission to share the information.

Disclosures to Family/Resource Parents

DCFS staff shall not disclose information about a child/NMD's status as LGBTQ+ to a child/NMD's parent, legal guardians, resource parents, or other family members without the [informed and expressed consent](#) of the child/NMD including in CFTMs.

Regardless of a parent/s wishes for disclosure it is the child/NMD's right to choose whether or not to disclose their sexual orientation.

Case Planning and the Child and Family Team (CFT)

Affirming behaviors from parents/resource parents of the child/NMD's SOGIE may vary and can be a fluid process. The [Child and Family Team \(CFT\)](#) will work to protect the child/NMD from potential rejecting experiences in their living situation, and in service provision including but not limited to: educational, medical, mental health environments; and extracurricular activities. A goal of the case planning process is to be affirming of the child/NMD, as well as their peers, and parents/resource parents wherever they may be in their own process. Therefore, the child/NMD's SOGIE shall be a consideration in all case planning processes. A subject-matter expert, with demonstrated competency, may be retained to support this process, if necessary. In addition, the expert may be involved in CFTMs with the child/NMD's permission. This includes but is not limited to office-designated LGBTQ+ champions and external stakeholders/providers.

The CFT will drive the case planning process and ensure that significant connections are included in the plan for the child/NMD. The CFT will ensure that parents/resource parents have sufficient services, support, and resources to meet the needs of the child/NMD in their care. The CFT will assist with accessing these supportive services and resources. In addition, it will provide and facilitate whatever additional expertise is necessary to form and/or maintain healthy relationships between parents/resource parents and children/NMDs, including advocacy and education of outside parties (e.g. educational, legal, medical).

Anytime there is a change in placement based on the child/NMD's housing needs, the CFT will work closely in the replacement of the child/NMD. Staff from both the current placement and the potential new placement, when possible, shall closely collaborate prior to and during the placement change to ensure continuity of care. (Refer to [Placement Preservation Strategy](#), [14-Day Advanced Notice of Placement Changes](#) and the [Grievance Review Process Policy 0100-502.52](#) and [Child and Family Teams Policy 0070-548.01](#) for further information.)

Placements

[Per Senate Bill \(SB\) 731](#), children/NMDs have the right to be placed in homes and facilities according to their

gender identity, regardless of their sex assigned at birth or sex/gender marker listed in their court, child welfare, medical, or vital records.

Self-identification is a fluid process, which may occur before, during, or after being placed. While children/NMDs have the right to be placed according to their gender identity, not all LGBTQ+, transgender and/or gender non-conforming (TGNC) children/NMDs will want to be placed based on their gender identity; however, some children/NMDs will be clear in their desire and must be placed accordingly. As per legislation, the intake process must include assessment of all the child/NMD's placement needs, including but not limited to the child/NMD's gender identity.

A child/NMD's SOGIE identity is confidential information. Staff may not divulge this information to anyone, including a child/NMD's roommate, without the child/NMD's expressed consent to document and/or disclose. A child's/NMD's gender identity should not be the only deciding factor when considering room assignments. Roommate compatibility is to be discussed during ongoing contact with the child/NMD. As per [Contact Requirements and Exceptions Policy 0400-503.10](#), the purpose of the social worker's contact with the child is to assess the [safety](#) and well-being of the child and to achieve the following:

- Monitor the child's physical, emotional, social and educational development, and their mental/behavioral health needs.
- Assist the child in preserving and maintaining their culture, this includes religious and ethnic identity and sexual orientation, gender identity, and expression (SOGIE).

Staff placing a child/NMD should advocate for rooming assignments based on the needs of the child/NMD. Placement decisions are to be made in the best interest of the child/NMD based on recommendations from the CFT, Transitional Shelter Care (TSC) Program, Resource Family Approval (RFA) CSW, Multi-Disciplinary Team (MDT), and the child/NMD.

Gender-affirming Health Care

Per [AB 2119](#) children/NMDs in foster care have the right to receive gender-affirming medical and mental health care services and are to be involved in the development of case plan elements related to placement and gender-affirming health care, consistent with their gender identity.

Reproductive Health

Per state law, children/NMDs in foster care are entitled to being informed about their reproductive and sexual health care rights, upon entry into foster care and at least once every six months at the time of a regularly scheduled contact. CSWs should also ensure that children/NMDs have [access](#) to reproductive health care and assist with removing any barriers to care. Refer to the Youth Reproductive Health and Pregnancy 0600-507.10 policy.

[Back to Policy](#)

PROCEDURE

All DCFS staff shall establish and maintain a culture of safety, inclusivity, and dignity where every child/NMD's identity is affirmed and their well-being is ensured.

Sexual Orientation, Gender Identity, and Expression (SOGIE)

CSW Responsibilities

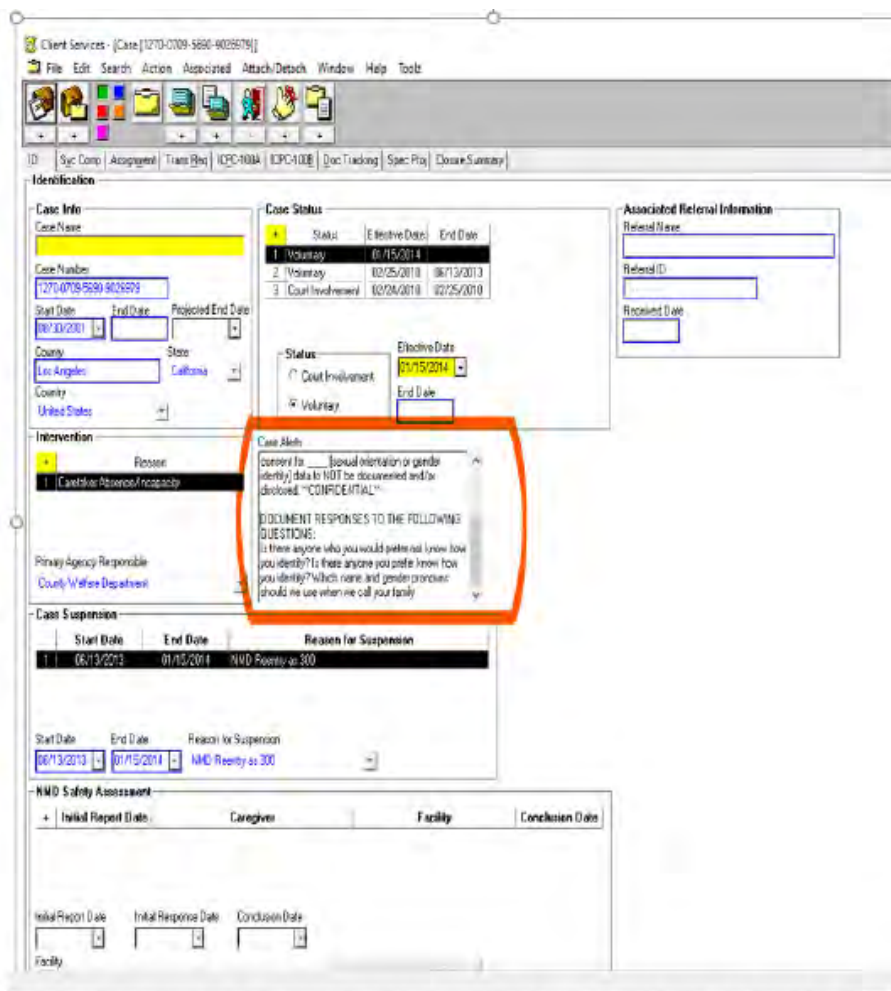
SOGIE is to be documented, if consent is given, in the CWS/CMS Client Notebook ID page in the Sexual Orientation, Gender Identity, and Gender Expression fields. (See Example 1 below.) CSWs must follow the outlined Instructions for Entering SOGIE Data into CWS/CMS ([Refer to FYI 19-16 Documenting Sexual Orientation, Gender Identity, and Gender Expression \(SOGIE\) Data Into CWS/CMS](#)) and be aware of the following:

- The sharing of SOGIE information by the child/NMD is voluntary and the child/NMD may decline to disclose any of their SOGIE information.

Example 1

- If consent is given by the child/NMD, document in CWS/CMS what the child/NMD consents to. Also, update the information if changes are reported by the child/NMD. The CSW should inform the child/NMD of instances when their SOGIE may need to be shared with other professionals, letting the child/NMD know specifically how this information will be used and by which legally authorized individual.
- The CSW should clarify in advance with whom it is acceptable to share the information, including when the child/NMD is being referred to other resources for support. If the child/NMD has identified specific people with whom the information should not be shared, make sure that it is clear to all staff and is documented in the CWS/CMS Client ID Tab inside the Case Alerts box (See Example 2 below).

Example 2



- Subjective opinions or assumptions on a child/NMD’s SOGIE should neither be made nor documented in CWS/CMS.
- There is no right or wrong age to ask a child/NMD about their sexual orientation and gender identity and expression.
- Engage children/NMDs who are developmentally and cognitively capable of understanding and discussing gender, in an age-appropriate discussion of their preferred gender expression and the gender with which they identify.
- A child’s/NMD’s SOGIE is not static and may change during the duration of a case.
- During ongoing contact with the child/NMD, CSWs are to have age-appropriate conversations regarding a child/NMD’s SOGIE and are to update consent in CWS/CMS accordingly.
- Per WIC 827, a child’s/NMD’s SOGIE is not to be disclosed to other individuals or agencies, without the child’s/NMD’s **informed and express** consent.
- Refer to the glossary of SOGIE data frame definitions to ensure consistent usage and unified understanding of SOGIE terms.
- Refer to [Respectfully asking Sexual Orientation/Gender Identity SOGIE Questions](#) for guidance on asking about SOGIE.

SCSW Responsibilities

- Ensure that CSWs utilize best practices when inquiring about SOGIE and, if applicable, appropriately documented the response provided in the CWS/CMS Client Notebook ID page in the Sexual Orientation, Gender Identity, and Gender Expression fields.
- Ensure that confidentiality is followed in court reports and that SOGIE is only disclosed if a child/NMD has provided informed and express consent.

Confidentiality

CSW Responsibilities

As indicated in [All County Letter 21-149](#), all information regarding a child's/NMD's SOGIE is confidential and not to be disclosed to anyone or documented without the child's/NMD's informed and express consent or unless otherwise authorized/required by law.

The CSW should ask the child/NMD the following questions: Is there anyone whom you would prefer not know how you identify? Is there anyone you prefer to know how you identify? Which name and gender pronouns should we use when we call your family? Responses to these questions are to be documented in the CWS/CMS Client ID page in the Case Alerts Box: (Refer to Example 2 above.)

Each category of SOGIE data shall only be documented if a child/NMD provides informed and express consent to document and disclose. For any field(s) a child/NMD does not provide informed and express consent, the CSW shall only select "Declines to state" in CWS/CMS and should not otherwise document and/or disclose.

Documenting Consent

If a child/NMD expresses consent for SOGIE to be or NOT be documented and/or disclosed, the CSW is to document in the CWS/CMS Case ID Page in the Case Alerts Text Box the following (See Example 3):

****SOGIE ALERT**** On DATE child/NMD expressed consent for ____ [sexual orientation or gender identity or gender expression] data to be documented and/or disclosed. ****SOGIE ALERT****

Or

****SOGIE ALERT**** On DATE child/NMD expressed for ____ [sexual orientation or gender identity or gender expression] data to NOT be documented and/or disclosed. ****SOGIE ALERT****

Example 3

The screenshot shows a software application window with the following sections:

- Case Info:** Case Name, Case Number (1270-0709-5690-9026979), Start Date (09/30/2011), End Date, Projected End Date, County (Los Angeles), State (California), Country (United States).
- Case Status:** A table with columns: Status, Effective Date, End Date.

1	Voluntary	01/15/2014	
2	Voluntary	02/25/2010	06/19/2013
3	Court Involvement	02/24/2010	02/25/2010

 Below the table are radio buttons for Status: Court Involvement, Voluntary. Effective Date is 01/15/2014. End Date is empty.
- Associated Referral Information:** Referral Name, Referral ID, Received Date.
- Intervention:** Reason (Caretaker Absence/Incapacity), Primary Agency Responsible (County Welfare Department).
- Case Alerts (highlighted in red):**
 - *SOGIE ALERT* On DATE child/NMD expressed consent for [] sexual orientation or gender identity or gender expression data to be documented and/or disclosed. *SOGIE ALERT*
 - OR
 - *SOGIE ALERT* On DATE child/NMD expressed for [] sexual orientation or gender identity or gender expression data to NOT be documented and/or disclosed. *SOGIE ALERT*
- Case Suspension:** A table with columns: Start Date, End Date, Reason for Suspension.

1	06/13/2013	01/15/2014	NMD Reentry as 300
---	------------	------------	--------------------

 Below the table are input fields for Start Date (06/13/2013), End Date (01/15/2014), and Reason for Suspension (NMD Reentry as 300).

If a child/NMD expresses consent for SOGIE to be documented and/or disclosed, the CSW is to select the corresponding choices from the SOGIE drop down menus (See Examples 4 and 5 below)

Example 4

Client Services - Case (1270-0709-5690-9026979) - (Client (Case Focus Child))

File Edit Search Action Associated Attach/Detach Window Help Tools

Summary ID Demog Address Names Related Clients ID Num Law Draft Search Log AFDC/FC Attorneys Service Providers LCWA Contributing Factors Spec Pj

Name and Identification

Client Information

Prefix First Middle Last Suffix Name Type Client Index Number (CIN)

Unknown Client Sex of Birth Male Mental Status Client Is/Was Adjudicated Delinquent

Driver's License - State/Number Date of Birth 10/25/2005 Age and Age Unit 18 Years

Alien Registration # Client is a Minor/NMD Parent Client Number 1252-6910-8772-5103679

Outstanding Warrant Exists

Military Status: Dependent Active Veteran No Involvement Unknown

Previously Adopted: Yes No Unknown

CSEC Data

CSEC Type	Start Date	End
At Risk	02/28/2015	

SOGIE Data

Sexual Orientation: Unable to Determine

Language: Primary Language English Secondary Language

Race/Ethnicity: Specify Race? Known White Primary Ethnicity Unable to Determine - Reason

Response to Latent Discrimination: Yes No Desires to State Unable to Determine

Unable to Determine - Reason

Gender Expression: Did Not Ask

Safety Surrendered Baby: The Client has been involved in the Safety Surrendered Baby Program

Confidentiality: Confidentiality In Effect Effective Date 02/14/2012

Drug/Mental Health Issues Affecting this Client

Drug Use: Yes No Alcohol Use: Yes No Mental Health Issues: Yes No

Other Client Information

ICWA Eligible: Yes No Not Asked Pending

Incapacitated Parent: Yes No Unknown Not Applicable

Child has Indian Ancestry:

Indian Ancestry Notification

County	Date

County Date Informed

Safety Alert Information

Activation Date	Reason	Deactivation Date

Safety Alert Activation: Activation Date County Reason Explanation

Safety Alert Deactivation: Deactivation Date County Explanation

Ready Case (1270-0709-5690-9026979) - Client (Case Focus Child)

Type here to search

Example 5

Client Services - Case [1270-0709-5690-9026979] - [Client (Case Focus Child) []]

File Edit Search Action Associated Attach/Detach Window Help Tools

Summary ID Demog Address Names Related Clients ID Num Juv Crim Search Log AFDDFC Attnage Service Providers LCWA Contributing Factors Spec Prg

Name and Identification

Client Information:

Prefix First Middle Last Suffix Name Type Client Index Number (CNI)

Unknown Client Sex of Birth Male Mental Status SSN Client Is/Was Adjudicated Delinquent

Driver's License - State/Number Date of Birth 02/22/2015 Age and Age Unit 18 Years

Alien Registration # Client Number 1252-8910-8772-5026979

Outstanding Warrant Exists

CSEC Data

CSEC Type	Start Date	End
At Risk	02/28/2018	

SOGIE Data

Sexual Orientation: Unable to Determine
Reason: Client Does Not Know
Description:

Gender Identity: Did Not Ask

Language

Primary Language: English
Secondary Language:

Race/Ethnicity

Specify Race? If known: White
Other Ethnicity:

Hispanic or Latino Origin

Unable to Determine - Reason:

Safety Surrendered Baby

This Client has been involved in the Safety Surrendered Baby Program

Confidentiality

Confidentiality In Effect: [X]
Effective Date: 02/14/2012

Indian Ancestry Notification

County	Date

Drug/Mental Health Issues Affecting this Client

Drug Use: [X] Yes [] No
Alcohol Use: [X] Yes [] No
Mental Health Issues: [X] Yes [] No

Safety Alert Information

Activation Date	Reason	Expiration Date

Safety Alert Activation: Activation Date County Reason Explanation

Safety Alert Description: Description Date County Explanation

Ready Case [1270-0709-5690-9026979] - [Client (Case Focus Child) []]

If a child/NMD discloses that they are heterosexual (sexual orientation), gender queer (gender identity), and feminine (gender expression); however, express that they do not give consent for their gender identity or expression to be documented or disclosed the CSW shall only document the sexual orientation as disclosed in the Sexual Orientation field, and in the Gender Identity and Gender Expression fields, the CSW shall select "Declines to State." (See Example 6 below)

Example 6

Client Services - Case [1270-0709-5630-9026979] - [Client (Case Focus Child)]

File Edit Search Action Associated Attach/Detach Window Help Tools

Summary ID Demog Address Names Related Clients ID Num Juv Detl Search Log AFDC/FC Attorney Scrips Providers LCWA Contributing Factors Spec Pg

Name and Identification

Client Information

Prefix First Middle Last Suffix Name Type Client Index Number (CIN)

Unknown Client Male Sex of Birth Mental Status SSN Client Is/Was Adjudicated Delinquent

Driver's License - State/Number Date of Birth or Age and Age Unit 18 Years

Alien Registration # Client Number 1252 691048772-5126329

Client is a Minor/NMD Parent Client Number

Outstanding Warrant Exists

Military Status: Dependent Active Veteran No Involvement Unknown

Previously Adopted: Yes No Unknown

CSEC Data

CSEC Type	Start Date
At Risk	02/28/2015

SOGIE Data

Sexual Orientation: Straight or Heterosexual

Reason Unable to Determine

Description

Gender Identity: Declines to State

Description

Gender Expression: Declines to State

Description

Language

Primary Language: English

Secondary Language

Literate: Yes No Unknown Not Applicable

Race/Ethnicity

Specify Race if known

Primary Ethnicity: White

Unable to Determine - Reason

Other Ethnicity

Hispanic or Latino Origin

Yes No Declines to State Unable to Determine

Unable to Determine - Reason

Dual Status Information

Dual Status Type	Start Date
------------------	------------

Safely Surrendered Baby

This Client has been involved in the Safely Surrendered Baby Program

Confidentiality

Confidentiality In Effect

Effective Date: 02/14/2012

Drug/Mental Health Issues Affecting this Client

Drug Use: Yes No

Alcohol Use: Yes No

Mental Health Issues: Yes No

Other Client Information

ICWA Eligible: Yes No Not Asked Pending

Incapacitated Parent: Yes No Unknown Not Applicable

Child has Indian Ancestry

Indian Ancestry Notification

County	Date
--------	------

County

Date Informed

Safety Alert Information

Activation Date	Reason	Expiration Date
-----------------	--------	-----------------

Safety Alert Activation: Activation Date County Reason Explanation

Safety Alert Deactivation: Deactivation Date County Explanation

Ready Case [1270-0709-5630-9026979] - Client [Case Focus Child]

In the CWS/CMS Case ID page in the Case Alerts text box the CSW is to include the following (See prior Example 3):

**** SOGIE ALERT **** On DATE child/NMD expressed consent for sexual orientation to be documented **** SOGIE ALERT****

Placements

CSWs may not document or disclose SOGIE information to anyone, including a child/NMD's roommate(s), parents/guardians, or resource parents without the child/NMD's expressed consent to do so. Staff should advocate for rooming assignments based on the needs of the child/NMD.

All placements shall be safe and affirming of children/NMD's SOGIE and placement decisions are to be made in the best interest of the child/NMD based on recommendations from the CFT, Transitional Shelter Care (TSC) Program, Resource Family Approval (RFA) CSW, MDT, and the child/NMD.

To help ensure that all placements are safe and affirming of a child/NMD's SOGIE, the following should be discussed with a transgender youth/NMD when considering placements:

- A transgender child/NMD should be asked if their gender identity may be disclosed and/or if the fact that they are transgender may be disclosed to intake workers, caretakers, etc.
- If a transgender child/NMD does not consent to their gender identity being disclosed, they should be advised that the gender assigned to them at birth will be disclosed to intake workers, caretakers, etc.

At no time should a child/NMD's identification as transgender be disclosed without their explicit consent; while, as default, a child/NMD's gender assigned at birth will be disclosed unless the child/NMD gives explicit consent to disclose their gender identity

For additional assistance with finding placements, CSWs may refer to the Transitional Shelter Care

(TSC) Program to access help from the Accelerated Placement Team (APT). CSWs may refer to the [Transitional Shelter Care \(TSC\) Program 0100-510.37](#) policy for guidance on requesting placement assistance.

Medical Records

The disclosure of medical and mental health information, including Protected Health Information

(PHI) is regulated by federal and state laws. Under federal law, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, protects the privacy of patient health information. This includes but is not limited to gender affirming care. CSWs may refer to the [Health and Medical Information 0600-500.20](#) policy.

Court Reports

SOGIE information is not to be documented in Court Reports or otherwise disclosed in court proceedings unless a child/NMD has expressed consent for said information to be documented and/or disclosed. In such a case, the CSW shall follow the documenting consent protocol.

Disclosures to Parents/Guardians and Resource Parents

Per WIC 827, a child's/NMD's SOGIE is not to be disclosed to other individuals or agencies, without the child/NMD's permission. Staff is not to disclose or document a child's/NMD's SOGIE to a child's/NMD's parents/guardians and resource parents without the child/NMD's expressed consent to do so. In such a case, the CSW shall follow the documenting consent protocol.

Regardless of a parent's wishes for disclosure it is the child's/NMD's right to choose whether or not to disclose their sexual orientation

Case Planning and the Child and Family Team (CFT)

A child/NMD's CFT shall establish and maintain a safe and inclusive culture where the child/NMD's SOGIE is affirmed and their well-being is ensured.

CSW Responsibilities

CSWs are to ensure that a child/NMD's SOGIE consent is confirmed prior to every CFTM as it pertains to any parties who may be present. Documenting consent protocol shall be followed to reflect any updates and CSWs shall follow all procedures for Child and Family Team meetings. Refer to the [Child and Family Teams 0070-548.01](#) policy for further guidance.

Transgender and Gender Non-Conforming (TGNC) Children/NMDs

According to [SB731](#) TGNC children/NMDs have the right to be placed according to their gender identity, irrespective of the sex/gender marker listed on any legal/medical documents. Information regarding [SB 731 \(2015\)](#), shall be provided to all children/NMDs prior to out of home placement, parents/guardians at time of removal, and resource parents at orientation and redetermination.

When shared accommodations are required, DCFS shall discuss roommate compatibility to ensure that assigned roommates are affirming of the child/NMD. TGNC children/NMDs should be actively engaged in the placement process and be given specific options, so that they can help identify the situations that will work best for their

needs and safety.

Placements

Bathroom/Shower Use

TGNC children/NMDs have the right to access bathrooms and showers that align with their gender identity, regardless of sex assigned at birth and/or legal documentation. Safety planning and prudent parenting standards shall be utilized for TGNC children/NMDs regarding the use of bathrooms and showers. Alternative arrangements should only be made at the request of the TGNC child/NMD; TGNC children/NMDs shall not be compelled to use alternative bathrooms/showers. Prudent Parenting standards should apply when the child's/NMD's needs may put them in danger. Alternative arrangements may include, but are not limited to:

1. Accessibility of single stall, gender neutral bathrooms, and/or private showers;
2. Staff supervision during use of communal bathrooms/showers; and
3. A separate shower schedule for TGNC children/NMDs if they request it.

Access to Services/Programs

TGNC children/NMDs have the right to participate in and have access to all available services/programs. Resource parents and service providers are to provide care and support inclusive of their identity. The CFT can be utilized to access additional resources (e.g., gender affirming care, programs, etc.) with expressed consent from and at the request of the child/NMD.

Beginning March 1, 2022, children, youth and young adults who identify as LGBTQ+ can voluntarily participate in the LGBTQ+ Tailored Services to Youth program. The program is an opportunity for LGBTQ+ youth to receive necessary and beneficial services, inclusive of and while celebrating their SOGIE. To access the program, the youth needs to be referred by electronic submission. More information, including the referral form, can be found at <https://dcfs.lacounty.gov/youth/lgbtq-youth/>. Once a youth self-identifies as LGBTQ+, and consent is received, CSWs should provide the LGBTQ+ Tailored Services to Youth program information to the youth and ask if youth would like to participate. If the youth agrees, the CSW should submit a referral as instructed and according to referral form.

Name and Use of Pronouns

TGNC children/NMDs may designate a name and pronouns to be used that reflects their identity, even if their name has not been legally changed and/or legal documentation has not been updated. Placements shall address TGNC children/NMDs using their asserted name and pronouns. DCFS shall ensure that all placements are in compliance with legal requirements, are affirming, and utilize best practices. A TGNC child's/NMD's personal rights must be respected; misgendering and use of derogatory terms by any party shall be addressed and may be considered maltreatment.

A TGNC child's/NMD's asserted name and pronouns shall be included on all documents in conformity with confidentiality practices. Using the child's/NMD's asserted name and/or pronouns shall only be done with the expressed consent of the child/NMD and to the extent the child/NMD has given their consent. On all DCFS and court documents, the child/NMD will first be referred to by their legal name, along with the child's/NMD's asserted name as an "also known as" (AKA), with the asserted name and pronouns emphasized in order to minimize confusion as to which name/pronouns to use. Thereafter, the child/NMD shall be referred to by their asserted name and pronouns.

EXAMPLE:

Jane Doe, AKA John Doe (they/them/theirs), is currently placed with their paternal aunt. They are attending their school of origin where.....

In the event that the child/NMD expresses an interest in changing their legal name and/or gender marker, petitions to the court may be utilized. CSWs shall consult with minor's counsel on this process if the child/NMD consents and the CSW can refer children/NMDs to the Los Angeles Superior Court's self-help page at <https://www.courts.ca.gov/41237.htm> for further information. DCFS will not/cannot petition for any legal name change, but can make the juvenile court aware if this is something the child/NMD desires and the child/NMD has given consent to bring this to the court's and/or minor's counsel's attention.

Gender-Affirming Health Care

"Gender-affirming health care" is defined in [WIC 16010.2](#) as medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient, and may include, but is not limited to, the following:

- Interventions to suppress the development of endogenous secondary sex characteristics.
- Interventions to align the patient's appearance or physical body with the patient's gender identity.
- Interventions to alleviate symptoms of clinically significant distress resulting from gender dysphoria, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.

Gender identity formation is a typical, healthy part of child development and generally begins around two (2) years old. However, healthy development may be impacted by negative bias and rejection. When a child/NMD expresses an incongruence with regards to their gender identity as it relates to their sex assigned at birth, qualified and affirming experts may be consulted, and age-appropriate resources shall be provided to the child/NMD.

When possible and appropriate, parents/guardians should be involved in the child's/NMD's health care. Children/NMDs can receive hormone therapy, including but not limited to: hormone blockers and hormone replacement therapy; however, parental or court consent is required, with limited exceptions (Family Code 6922). Should the child/NMD request any gender affirming care, the agency shall have the child/NMD assessed by a qualified, licensed, and affirming medical practitioner with competency in working with transgender children/NMDs as soon as possible.

If any child/NMD placed is already in the process of transitioning through the use of hormones, DCFS may need legal approval (parental or court) for continued treatment and must obtain medical advice, guidance, and clearance for formal prescriptions; which must be obtained promptly to ensure continuity of care. DCFS shall ensure that staff and resource parents are in compliance with medical protocols and the physician's treatment plan. In cases where the child/NMD has an anticipated change of placement, a healthcare continuity plan shall be developed.

In the event that the child/NMD expresses the desire for gender-affirming care and/or the medical professional recommends gender-affirming care, but consent is not given by the medical rights holder, a court hearing date shall immediately be requested to approve said care.

Reproductive Health (SB89)

For children age 10 and older, the CSW shall be responsible for ensuring that children/NMDs receive age-appropriate, medically accurate, culturally sensitive sexual and reproductive health information that includes:

- Informing children/NMDs that they may access age-appropriate, medically accurate information about reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections. Refer to [Foster Youth Bill of Rights](#) for further information.
- Informing children/NMD, in an age and developmentally appropriate manner, of their right to consent to sexual and reproductive health services.
- Informing children/NMDs about their confidentiality rights regarding medical services and seeking the child's/NMD's written consent prior to any disclosure of their sexual or reproductive health information. Also, informing children/NMDs of their right to withhold consent to such disclosure(s).
- Informing the children/NMDs how to access reproductive and sexual health care services and facilitated access to that care, including by assisting with any identified barriers to care, as needed.
- A copy of the Foster Youth Bill of Rights upon entry into foster care and at least once every six (6) months at the time of scheduled contact.
- The right to fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment based on actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or Human Immunodeficiency Virus (HIV) status.

Refer to [Youth Reproductive Health and Pregnancy 0600-507.10](#) policy and [ACL 16-82](#) for further information.

CSW and SCSW Responsibilities

Different scenarios may arise on a case-by-case basis regarding LGBTQ+ children/NMDs. CSWs and SCSWs are to conference and/or contact County Counsel for any questions.

[Back to Procedure](#)

APPROVALS

None

[Back to Approvals](#)

HELPFUL LINKS

Attachments and Resources

[Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City: Disproportionality and Disparities](#)

[LGBTQ Youth in Unstable Housing and Foster Care \(2019\)](#) Baams L, Wilson BDM, Russell ST. *LGBTQ Youth in Unstable Housing and Foster Care*. *Pediatrics*. 2019;143 (3): e20174211

[FYI- 18-07](#)-Transgender Children/Nonminor Dependents in Out-of-Home care

[FYI 19-16](#)- Documenting Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Data Into CWS/CMS

[Los Angeles County Placement Coordinating Memorandum](#)

[Recognize Intervene Support Empower \(RISE\) Program Glossary](#)

[Instructions for Entering SOGIE Data into CWS/CMS](#)

[Foster Youth Bill of Rights](#)

[Foster Youth Bill of Rights Handbook \(Spanish\) \(Vietnamese\)](#)

[Foster Youth Bill of Rights Coloring Book \(Spanish\)](#)

[Foster Youth Rights Handbook Signature Page](#) (Written Acknowledgment)

[LA County Youth Rights Website](#)

[Guidelines for Managing Information Related to the Sexual Orientation & Gender Identity and](#)

[Expression of Children in Child Welfare Systems](#)

[Williams-Holarchy study on LGBTQ+ youth in foster care](#)

[Mapping the Road to Equity. The Annual State of LGBTQ+ Communities 2018](#)

[California Sexual and Reproductive Health Care- California Healthy Youth Act](#)

[Respectfully asking Sexual Orientation/Gender Identity SOGIE Questions](#)

[LA County LGBTQ+ Youth Resources](#)

[Managing Information SOGIE Maintaining the Health and Safety of Youth in Care Sharing and Disclosure of Protected Health Information \(PHI\) for DCFS Involved Children](#)

[Los Angeles Superior Court self-help page-Info on name change](#)

[5 Things to Know if you Think Your Child is LGBTQ+](#)

[Back to Helpful Links](#)

REFERENCED POLICY GUIDES

[0070-548.01 Child and Family Teams](#)[0100-502.52 Placement Preservation Strategy, 14-Day Advanced Notice of Placement Changes and the Grievance Review Process](#)[0100-510.61 Placement Responsibilities](#)[0100-510.37 Transitional Shelter Care \(TSC\) Program](#)[0100-510.17 Placing a Child in Out-of-Home Care](#)[0100-510.60, Placement Considerations for Children](#)[0100-570.05, Quality of Life in Out-of-Home Care](#)[0600-500.20 Health and Medical Information](#)[0600-501.10 Consent for Routine Medical Care](#)[0600-507.10 Youth Reproductive Health and Pregnancy](#)[Back to Referenced Policy Guides](#)

STATUTES AND OTHER MANDATES

[All County Letter 17-64](#) – Outlines the placement changes for children and NMDs per Senate Bill 731 (2015). It requires that children and NMDs in out of home care shall be placed according to their gender identity if the child/NMD so desires per WIC 16006, WIC 16001.9(a)(24), H&S Code 1502.8.

[All County Letter 16-82](#) – Outlines the reproductive and sexual health care and related rights of youth and Nonminor Dependents (NMDs) in foster care.

[All County Letter 19-27](#) – Gender Affirming Care for Minor and Nonminor Dependents in Foster Care.

[All County Letter 21-149](#) – Documentation of Sexual Orientation, Gender Identity and Expression Information in the Child Welfare Services/Case Management System.

[All County Letter \(ACL\) 22-100](#)- Discusses Placement Preservation Strategy and provides Frequently Asked Questions.

AB959- Lesbian, Gay, Bisexual and Transgender Disparities Reduction Act

[AB 2119](#)- Gender Affirming Care for Minor and Nonminor Dependents in Foster Care

[SB 731](#) (2015)- Requires children and nonminor dependents in an out-of-home placement to be placed according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.

[Health and Safety Code section 1502.8](#) – Requires the Department of Social Services to adopt regulations consistent with the new personal right of minors and NMDs in foster care to be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.

[Welfare and Institutions Code section 16001.9\(a\)\(24\)](#) – Affords the right of all minors and nonminors in foster care to be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.

[Welfare and Institutions Code section 16006](#) – Requires that all children and NMDs in out-of-home care be placed according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.

[Title 22, Division 6, Chapter 9.5, Section 89377](#) – States that a caregiver is responsible for applying the [Reasonable and Prudent Parent Standard](#) and what factors to consider.

[California Department of Social Services \(CDSS\), All County Information Notice \(ACIN\) I-20-08](#) - References and incorporates current and new legal requirements regarding health records for foster children, access to foster child's PHI by CSWs, documentation of PHI in CWS/CMS, and restrictions on sharing PHI gathered by DCFS.

California Health and Safety Code § 1502.8

Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. V1232g; 34 CFS Part 99)

California Welfare and Institutions Code § 903.7

California Welfare and Institutions Code § 16001.9(a)(23)(25)

California Welfare and Institutions Code § 16003

[California Welfare and Institutions Code § 16013\(a\)\(b\)](#)

California Health and Safety Code § 1522

California Health and Safety Code § 15422.41(c)(1)(H)(I)(K)

California Health and Safety Code § 1522.41(c)(2)(G)(I)

California Health and Safety Code § 1522.41(d)(3)(5)

California Health and Safety Code § 1529.2(b)(5)-(6);(c)(2)

California Health and Safety Code §1563(c)(5);(d)(6)

[Back to Statutes and Other Mandates](#)

Communication Campaign 6 Places to Share Your Personal Pronouns Infographic

Become a pro at pronouns!

6 Places to Share Your Personal Pronouns

Diversity *Ask! Don't assume* *acceptance*

RESPECT *you can do this*

- 1** **Your email signature**

Try adding your pronouns to your email signature lines, so that all folks you correspond with will be in the know. This is especially helpful when corresponding with someone who goes by a gender-neutral name like 'Taylor' or 'Alex'.
- 2** **Business cards**

Business cards are meant to provide your contact information and convey the overall image of your organization, so why not include your pronouns? This can help create lasting first impressions!
- 3** **Social Media Bio**

Consider adding your pronouns to your social media bios, or even your standard bio. This will help convey not just your experience and achievements, but your whole self to the reader.
- 4** **During introductions**

Sharing your pronouns during introductions is a great way to eliminate confusion right up front. Share them anytime you're meeting someone new. "Hi, my name is Sally and I go by she/her pronouns. How about you?"

SHOW YOU CARE


- 5** **Anytime you speak in front of people**

Presenting a speech at a conference? Leading an upcoming workshop? This is a great opportunity to share your pronouns and demonstrate your commitment to creating equitable spaces for everyone.
- 6** **Virtual meeting sign-in**

Now that a lot of our day-to-day work has gone virtual, you have another opportunity share your pronouns by adding them after your name in your log-in. This way when using Microsoft Teams, Zoom, WebEx or others, your pronouns will appear alongside your name in your profile.



Using someone's correct personal pronouns is a way to respect them and create an inclusive environment, so get out there and start sharing your personal pronouns too!

Building a Better Tomorrow

Los Angeles County Department of Human Resources Transgender Awareness Glossary of Terms



LGBTQ+	Lesbian, gay, bisexual, transgender, queer/questioning, and '+' to represent all other sexualities/gender minorities
SOGIE	Sexual orientation, gender identity/expression
GNC	Gender non-conforming
FTM	Female to male
MTF	Male to female
Sex assigned at birth	The process that occurs at birth when an infant is assigned a sex of either male or female based on the appearance of their external anatomy
Gender	Attitudes, feelings, characteristics, and behaviors that a given culture or society associates with being man, woman, or other, and that are often labeled as 'masculine' or 'feminine'
Gender Identity	A person's internal understanding of their gender, or the perception of a person's gender identity which may include male, female, a combination of male and female, neither male nor female, a gender different from the person's sex assigned at birth, or transgender.
Gender Expression	External manifestation of gender expressed through one's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics
Sexual Orientation	Describes a person's enduring physical, romantic, and/or emotional attraction to another person
Heterosexual/Straight	An adjective used to describe people whose enduring physical, romantic, and/or emotional attraction is to people of the opposite sex
Heterosexism	The dominant notion or assumption that all people are heterosexual (and that heterosexuality is superior, better, and preferred)
Lesbian	A term used to describe a woman who is attracted to another woman
Gay	A term used to describe a person attracted to someone of the same gender (this term may be used by a man attracted to another man, or by a woman attracted to another woman)

Exhibit A-8

Homosexual*	Outdated clinical term used to describe people attracted to their same gender, but is considered derogatory and offensive
Homophobia	The fear of people attracted to the same sex
Bisexual/Bi	a person who is attracted to people of their own gender as well as another gender
Pansexual	A sexual orientation characterized by the potential to have aesthetic attraction, romantic love, and/or desire for a person regardless of gender identity or sex assigned at birth
Asexual	A term used to describe people who do not experience sexual attraction
Queer*	A self-identification, sometimes used as an umbrella term, that indicates not fitting cultural norms around SOGIE, someone who is not exclusively heterosexual
Questioning	A person who is exploring or questioning one or more aspects of their SOGIE
Sex Binary	The classification of sex into two distinct, opposite, and rigidly fixed anatomical options: male or female, both grounded in a person's physical anatomy including genitals and internal reproductive organs, chromosomes, and hormones
Gender Binary	The idea that gender is strictly an either/or option of men who are masculine, or women who are feminine based on sex assigned at birth (rather than on a continuum or spectrum of identities and expressions)
Gender Roles	Culturally or socially determined sets of attitudes and behaviors that are expected of an individual based on their sex assigned at birth and/or gender identity, and/or perceived sex assigned at birth or gender identity
Cisgender	An adjective that describes a person whose gender identity aligns with their sex assigned at birth; not transgender
Transgender/Trans	An adjective and umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth
Transphobia	Dislike of or prejudice against transgender people
Transsexual*	An older, highly medicalized term preferred by some people who have permanently changed, or seek to change, their bodies through medical intervention, including, but not limited to hormones and/or surgeries
Transgender Man	Also known as <i>trans man</i> or <i>man</i> , people who were assigned female at birth but identify and live as a man may use this term to describe themselves
Transgender Woman	Also known as <i>trans woman</i> or <i>woman</i> , people who were assigned male at birth but identify and live as a woman may use this term to describe themselves

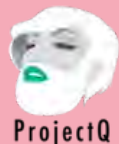
Gender Non-conforming	A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity
Non-Binary/Enby (NB)	(see genderqueer)
Genderqueer	An umbrella term used by some people to describe their gender identity and/or gender expression as falling outside the categories of man or woman, somewhere between man and woman, or they may define it as wholly different from the terms of man and woman
Gender Variant	Expressing gender and/or having gender characteristics that do not conform to the expectations of society and culture (also referred to as 'gender creative')
Gender Fluid	An individual whose gender identity may continually change throughout their lifetime within different contexts and settings; may identify differently from situation to situation
Two-Spirit	A term traditionally used by some Indigenous tribes to recognize individuals who possess qualities or fulfill roles of multiple genders
Drag Queen/King	A person who dresses and acts like another gender for entertainment purposes; usually does not self-identify as transgender
Cross Dress/er	Typically describes a heterosexual man who occasionally wears clothes, makeup, and accessories culturally associated with women; done as a form of gender expression and not done for entertainment purposes
Androgynous/Andro	A gender expression that consistently has both masculine and feminine elements or neither (i.e. gender neutral)
Intersex	An umbrella term describing people born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or typically female
Gender Dysphoria	The formal diagnosis in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) used to indicate that a person meets the diagnostic criteria to engage in medical transition
Transition	The process by which a person begins to develop and assume a gender expression that more closely aligns with their gender identity; this may or may not include medical intervention
Coming Out	The lifelong process through which a person acknowledges and explains their gender identity and/or sexual orientation to themselves and others
Out	A person who self-identifies as LGBTQ+ in their personal, public, and/or professional lives

Rainbow Resource Network Blueprint

Last Updated:
March 2026



A Model for Scaling Access to Gender-Affirming Resources



Anthony Pritzker
FAMILY FOUNDATION



Unicorn Solutions



**LOS ANGELES
LGBT
CENTER**

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Overview



This Blueprint is a comprehensive guide to creating, sustaining, and expanding gender-affirming resource clothing "qlosets"¹ to support LGBTQIA2S+ foster youth. This document draws from the experience of developing the Rainbow Resource Network (RRN) in Los Angeles County, a public-private partnership demonstration that created four gender affirming resource qlosets at community-based organizations (CBOs). In particular, this Blueprint and the RRN is informed by the leadership of Youth Ambassadors, youth with lived experience in foster care who are part of the LGBTQIA2S+ community.



This Blueprint is designed for administrators, program directors, and others who want to build their own qloset and provide tangible resources and support to LGBTQIA2S+ youth in their community. Throughout this document you will find the following:

- A clear roadmap for replication
- Lessons learned from demonstration and pilot phases
- Operational guidance from youth and community partners
- Tools and templates for implementation
- Guidance on staffing, inventory, funding, and youth engagement

¹ The term "qlosets" was coined for this project as part of a tagline for the Rainbow Resource Network - Let's Get Beautiful Together Qlosets. This play on words utilizing the LGBTQ acronym is representative of the creative spirit of the project.

Why Gender Affirming Qlosets?

“Being a part of the Rainbow Resource Network has changed my life

significantly... I’m proud to know I’m a part of something that pushes to keep the LGBTQ community at the forefront.”

— Corinna Kirby, Youth Co-Lead, The Village Family Services



The Rainbow Resource Network is a universal access gender-affirming resource initiative designed to address a deeply felt need among LGBTQIA2S+ youth, particularly those in foster care, for access to clothing, gender affirming items (e.g. binders, gaffs, tucking underwear, shapewear, etc.), and spaces that reflect and respect their identities. More than just clothing closets, RRN qlosets function as trauma-informed, identity-affirming environments where youth are seen, styled, and supported by peers and adults alike. Born out of youth-identified needs and designed by CBOs in partnership with lived experience experts, RRN is a replicable model rooted in liberation, dignity, and belonging.

For many LGBTQIA2S+ foster youth who cannot obtain clothing that aligns with their gender identity, this lack of access can reinforce gender dysphoria, social stigma, and emotional distress.² Many traditional systems fail to address this gap, often leaving young people to navigate identity formation without the basic tools to do so safely and authentically. The qlosets provide not only clothing but affirming, connection oriented, and therapeutic spaces where youth are seen and celebrated. Having access to supports that help youth stay safe and informed is crucial.

² <https://www.contemporarypediatrics.com/view/affirming-gender-caring-gender-atypical-children-and-adolescents>

History and Development of the Rainbow Resource Network

The Rainbow Resource Network was launched in 2024, with support from the DCFS Office of Equity, philanthropy,³ and a youth-led design process to address the lack of funding and referral pathways for gender-affirming resources for LGBTQIA2S+ foster youth.

Through a coalition of four community-based organizations⁴ and Youth Ambassadors with lived experience, RRN established resource closets with connection to supportive services across Los Angeles. Recognized by the LA County Board of Supervisors⁵ as a best practice, RRN is now being scaled countywide to ensure universal access to affirming care.



“I feel more myself, and I get to express myself more.”

— Jamie, Qloset User

³ Anthony Pritzker Family Foundation funded the project, with evaluation and project management support from Casey Family Programs.

⁴ [Alexis Project](#), [Los Angeles LGBT Center](#), [Project Q](#), and [The Village Family Services](#) were the original CBO partners. Project management support was provided by [Unicorn Solutions](#).

⁵ Supervisors Lindsey Horvath and Hilda Solis [authored a motion in 2024](#) supporting the RRN and calling for its replication across Los Angeles County.

Youth Ambassadors:

Recruiting, Supporting, and Coaching Youth with Lived Experience to Lead



Centering the voice and leadership of youth⁶ and young adults impacted by the child welfare system who identify as LGBTQIA2S+ is essential to the design, implementation, and evaluation of the closets. Below are some key best practices to recruit, support, and coach youth and young adults:

Recruitment by CBO Partners

CBOs that support LGBTQIA2S+ youth and have trusted relationships with them are the best situated to recruit. Recruitment strategies can start with youth who have system-impacted lived experience and identify as part of the LGBTQIA2S+ community, particularly trans or gender expansive youth who have a preexisting and close relationship with the CBO. It is helpful to recruit youth who have an interest in gender affirming resources and care, policy advocacy, leadership opportunities, fashion design, LGBTQIA2S+ culture, and/or other creative instincts.


Offering Substantive Leadership Opportunities

The Youth Ambassadors leading RRN's development were recruited to co-lead the design, implementation, and evaluation of the closets. From the very first meeting of the RRN implementation team, Youth Ambassadors' experiences and ideas were intentionally centered and prioritized. They were also expected and supported to have a central role throughout their tenure with the RRN.



⁶ The term 'youth' is utilized throughout this document interchangeably with young adults. The recommended age range for the Youth Ambassador position is 16-26.

Provide Compensation

Youth Ambassadors, like any other expert consultants, should be compensated for their work.  At a minimum, youth should be compensated with a living wage.⁷ The **Administering Your Closet** section of this report has additional information about compensation and staffing structure. Provide counseling or coaching if youth have concerns about managing compensation, filing taxes, or impacts to existing public benefits.

Identify Clear Roles and Responsibilities

CBO staff supporting Youth Ambassadors should work with them to co-design clear roles and responsibilities based on the interests of youth and the needs of the youth-served by the organization. Youth Ambassadors will be most successful if the roles and responsibilities align with personal interests, skills and professional development goals. It is important for the Youth Ambassadors to understand their roles and responsibilities in the context of the other staff in the CBO as well as the implementation team. CBOs should offer an initial training up-front to orient the youth to the organization, policies/protocols, and other information that would be helpful for any new employee at the organization.



CBO Support and Mentorship

The role of CBO staff to support and mentor Youth Ambassadors cannot be overstated. Each Youth Ambassador should have a point of contact and mentor at the CBO who meets with them regularly. This support and mentorship includes advancing opportunities for them to lead, providing feedback on their professional development, and connecting them to resources or professional support during times of crisis. It is important that the Youth Ambassadors' supervisors confirm and support transportation planning or any other case management needs that will enable youth to succeed in this role. Due to the nature of identifying as LGBTQIA2S+ in the foster care system, research shows us that Youth Ambassadors may be disproportionately impacted by personal challenges and crises compared to their non-LGBTQIA2S+ identifying peers. This is to be expected and should be built into the support and design of the program. Ongoing, consistent support, mentorship, and communication are key to successfully partnering with Youth Ambassadors.


⁷ Find your location's living wage using the MIT Living Wage Calculator: <https://livingwage.mit.edu/>

Offering Professional Development Opportunities

It is important to provide ongoing training and coaching to Youth Ambassadors so they can be effective in their roles. Potential topics for training and coaching include: trauma-informed and healing practices, professionalism and representing your organization in the community, and specific topics as relevant to your qloset such as social media outreach, soliciting in-kind donations, managing inventory, etc. Consider exploring local training opportunities for emerging nonprofit professionals in your community; if unavailable, [NonprofitReady.org](https://www.nonprofitready.org) offers hundreds of free courses on topics like marketing/outreach, volunteer management, etc. 

Youth Ambassadors are also very effective in improving qloset experience and should be engaged regularly on questions related to inventory, marketing/outreach, etc. Consider asking, *‘how do you think the qloset experience could be improved?’ ‘what do you wish your experience had been visiting our qloset?’ ‘what items could be added to the qloset that you or your peers might be looking for?’*

Affinity Group Coaching and Support

Youth Ambassadors in the RRN demonstration project met regularly as an affinity team. This allowed them to connect with their peers and share ideas, provide support to each other, etc. Connecting Youth Ambassadors with their peers leading similar efforts and qlosets is a best practice for their personal and professional development. Review this [list of other organizations operating qlosets](#), to learn more about other closets across the country. In Los Angeles county, it is strongly recommended to **call or check the website** of each organization before visiting. Many qlosets operate by appointment only and have specific hours or intake procedures. 



“This isn’t their full-time job—Youth Ambassador support needs to be empowering but flexible.”

- RRN Nonprofit Partner

Creating Your Implementation Team



Creating and sustaining an implementation team throughout the design, implementation, and evaluation phases is critical. The implementation team's role is to ensure the project is on track, resourced appropriately, and meeting the intended outcomes.

It is helpful and recommended to develop working agreements and a charter for your implementation team.

This tool from the National Implementation Research Network is a good starting point to work through with your team.

The team should consist of key partners including Youth Ambassadors, CBO representatives, DCFS partners, philanthropy representatives (if involved), project manager, and others who will be necessary for program implementation. This group can meet on a monthly basis to review plans, progress, and troubleshoot barriers.

Designing and Operating Your Qloset

In the first year of this demonstration project, Youth Ambassadors emphasized that carefully designing the qloset-user experience is central to success. Key considerations for designing and managing a qloset include:

- Clear communication:** Consistently share what youth can expect (process, inventory, experience) via websites, social media, newsletters, and collateral, as well as in pre-visit communication to youth.
- Appointment forms:** Ask if youth are interested in gender-affirming items and encourage youth to identify their preferences in advance of appointment so that qloset staff can be more prepared to support them. Ensure that all staff and volunteers are aware of gender identity, pronouns, and specific requests before the appointment. For youth who are not able to travel to your site, consider organizing convenient curbside pick-up by a social worker, caregiver or other trusted adult. Shipping items is also another way to ensure youth in your community have access.



- **Resource linkage:** Place closets, if at all possible, where youth can also easily access CBO supportive services and supports.
- **Outreach:** Youth may learn about closets through referrals, word of mouth, social media, or flyers ([see examples here](#)). 🗨️ Staff, caregivers, and organizations may also benefit from direct presentations that give an overview of closets, gender affirming items, and how to access them ([see example here](#)). 📍 Some organizations have also found success in doing mobile outreach in the community (with backpacks full of supplies) to places where youth congregate. Consider incentives (e.g. gift cards) to engage and encourage initial visits to your closet site.



- **Respect:** Always ask for and honor pronouns; never assume identity or clothing preferences.
- **Human connection:** Prioritize supportive, peer-and staff-led interactions over transactional exchanges.



“That’s been my journey this year... **Finding who I am through clothing.** And Rainbow Resource Network **is perfect to do that.**”

- Cielo, Closet User



- **Choice and autonomy:** Allow youth to freely select items (style and affirming gear). Each closet may vary but should ensure easy, universal access.

- **Welcoming environment:** Greet youth upon arrival and help them complete a short intake form. Provide staff/volunteer training so interactions are respectful, trauma-informed, and affirming.

[See a sample training video here.](#)

- **Design and ambience of the closet matters.** Create a welcoming environment that feels like a boutique experience. Consider adding art, comfortable furniture, mirrors and a dressing room or dedicated bathroom (for privacy). One participant noted that the RRN closets **"reassure them [participants] that what you're feeling, how you feel, is valid. Don't ever let anybody tell you different. You know, there's always a space... That you can come be yourself if you're not able to do that at home."**
- **Visibility of affirming items:** Display Pride decor, zines or gender-affirming items so youth know they are available, even if they don't request them immediately. For examples of [educational materials to share in closets](#) [click here.](#)



“This brought me a lot of joy; **I really needed this.**”

— Visitor, Alexis Project Qloset

Safety Considerations and Priorities



Safety and security is at the heart of the Rainbow Resource Network (RRN). Because LGBTQIA2S+ foster youth often navigate complex systems with histories of harm, creating trauma-informed, affirming, and safe spaces is a central tenet of every closet site and event. This section outlines safety priorities, sensitive practices, and de-escalation considerations for closet staff, volunteers, and partners.

Location Matters: Safety by Design

- Choose closet sites and pop-up locations with youth privacy and safety in mind. Avoid locations heavily surveilled or affiliated with non-affirming institutions.
- Assess nearby public transit access and neighborhood safety before selecting a venue.

Visibility vs. Safety

- Balance Pride-centered visibility with discretion. Avoid overly "rainbowed" or labeled marketing that could out youth involuntarily (e.g., "Come to the Gay Closet!").
- Instead, use neutral, affirming terms like "Style Me Affirmed," "Free Clothing & Gear Event," or "Community Closet for Youth."
- Consider sharing closet or event address, upon registration rather than on marketing collateral.





Marketing Distribution: Who Gets the Info?

- Target flyers and outreach to schools, caseworkers, affirming shelters, Genders & Sexualities Alliances (GSAs), and youth centers.
- Be intentional about where materials are posted to avoid outing youth or placing them at risk.

Affirming Youth Interactions

- Use phrases like: “Would you like help finding something that feels like you?” or “What makes you feel comfortable or confident?”
- Avoid assumptions: never assign genders to clothing or suggest what youth "should" wear.
- From AMA training: Let youth lead the way, don't pick for them. Offer, don't direct.

Trauma-Informed & Youth-Centered Practices

- Normalize asking pronouns without fanfare: “Hi, welcome in! What name and pronouns would you like us to use today?”
- Offer private shopping options or buddy systems with Youth Ambassadors.
- Avoid over-questioning or asking personal details unless necessary for care.

Crisis Response & De-Escalation

- Develop protocols for:
 - Access to a trained clinician or case manager if a youth is in visible distress
 - Triage without immediate police/fire involvement unless there is a clear safety risk
 - Clear escalation pathways to trusted staff trained in trauma-informed support
- Consider having de-escalation tools (quiet space, calming items, contact cards for crisis lines)

Guests, Tablers & External Partners

- Create a basic **Code of Conduct** for events and qloset visits that outlines:
 - Respect for identities
 - No hate speech, misgendering, or unsolicited advice
 - Use of inclusive language and active listening
- Screen all event partners using questions such as:
 - “What is your organization’s experience working with trans and queer youth?”
 - “How do you ensure your space and staff are affirming?”
 - “How would you respond if someone misgenders a youth?”



Recommendations from RRN Partners

- Staff shared that they now ask hosts: “What security measures are in place?” and “Have you had any issues with LGBTQIA2S+ events in the past?” before tabling. Tabling in groups of two or more.
- Partners should consider the emotional and physical safety of their Youth Ambassadors and staff when invited to events. Not every event needs to be attended by Youth Ambassadors.

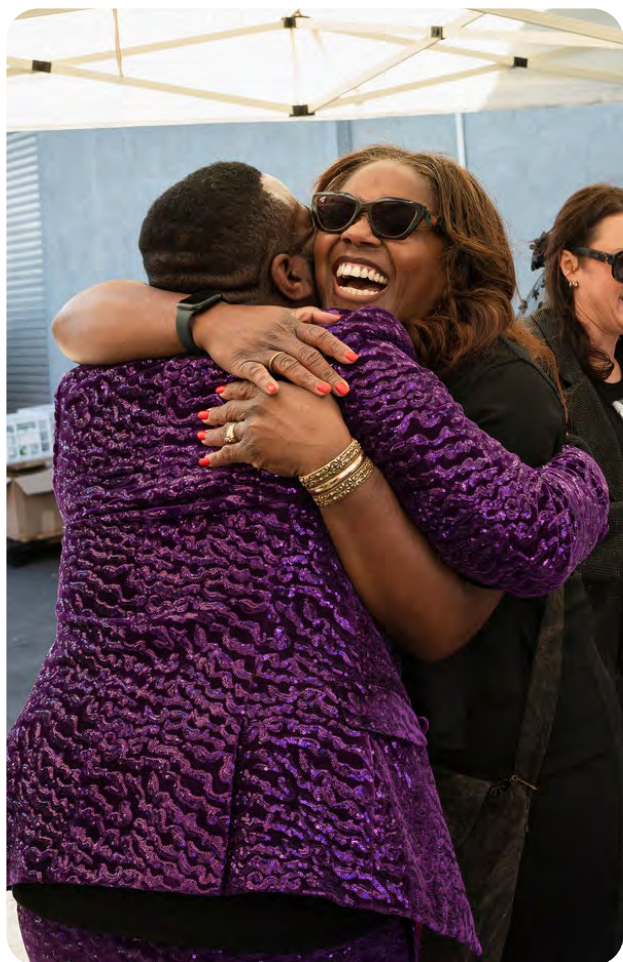



Safety is not only about crisis management—**it’s about crafting affirming, welcoming environments that allow LGBTQIA2S+ youth to exhale.** By designing with care and awareness, qlosets become not only physically safe, but **emotionally secure sanctuaries where youth are affirmed, not exposed.**


Measuring Success: Tips, Tools, and Techniques




Tracking key data and metrics related to your closet - including qualitative and quantitative data - will help you understand the impact of your closet as well as demonstrate its effectiveness to support sustainability. Youth may be sensitive about sharing data related to their sexual orientation or gender expression, or have other privacy concerns, so it is wise to create evaluation tools that allow users to remain anonymous or do not require personally identifiable information. Here are a few key elements and tools to consider:



- **Create and Administer a Post-Visit Survey** 
 - The post-visit survey - **[example utilized for RRN here](#)** - serves two purposes. First, it supports inventory tracking by identifying which items youth are selecting. Second, it provides a measure of youth satisfaction with the closet experience and opportunities for improvement. The survey should take less than a few minutes to complete, be largely checklist or rating scale based, and provide an opportunity for youth to share narrative feedback if they choose to do so. Consider having an iPad or other tablet available at the closet site for youth to leave feedback directly following their visit, or include a survey link in any follow-up emails.
- **Conduct Interviews and Focus Groups**
 - Once the closet is operational, conducting brief interviews and focus groups with youth who have accessed the closets provides richer data about the experiences of youth. This qualitative data can guide the continued

development of the closet and deepen understanding of youth experiences related to their gender identity. It can also illuminate what they consider most important in resources, support, and harm reduction, as well as their recommendations for improving the child welfare system and related agencies. Youth Ambassadors can help develop the focus group questions and tailor them to what is most important to learn from their perspective. [This link](#)  shows the focus group questions used in the RRN evaluation.

- While in nearly all cases names are not associated with any opinion or quotation, it is necessary to ensure all interview and focus group participants provide verbal or written consent to participate in the discussions. This provides them with the opportunity to understand exactly how the information they share will be used, and the protections in place so they are fully informed before making a decision to participate. [Here is the consent form](#)  used for RRN interviews and focus groups (all participants 18+ years old).



• Create a Thematic Summary Utilizing Qualitative and Quantitative Data

- Analyzing quantitative and qualitative data in combination is an effective technique. These data can be summarized in a report highlighting key themes shared by participants and how the quantitative data reflects those experiences. The report can be useful for the implementation team as well as the broader public.

• Consider Collecting Additional Quantitative Data

- Depending upon additional programming offered at the closet site, impact might be beyond and greater than provision of key supplies. The actions taken by the closet staff and its support services might help youth feel more comfortable at home, at school and/or at their workplace. In addition to post-visit survey data, there are other quantitative data related to the experiences of youth that can be collected. While these data may be more difficult to gather, it does provide a more comprehensive view of the effectiveness of the closets in reaching their intended impact. For example, a “Then-Now” design could be used to measure a youth’s sense of hope, as well as satisfaction with their clothes and personal care items prior to and after receiving supplies from the closet. With this approach the youth completes the rating scales and reflects on where they were prior to the closet visit (“then”) and now after the visit.



Insights from RRN Youth Participants

This summary includes thematic analysis of interviews, led by Elliott Hinkle of Unicorn Solutions LLC, with twenty (20) youth who accessed the Rainbow Resource Network: Let's Get Beautiful Together Qlosets (RRN). All youth identified as LGBTQIA2S+ and were ages 18-26, from various communities across Los Angeles, and had experience with one or more of the child welfare, juvenile justice, and houseless systems.



“You walk through this place, you are desperate for anything, you are desolate in life... and then you walk in there and you see this shiny little corner... **You would not believe how many lives of young teenagers that could completely change.**”

— Pan, Qloset User

Interview questions covered topics such as: access and awareness of RRN, experiences of belonging, safety, and affirmation, systemic support and gaps in Child Welfare and other youth-serving systems, and what resources they need when accessing qlosets. All questions were designed to understand the youth’s experience accessing the qlosets as well as their broader life and system-impacted experience.⁸

Based on responses from youth, it is clear the Rainbow Resource Network has become an affirming, impactful, and necessary resource for LGBTQIA2S+ youth navigating child welfare, homelessness, and community-based systems of care. Interviews with youth participants reveal that the RRN is not merely a service distributing gender-affirming items for youth; it is an ecosystem of affirmation, safety, and belonging. These findings underscore that gender affirmation in all forms is not a special add-on to services, but a prerequisite for survival and improved mental health. The RRN’s early success, and the youth’s reflections, offer both a blueprint and a call to action for child welfare administrators and community based organizations committed to improving the lives of LGBTQIA2S+ youth in their community.

⁸ For a full list of interview questions, please [access this link](#).

Key Themes from RRRN Evaluation

Affirmation as a Lifeline

System Challenges and The Impact of Community-Led Support

Connection, Not Transaction

Access Barriers and Systemic Friction

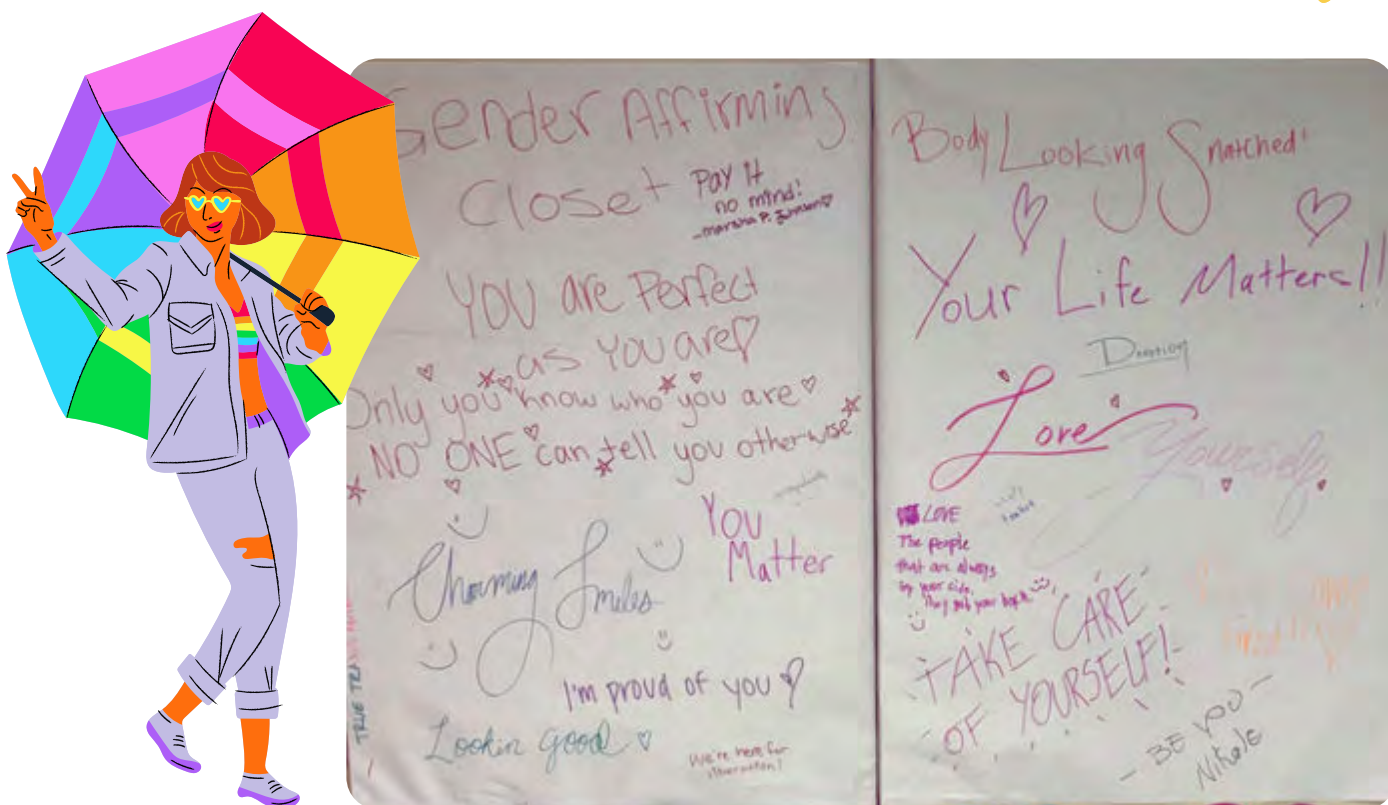
Material Resources Are Gateways to Dignity

The Qloset as Sanctuary

1. Affirmation as a Lifeline

Youth consistently described affirmation as a foundational need, directly tied to survival and mental health. To them, affirmation means being seen and accepted without question—being treated “like a person” rather than a label or case file. Youth across interviews shared the importance of the use of correct names and pronouns, respect without hesitation, and freedom to explore identity safely. What it means: affirmation is life-saving, not symbolic. One participant stated that being affirmed is the difference between surviving and feeling alive, noting,

"It makes me want to keep living, and it makes me feel like I'm not just surviving every day to get through to the next day,... **it makes me feel like I'm alive.**"



2. The Qloset as Sanctuary

Most youth emphasized that the RRN qloset space is more than a resource, it is a sanctuary. In a system often experienced as non-affirming or hostile, the qloset provided emotional safety, belonging, and autonomy. Youth used words like “safe,” “chill,” “home,” and “freeing” to describe the environment. Details such as handwritten affirmations (“**love letters**”) and peer connection transformed the space into a community hub rather than a transactional site. The space gave permission to explore, play, and rediscover joy, often for the first time in years.

3. Material Resources Are Gateways to Dignity

Access to affirming clothing, hygiene products, and gender-specific items (binders, packers, tucking tape, etc.) directly impacts how youth see themselves and navigate the world. For many, these items are the first tangible validation of their identity. However, youth also identified persistent gaps: lack of plus-size and larger shoe options (XL–3X, women’s 12–16), a need for masculine-presenting and alternative/goth styles, and a desire for harm reduction and sexual wellness supplies (lube, dental dams, sharps boxes). Addressing these gaps was seen as central to equity and dignity.

4. Access Barriers and Systemic Friction

The most common access barriers were transportation and inconsistent outreach. Youth often discovered RRN “by chance” through social media, flyers, or a rare, informed staff member. Some of the consistent barriers to accessing the closets are: long bus rides (up to two hours) were prohibitive; caseworkers rarely shared or knew about RRN information; even when the resource was nearby, limited hours or once-a-month access limited continuity of support. These findings call for intentional outreach, transportation solutions, and regular access schedules.





5. Connection, Not Transaction

Youth want connection, not charity. They described RRN staff and volunteers as some of the only adults who listen, remember details about their lives (“How’s your dog, Mango?”), and engage without judgment. Youth requested style workshops, makeup tutorials, and voice or haircut sessions, not just as services, but as opportunities for connection. Peer mentorship was repeatedly named as a next step to expand the closet’s impact. Youth envision closets as community anchors, with events, hangouts, and group learning that reduce isolation and build resilience.

6. System Challenges and the Impact of Community-Led Support

Youth interviews reveal a contrast between RRN experiences and system placements (foster care, shelters, group homes). Many reported being misgendered, denied affirming clothing, or punished for gender expression in placements. Some had struggles with staff who often “saw both sides” of hate incidents rather than intervening. Youth named that lack of affirmation impacted development, eroded self-worth, and left them “unprepared for adulthood.” RRN’s success highlights that community-based, peer-informed and led programs are a critical support to address systemic challenges.



What Has Worked Well:

The following bright spots were shared by youth across interviews and represent opportunities to scale and replicate these elements as RRN sites expand:

- **Affirming staff and peer environment:** consistent use of correct pronouns, genuine care, and nonjudgmental interactions.
- **Physical environment:** visible affirmations, calm atmosphere, and design that signals safety.
- **Material support:** range of gender-affirming and basic-needs items offered free of charge.
- **Emotional impact:** increased confidence, motivation, and hope.
- **Organic outreach:** social media and peer word-of-mouth were highly effective when present.

What Could Be Improved:

Youth also raised areas for improvement; these recommendations can serve the RRN sites currently operating and offer a roadmap for new sites developing their closets.

- **Inventory equity:** consistent access to plus-size, masculine, and alternative-style items.
- **Transportation access:** stipends, ride partnerships, or delivery models.
- **Outreach strategy:** targeted TikTok/Instagram campaigns, visually engaging flyers, and mandatory caseworker training to share information.
- **Service integration:** structured referral pathways for therapy, haircuts, and gender-affirming medical care.
- **Frequency of access:** flexibility for repeat visits as youth needs evolve.



Cautions and Guidance for Replication

For child welfare administrators, funders, and community partners aiming to replicate closets, several cautions emerged:

1. **Center lived experience.** Youth and trans-led feedback loops must guide ongoing design and evaluation.
2. **Do not treat gender affirmation as an add-on.** It must be embedded in all policies, spaces, and staff conduct.
3. **Staff education cannot be optional.** Training must move from tolerance to *active affirmation*.
4. **Avoid “both-sides” neutrality.** Silence in the face of bias perpetuates harm.

Ensure placements and partnerships are affirming. Youth should never have to “mute” themselves for safety.



Conclusion

The Rainbow Resource Network stands as proof that affirmation and support is critical to the safety and wellbeing of youth who identify as LGBTQIA2S+. These closets are more than collections of clothing; they are sites of transformation, self-recognition, and resilience. Replicating this model means not only recreating the shelves and hangers but building a culture where affirmation, safety, and belonging are woven into every decision, policy, and interaction.

"And it made me feel seen. I think that's also an important thing. Like, it provided a space for me to feel safe and to be a kid... **I hadn't seen so many gender-affirming things in one place, and it was tailored for everybody.**" - Spencer, Youth Ambassador, LA LGBT Center

“In social services, it can take a long time to see results - however, **the closet impact is seen and felt instantaneously**”

— CBO Provider, RRN



Administering Your Qloset:

Staffing, Budget, and Inventory



The lessons learned and recommendations documented below are designed to assist CBO partners and Youth Ambassadors to administer their qlosets effectively. Each qloset is unique, so tailoring the staffing, budget, inventory, and management to those specific needs is important.

Staffing

Staffing should be commensurate with the reach and activity of the qloset, which will vary by location and over time. Depending on the size and reach of the qloset, a phased staffing plan may be useful. The first phase of the plan could include a .50 full time equivalent (FTE) staff position at the CBO to support Youth Ambassadors, participate in the implementation team, and to manage the qloset on behalf of the organization. Once the qloset is operational, staff time may need to increase based on demand.





For the RRN demonstration, CBOs typically supported two Youth Ambassadors in their roles. By having two Youth Ambassadors, they are able to experience greater peer support and avoid the feeling of being tokenized during the process. A conservative estimate of Youth Ambassador time is .25 FTE during the design phase. Similar to the CBO staffing, Youth Ambassador time dedicated to the project may need to be increased based on demand. Depending on your organization's operating structure, it may make sense for you to bring on youth as interns, fellows, or consultants to allow for flexibility in their role. Hiring youth as part-time employees (as opposed to consultants or interns) proved problematic for some of our organizations in the first year of the pilot and introduced rigidities and complications (e.g., navigating taxes and benefits) that did not work well for the Youth Ambassador role.

Budget

The budget for the closet consists of costs related to staffing (including Youth Ambassador stipends), inventory, special events and other needs based on the marketing, physical space design and maintenance, data tracking and evaluation, transportation support (if provided to youth), administration, and others based on the specific needs of the closet.



A **sample budget template** is included to illustrate how you might allocate funds to support closet launch and ongoing maintenance. In Los Angeles County, transportation was a huge barrier for closet users and therefore an expense that needed to be addressed for each closet sites. Depending on the organization, you may be able to utilize Medicaid reimbursable services like **Call the Car** (covered by MediCal) in California or partner with the local child welfare agency to arrange county-sponsored transportation. 

This budget template does not include one-time costs for closet set-up (shelving, standing mirror, dressing rooms, clothing racks, etc.). To reduce initial set-up costs, some sites engaged local volunteer groups to support transformation of physical closet space and do manual labor such as painting, shelf installation, etc. Other opportunities to mitigate costs, include engaging in-kind donors. More information on donor engagement is included in the **'Sustainability'** section on page 30. 



“Just to be able to go somewhere and be able to get certain products free at hand, **it's everything.**”

— RRN Qloset Participant

Inventory

Qlosets include clothing, gender-affirming gear, hygiene items, and accessories. Inventory is curated with input from youth and tailored by site. Donated and purchased items are combined to meet needs. An [example of inventory items](#) is included here.

Core Categories



- Gender-Affirming Gear: Binders, packers, STPs, tucking underwear
- Personal Care: Razors, hair products, period underwear, make-up, etc.
- Everyday Clothing: All-gender, size-inclusive, seasonal
- Formalwear: For prom, graduation, job interviews
- Safe Sex Supplies: Condoms, dental dams, gloves
- Cultural Responsiveness: Hair care for textured hair, skin-tone inclusive items



Gift cards and flexible funds are important to include, as they allow youth to purchase items that may not be in stock, empower youth to make purchases directly, and can address issues that require flexibility (such as hair cuts, electrolysis, etc.). Be sure to include educational materials in your inventory so that youth have access to take-home resources. Examples of zines and other hand-outs are [available here](#).



Tracking inventory consistently was a challenge cited by all partners. Solutions such as utilizing spreadsheets, interns to manage tracking, and QR tagging were explored as solutions. Here's [an example of an inventory worksheet](#) created by one of our partners, the LA LGBT Center.



When developing inventory, start small and focus on core gender-affirming items like binders, packers, tucking underwear, etc. Consider your community needs and what youth in your area might request (including culturally considerate products) and supplies for youth experiencing homelessness (e.g., more portable hygiene items). Be inclusive in terms of sizing, skin tone/shade, and hair texture when purchasing inventory.

To give some examples of places, item types, and prices, consider these examples below:

- Binders: [GC2B](#)
- Tucking underwear: [Tuck it Upppp](#)
- [Trans Tape](#): Non-profits receive a 20% discount




Marketing Your Qloset




Marketing and outreach are critical to ensuring youth access your qloset. Below are some examples of marketing strategies designed and implemented by Youth Ambassadors and CBOs as members of the RRN. The Los Angeles RRN adopted a common logo and shared branding as outlined here in this [Marketing Kit](#) 🗨️ and style guide. Below are some examples of marketing strategies designed and implemented by Youth Ambassadors and CBOs as members of RRN.



- Youth-designed flyers, memes, and digital promos.
- Inclusive language guides to support authentic marketing that signals to youth it is a safe place. This also helps staff, volunteers, and Youth Ambassadors understand language that can and should be used and what is not appropriate.
 - This includes materials translated into languages represented in your service area(s).
- Referral one-pagers for providers and caregivers that show each location, hours, and how to access, in a simple format. [See](#) 🗨️ [examples here.](#)
- Community tabling or providing flyers to trusted partners at schools, Pride events, wellness fairs, libraries and other safe community spaces.
- **“Ask Me Anything”** 🗨️ training for youth, caregivers, social workers and more - increasing basic understanding of the qlosets, what gender-affirming care and items can be, and how to access your specific qloset (e.g. referral process, hours, eligibility, etc.).
- Consider who is doing outreach on behalf of your organization; identify someone who can authentically connect with and build trust with youth.
- Ensure staff across your organization know about this resource and are making internal referrals to the qloset. Promoting the qloset can be incorporated into existing community outreach (e.g. school partnerships, tabling events, etc.).
- Engage with your local child welfare agencies so they know about this resource and can make direct referrals.

Public or invite-only events can be an effective way to reach more youth and build trust within the community. Qloset staff should consider including partners in events that serve this demographic (e.g. other CBOs who serve LGBTQIA2S+ and/or foster care communities, school sites, health clinics, etc.). For example, RRN hosted a youth-led event organized around Ballroom culture as the theme. The event included empowerment stations with volunteer make-up and hair stylists providing styling and make-up tutorials and resource tables featuring representatives from each qloset site. [Click here for a short video from that event.](#) 

Here are additional ideas for event formats:

- **Style Me Affirmed:** Back-to-school clothing and styling
- **Dapper Day:** Prom/graduation fashion
- **Queer Joy Pop-Up:** General wellness, open to all LGBTQIA2S+ youth
- **Hair + Gear Clinics:** Haircuts, makeup, binder fitting, STP tutorials
 - **Optional Add-Ons**
 - Affirming haircuts & styling
 - Make up stations
 - Mental health drop-ins
 - Gender gear giveaways
 - Parent/caregiver education corner/AMA table
 - **Facilitator & Volunteer Roles**
 - Safety, consent, affirming interaction prep training
 - Have volunteers watch a [volunteer training video](#) and ensure their questions are answered before the event. 



"I honestly have like only really good things to say about your place. **They've been very, very instrumental in my transition...** Yeah, just please keep doing what y'all are doing. **It's been really helpful to me.**"

— RRN Qloset Participant

Sustaining Your Qloset

To be sustainable, your qloset needs two things: stable funding and formal institutional support. Securing financial resources to support your qloset is critical for purchasing inventory. In addition, staff managing the qloset must also demonstrate the impact and need for these resources through data tracking and analysis.

Using the evaluation tools described above, along with additional methods as needed, to gather feedback from qloset users and other stakeholder groups such as social workers and caregivers will strengthen staff's ability to advocate for making this resource a core part of how your organization supports LGBTQIA2S+ foster youth.



Pathways for securing funding and resources for your qloset site include:

Private donors:

- Discuss this opportunity with current or new donors as a pilot and discuss the elements in this guide (youth leadership, evaluation, leveraging in-kind support, etc.).
- Identify new donor prospects by researching local Pride event sponsors, reviewing donor listings from local nonprofits that support LGBTQIA2S+ and/or foster youth, and asking your current funders or board members for introductions to other foundations whom you've identified as a potential 'fit' for this project.
- Reach out to local companies who share your values and have demonstrated commitment to supporting community causes in the past.
- Reach out to affinity groups like [Fundors for LGBTQ Issues](#) or local philanthropic groups such as [Southern CA Grantmakers](#) in Los Angeles County.





Public funding:

- Discuss your interest in providing this resource with local social service agencies (e.g., child welfare, mental health, public health) elected officials, and school administrators. These groups may be able to support your pilot through grant funding or other forms of support.
- In 2022, Administration for Children & Families published an **Information Memorandum** offering guidance to Title IV-B and Title IV-E agencies on serving LGBTQ youth with explicit support for gender affirming care.⁹
- Children's Bureau has also offered guidance to child welfare agencies that Chafee Grants may be used to purchase gender affirming items for young people in care.¹⁰



In-kind donations:

Many gender-affirming products are expensive and can have an outsized impact on a closet's budget. In these instances, it is recommended to reach out to local companies and stores to solicit in-kind donations that are tax deductible.

- Identify local companies that serve the LGBTQIA2S+ community and offer these products (e.g. **Gc2b.co**, **Rubies**, etc.). In-kind donations to a 501c3 public charity are tax deductible and donors should receive a gift receipt for their donations.
- Consider recognizing companies as sponsors with logo recognition or other forms of donor acknowledgement.
- Reach out to local nonprofits that provide tangible resources to other vulnerable groups and discuss partnership to secure hygiene products, toiletries, or even clothing to support your closet site.
- Collaborate with volunteer or community groups to support the closet; these groups may help with initial set-up and/or host resource drives in their offices or amongst their network.
- Create an 'Amazon 'Wish List' and ask your network to purchase items. You can set-up the list so all purchases are sent to the organization directly. **Here is an example of an Amazon Wish List** used by one of the RRN CBO partners.



⁹ Source: </2025/05/Federal-Funding-for-Gender-Affirming-Materials-Tool-V3.pdf>

¹⁰ Source: <https://acf.gov/sites/default/files/documents/cb/pi2301.pdf>

Thank you for your interest in creating a closet for LGBTQIA2S+ foster youth in your community.



You can access all documents referenced in this [Blueprint here](#).



For information about Rainbow Resource Network or launching your own closet, please contact:

Elliott Hinkle of **Unicorn Solutions LLC** 
at elliottunicornsolutions@gmail.com with any questions or support needs.

Thank You, Youth Ambassadors



“Just seeing people happy and then benefiting from it really actually substantially helps me. **It lifts me up on a daily basis, like just seeing people smile as they’re walking out of the closet, honestly, just makes my week.**”

— Pheonix, RRN Youth Ambassador at Alexis Project,
A VIP Community Program

The development of this guide was led by Elliott Hinkle of Unicorn Solutions LLC in partnership with the Youth Ambassadors of the Rainbow Resource Network who provided insights and feedback, participants of the RRN who were interviewed for the evaluation of the project, as well as *LA LGBT Center*, *Alexis VIP*, *Project Q*, *DCFS Office of Equity* and *The Village Family Services* RRN staff teams. We are grateful for their expertise, input, and time to make this project a reality.

Invoice Template

INVOICE TEMPLATE

To:	County of Los Angeles, Department of Children and Family Services		Invoice No.	
Address:	ATTN: Contract Accounting Unit, Emily Pao		Date of Invoice:	
From:	Name, E-Mail	County Vendor (WebVen) No.:		
Address:			Service Month/Year:	
Contract No:		Programs:	LGBTQ+ Tailored Services for Youth Program (TSY) Rainbow Resource Network (RRN) Parent and Caregiver Engagement (PCE)	Maximum Annual Contract Sum: \$460,000

TSY BILLABLE SERVICES-FOR CHILD/YOUTH/YOUNG ADULT/CAREGIVER							A	B	C	
NO.	LAST NAME	FIRST NAME (legal)	Affirmed Name	ID #	DOB	MONTHLY BILLABLE BASE RATE	DIRECT SERVICES	AGGREGATE INVOICE AMOUNT PRIOR TO THIS INVOICE	INVOICE AMOUNT FOR THE MONTH	INVOICE AMOUNT YEAR TO DATE (A+B)
						\$1,500				
1							Direct Services	\$ -	\$ -	\$ -
							Pride Events (2 max \$250 total)	\$ -	\$ -	\$ -
							Aux/Emergency Funds (\$300)	\$ -	\$ -	\$ -
							Youth Subtotal	\$ -	\$ -	\$ -
2							Direct Services	\$ -	\$ -	\$ -
							Pride Events (2 max \$250 total)	\$ -	\$ -	\$ -
							Aux/Emergency Funds (\$300)	\$ -	\$ -	\$ -
							Youth Subtotal	\$ -	\$ -	\$ -
3							Direct Services	\$ -	\$ -	\$ -
							Pride Events (2 max \$250 total)	\$ -	\$ -	\$ -
							Aux/Emergency Funds (\$300)	\$ -	\$ -	\$ -
							Youth Subtotal	\$ -	\$ -	\$ -
								Aggregate TSY Invoice Prior to this Month	Current TSY Invoice Total	TSY INVOICE AMOUNT YEAR TO DATE (A+B)
* INCLUDE MONTHLY SERVICE REPORT & INTAKE ASSESSMENTS WITH EACH INVOICE								\$ -	\$ -	\$ -
RAINBOW RESOURCE NETWORK (\$5,000 per SPA monthly). Direct Resources, Supplies and Items: At least 60% of the Rainbow Resource Network total (refer to Exhibit B-1 for allowable Direct Resources, Supplies and Items). Staffing and Youth Engagement Stipend: Not to Exceed 40% of Rainbow Resource Network total.								Aggregate RRN Invoice Prior to this Month	Current RRN Invoice Total	RRN INVOICE AMOUNT YEAR TO DATE (A+B)
* INCLUDE DETAILED ACTIVITY LOG AND YOUTH SPECIFIC ORDER REQUESTS OVER \$150 WITH EACH INVOICE								\$ -	\$ -	\$ -
PARENT AND CAREGIVER ENGAGEMENT (PCE) (\$3,000 per SPA allowance annually)								Aggregate PCE Invoice Prior to this Month	Current PCE Invoice Total	PCE INVOICE AMOUNT YEAR TO DATE (A+B)
* INCLUDE DETAILED EVENT DESCRIPTION WITH EACH INVOICE								\$ -	\$ -	\$ -
TOTAL CONTACT INVOICE								Aggregate total Invoice Prior to this Month	Current Total Invoice Total	TOTAL INVOICE AMOUNT YEAR TO DATE (A+B)
								\$ -	\$ -	\$ -

CONTRACTOR'S COMMENTS: _____

CONTRACTOR CERTIFICATION

We hereby each certify that all of the provided information is true and accurate in all respects and that all funds have been or will be used solely for the purposes set forth in the contract entered into by this Contractor & County of Los Angeles, Department of Children and Family Services.

Prepared by:	Signature	
	Print Name and Title	Date
Approved by:	Signature	
	Print Name and Title	Date

COUNTY USE ONLY

DCFS Coordinator Approval:	Signature	
	Print Name and Title	Date

STANDARD EXHIBITS

- A STATEMENT OF WORK AND ATTACHMENTS
- B PRICING SHEET
 - B-1 ALLOWABLE DIRECT RESOURCES, SUPPLIES AND ITEMS FOR RAINBOW RESOURCE NETWORK
- C LINE-ITEM BUDGET AND BUDGET NARRATIVE
- D COUNTY'S ADMINISTRATION
- E CONTRACTOR'S ADMINISTRATION
- F FORMS REQUIRED AT THE TIME OF CONTRACT EXECUTION
 - F1 CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
 - F2 CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
 - F3 CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

UNIQUE EXHIBITS

- G INFORMATION SECURITY AND PRIVACY REQUIREMENTS
- H AUDITOR-CONTROLLER CONTRACT ACCOUNTING AND ADMINISTRATION HANDBOOK
- I LOS ANGELES COUNTY SERVICE PLANNING AREAS

PRICING SHEET

EXHIBIT B

Wellbeing Services for Youth and Families

Proposer's who submit a proposal that is outside the range of (\$60 - \$72) for Table B Proposed Rate for Enhanced Services, will be disqualified and their proposal eliminated from further consideration at the discretion of the County as described in the RFP, Section 8.6, Cost Proposal Requirements and Evaluation (30%). I agree to provide the specified services for the Los Angeles County Department of Children and Family Services (DCFS) in accordance with the attached specifications for the following submitted compensation, which shall apply to weekday, weekend, holiday, overtime, and extra personnel coverage.

Table A	TAILORED SERVICES TO YOUTH	
	In-Person/Virtual Visit (two visits per month)	FLAT RATE (per youth/per month)
	Case Management and Case Consultation(s)	<p><u>\$1500</u></p> <p>(all services must be provided to receive Flat Rate)</p>
	Monthly Participant Service Log	
	Intake Assessment and Report	
	Biannual Reports and Annual Report	
	1x Monthly Coaching Network/Meeting	
	Training and Supervision for Staff and Volunteers	
	Program Monitoring and Evaluation	
	Program Direct Services and Education	
	Regional Office Outreach, Engagement	
	Administrative Support (paperwork, referrals and linkages)	
	Group Counseling/ Support Groups	
	Education, Career Services, Well-being and Life Skills	
	Child and Family Team Meetings	
Table B	PROPOSED HOURLY RATE FOR ENHANCED SERVICES	
	TYPE OF COUNSELING	HOURLY RATE
	Individual and/or Family (Evaluated based on estimated 10 hours per month)	\$ _____ (Must be between \$60 - \$72 per hour)
Table C	RATE FOR PRIDE EVENTS	
	Two Events Maximum	FLAT RATE (per event/per youth)
		<u>\$125</u>

PRICING SHEET

EXHIBIT B

Table D	RATE FOR AUXILIARY FUNDS
Auxiliary/Emergency Funds	FLAT RATE (per event/per youth)
	<u>\$300</u>
Table E	RAINBOW RESOURCE NETWORK
Community Outreach and Engagement	FLAT RATE (per month)
Youth Engagement and Linkages	<u>\$ 5000</u>
Procurement, Ordering, Invoicing	
Training and Office Engagement	
Monthly Report	
Annual Report	
Program Monitoring and Evaluation	
*Direct Resources, Supplies and Items: At least 60% of total (refer to Exhibit B-1 for allowable Direct Resources, Supplies and Items)	
*Staffing and Youth Engagement Stipend: Not to Exceed 40% of total	
Table F	PARENT AND CAREGIVER ENGAGEMENT EVENTS
Parent and Caregiver Annual Engagement Event(s)	FLAT RATE (minimum one per year)
	<u>\$ 3,000</u>

Table A Tailored Services to Youth: All services must be provided monthly and will be reimbursed per youth at the Flat Rate of \$1,500.

Table B Enhanced Services: Will be reimbursed at the proposed hourly rate. Proposals will be evaluated based on the estimated 10 hours per month.

Table C Pride Events: Will be reimbursed at the flat rate of \$125 per youth, per event.

Table D Auxiliary Funds: Will be reimbursed up to \$300 per youth, per year.

Table E Rainbow Resource Network services: Must be provided monthly and will be reimbursed at the flat rate of \$5,000 per month for a total of \$60,000 per year*.

Table F Parent and Caregiver Engagement Events: Will be reimbursed at the flat rate of \$3,000 (a minimum of one event per year).

*Direct Resources, Supplies and Items: At least 60% of the Rainbow Resource Network total (refer to Exhibit B-1 for allowable Direct Resources, Supplies and Items). *Staffing and Youth Engagement Stipend: Not to Exceed 40% of Rainbow Resource Network total.

The maximum annual contract amount payable under this contract will be \$460,000.

Print Name of Authorized Personnel:	Title:
Signature:	Date:

ALLOWABLE DIRECT RESOURCES, SUPPLIES AND ITEMS FOR RAINBOW RESOURCE NETWORK

Exhibit B-1

Hygiene Products:

- Basic hygiene (deodorant, body wipes, etc.)
- Menstrual products- Diva cups, thinx panties, rings (+educational materials on how to use them)
- Hygiene, hair for creams/treatment
- Facial hair care

Daily living Essentials:

- Sewing kits
- Eyeglasses repair kits
- Heating pads
- Luggage/duffle bags, purses, etc.
- Sunscreen
- Phone chargers, portable chargers, battery packs
- Sharps containers (e.g., for Testosterone syringes)

Clothing, Shapewear & Accessories

- Professional clothes (non-slip shoes, dress shoes, black clothing)
- Clothes & shoes, including plus size
- Heels
- Athletic gear
- Underwear
- Socks
- Bras + inserts
- Wigs
- Wig glue lace
- Binders
- Insoles, shoulder pads
- Packers (standards + STP)
- Shape wear
- Tape, GAF/underwear, tape removal oil
- Full face of makeup supplies

ALLOWABLE DIRECT RESOURCES, SUPPLIES AND ITEMS FOR RAINBOW RESOURCE NETWORK

Exhibit B-1

- Jewelry/accessories

Additional Items:

- Art supplies
- Backpacks
- Items that are not readily available at stores, etc.

Notes for Organizing Closets:

- Reach out to businesses for donations & gift cards for sponsorships
- One on one consultations
- Pop up safe space
- Post op core education

Summary Findings/Themes:

- Basic Needs/ Essential Items are critical (hygiene products, first aid, etc.)
- Variety/relevant inventory (seasonal needs, plus size, color/shade of products important, etc.)
- Desire for educational information (for youth beneficiaries and also about relevant topics e.g. post-op care/recovery)

LINE ITEM BUDGET SAMPLE

(*Number of Referrals
Not Guaranteed)

**DIRECT COST (List each staff
classification)**

Payroll:	FTE*	Hourly Rate	Monthly Salary	Months	Total
Contract Program Coordinator	_____	\$ _____	\$ _____	\$ _____	\$ _____
Contract Program Navigator	_____	\$ _____	\$ _____	\$ _____	\$ _____
Counselor/Therapist	_____	\$ _____	\$ _____	\$ _____	\$ _____
Substance Abuse Counselor	_____	\$ _____	\$ _____	\$ _____	\$ _____
Intimate Partner Violence Counselor	_____	\$ _____	\$ _____	\$ _____	\$ _____
Other		\$ _____	\$ _____	\$ _____	\$ _____
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, Sub-paragraph 8.25, Insurance Coverage Requirements)	\$ _____	
_____	\$ _____	
_____	\$ _____	
Mileage	\$ _____	
Supplies	\$ _____	
Services	\$ _____	
Office Equipment	\$ _____	
Telephone Utilities	\$ _____	
Other Direct costs	\$ _____	
Other	\$ _____	
TOTAL INSURANCE/MISC. S&S		\$ _____

TOTAL DIRECT COSTS \$ _____

INDIRECT COST (List all appropriate) \$ _____

LINE ITEM BUDGET SAMPLE

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

TOTAL DIRECT AND INDIRECT COST
 PROFIT (Please enter percentage: %) \$ _____

TOTAL MONTHLY COSTS \$ _____

TOTAL MONTHLY COSTS \$ _____ x 12 months = Annual Costs of \$ _____*

Table A: Tailored Services to Youth

In-person/Virtual Visit (two visits per month Case Management and Consultation(s)) \$ _____
 Monthly Participant Service Log \$ _____
 Intake Assessment and Report \$ _____
 1x Monthly Coach Network/Meeting \$ _____
 Training and Supervision for Staff and Volunteers \$ _____
 Program Monitoring and Evaluation \$ _____
 Program Direct Services and Education \$ _____
 Regional Office Outreach, Engagement \$ _____
 Administrative Support (paperwork, referrals, and linkages) \$ _____
 Group Counseling/Support Groups \$ _____
 Education, Career Services, Well-being and Life Skills \$ _____
 Child and Family Team Meetings \$ _____

TOTAL FOR TAILORED SERVICES TO YOUTH COSTS \$ _____

Table B: Hourly Rate for Enhanced Services

Individual and or Family \$ _____

TOTAL FOR ENHANCED SERVICES COSTS \$ _____

Table C: Rate for Pride Events

Two Events Maximum \$ _____

TOTAL FOR PRIDE EVENTS COSTS \$ _____

Table D: Rate for Auxiliary Funds

Auxiliary/Emergency Funds \$ _____

TOTAL FOR AUXILIARY FUNDS COSTS \$ _____

Table E: Rainbow Resource Network

LINE ITEM BUDGET SAMPLE

Community Outreach and Engagement	\$ _____
Youth Engagement and Linkages	\$ _____
Procurement, Ordering, Invoicing	\$ _____
Training and Office Engagement	\$ _____
Monthly Report	\$ _____
Annual Report	\$ _____
Program Monitoring and Evaluation	\$ _____

TOTAL FOR RAINBOW RESOURCE NETWORK COSTS \$ _____

Table F: Parent and Caregiver Engagement Event(s)

Parent and Caregiver Annual Engagement and Event(s) (minimum one per year)	\$ _____
---	----------

*Direct Resources, Supplies and Items: At least 60% of total (refer to Exhibit B-1 for allowable Direct Resources, Supplies and Items)

TOTAL FOR PARENT AND CAREGIVER ENGAGEMENT EVENTS COSTS \$ _____

Total Annual Budget:	\$ _____
Total Indirect and Direct Monthly Costs:	\$ _____
Total for Tailored Services to Youth Costs:	\$ _____
Total for Enhanced Services Costs:	\$ _____
Total for Pride Events Costs:	\$ _____
Total Auxiliary Funds Costs:	\$ _____
Total for Rainbow Resource Network Costs:	\$ _____
Total for Parent and Caregiver Annual Engagement Events Costs:	\$ _____
Total Annual Cost:	—

Contractor Name:	Title:
Signature:	Date:

Program Manager Name:	Title:
Signature:	Date:

BUDGET NARRATIVE SAMPLE

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 Full Time Equivalent. 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 fifteen percent (15%) of their Maximum Annual Contract Sum for administrative/indirect costs.

Contractor Name:	Title:
Signature:	Date:

Program Manager Name:	Title:
Signature:	Date:

COUNTY'S ADMINISTRATION

CONTRACT NO. [Click or tap here to enter text.](#)

COUNTY'S PROGRAM MANAGER:

Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

COUNTY'S CONTRACT ANALYST:

Name: _____

Title: _____

Address: _____

Telephone: _____

E-mail Address: _____

CONTRACTOR'S ADMINISTRATION

CONTRACTOR'S NAME:

CONTRACT NO.

CONTRACTOR'S PROGRAM COORDINATOR:

Name: _____

Title: _____

Address: _____

Telephone: _____

E-mail Address: _____

CONTRACTOR'S AUTHORIZED OFFICIAL(S):

Name: _____

Title: _____

Address: _____

Telephone: _____

E-mail Address: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

E-mail Address: _____

NOTICES TO CONTRACTOR:

Name: _____

Title: _____

Address: _____

Telephone: _____

E-mail Address: _____

FORMS REQUIRED AT THE TIME OF CONTRACT EXECUTION

F1 CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY
AGREEMENT

OR

F2 CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY
AGREEMENT

F3 CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND
CONFIDENTIALITY AGREEMENT

CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

Contractor Name: _____ Contract No _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

CONTRACTOR ACKNOWLEDGEMENT:

Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor's Staff) that will provide services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of work under the above-referenced contract.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County's Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor's Staff under the above-referenced contract. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor's Staff must keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor and Contractor's Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____ DATE: _____

PRINTED NAME:

POSITION:

text.

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

Contractor Name: _____ Contract No _____

Employee Name: _____

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation will result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I must keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

POSITION: _____

CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

Contractor Name: _____ Contract No _____

Non-Employee Name: _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the Contractor referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation will result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced Contractor for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between the above-referenced Contractor and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced Contractor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information, and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced Contractor or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me, I must keep such information confidential.

I agree to report to the above-referenced Contractor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced Contractor upon completion of this contract or termination of my services hereunder, whichever occurs first.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

POSITION: _____

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 Public Entities
- 8) List of References
- 9) Contribution and Agent Declaration Form
- 10) Pricing Schedule (Excel Worksheet)
- 11) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)
- 12) Declaration

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	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)	If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): State of 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	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	<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)	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.**

<input type="checkbox"/> PREFERENCE NOT REQUESTED
--

OR

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

Note: In no instance 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

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

REQUIRED FORMS – EXHIBIT 5

Instructions for Completing Exhibit 5 - CBE 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 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 by 12:00 PM, PST, on June 11, 2026.	<input type="checkbox"/>	<input type="checkbox"/>
2	Proposer must have attended the Mandatory Proposers’ Conference identified in Paragraph 8.3 (Mandatory Proposer’s Conference).	<input type="checkbox"/>	<input type="checkbox"/>
3	Proposer must be a non-profit social service organization founded for religious, charitable or social welfare purposes or public entity and be tax exempt under 501(c)3 of the Internal Revenue Code.	<input type="checkbox"/>	<input type="checkbox"/>
4	Must not be suspended, debarred, ineligible, or excluded from securing federally, State, or locally funded contracts.	<input type="checkbox"/>	<input type="checkbox"/>
5	Must have three (3) years of experience within the last five (5) years providing support services to Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning, Intersex, Asexual, Two-Spirit+ (LGBTQIA2S+) youth and/or families in the Service Planning Area(s) (SPA) the agency intends to provide services. Proposer must demonstrate experience collaborating with community-based organizations, government agencies, or stakeholders to ensure comprehensive and coordinated support for LGBTQIA2S+ youth and/or families support services.	<input type="checkbox"/>	<input type="checkbox"/>
6	Must have a staff training and development program that ensures all employees and volunteers are trained and competent in Sexual Orientation, Gender Identity and Expression, as well as working with LGBTQIA2S+ youth. Attach a list of the training	<input type="checkbox"/>	<input type="checkbox"/>

	topics, courses, and/or catalog in the Business Proposal.		
7	Must demonstrate a commitment to diversity, equity, and inclusion by having policies and procedures in place that address non-discrimination, harassment, and equal opportunity for staff, volunteers, and clients. Attach a copy of the policies and procedures in the Business Proposal.	<input type="checkbox"/>	<input type="checkbox"/>
8	If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for 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 FORMS – EXHIBIT 7

LIST OF PUBLIC ENTITIES

Proposer's Name:

Provide all public entity contracts for the last three (3) 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 AGENCIES

AGENCY/DEPT: _____
SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____
Customize according to Solicitation/MMRs:

AGENCY/DEPT: _____
SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____
Customize according to Solicitation/MMRs:

AGENCY/DEPT: _____
SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____
Customize according to Solicitation/MMRs:

AGENCY/DEPT: _____
SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____
Customize according to Solicitation/MMRs:

AGENCY/DEPT: _____
SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____
Customize according to Solicitation/MMRs:

AGENCY/DEPT: _____
SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____
Customize according to Solicitation/MMRs:

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 four (4) references where the same or similar scope of services was provided.

Proposer may also provide two (2) alternate references in the event that a reference is non-responsive. Please note that **no more than six (6)** references must be provided. It is the Proposer's responsibility to ensure accuracy of the information provided below.

REFERENCES	
REFERENCE 1	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
REFERENCE 2	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
REFERENCE 3	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

ALTERNATE REFERENCES	
ALTERNATE REFERENCE 1	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
ALTERNATE REFERENCE 2	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
ALTERNATE REFERENCE 3	
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

PRICING SHEET

Wellbeing Services for Youth and Families

Proposer’s who submit a proposal that is outside the range of (\$60 - \$72) for Table B Proposed Rate for Enhanced Services will be disqualified and their proposal eliminated from further consideration at the discretion of the County as described in the RFP, Section 8.6, Cost Proposal Requirements and Evaluation (30%). I agree to provide the specified services for the Los Angeles County Department of Children and Family Services (DCFS) in accordance with the attached specifications for the following submitted compensation, which shall apply to weekday, weekend, holiday, overtime, and extra personnel coverage.

Table A	TAILORED SERVICES TO YOUTH	
	In-Person/Virtual Visit (two visits per month)	FLAT RATE (per youth/per month)
	Case Management and Case Consultation(s)	\$1500 (all services must be provided to receive Flat Rate)
	Monthly Participant Service Log	
	Intake Assessment and Report	
	Biannual Reports and Annual Report	
	1x Monthly Coaching Network/Meeting	
	Training and Supervision for Staff and Volunteers	
	Program Monitoring and Evaluation	
	Program Direct Services and Education	
	Regional Office Outreach, Engagement	
	Administrative Support (paperwork, referrals and linkages)	
	Group Counseling/ Support Groups	
	Education, Career Services, Well-being and Life Skills	
	Child and Family Team Meetings	
Table B	PROPOSED HOURLY RATE FOR ENHANCED SERVICES	
	TYPE OF COUNSELING	HOURLY RATE
	Individual and/or Family (Evaluated based on estimated 10 hours per month)	\$ _____ (Must be between \$60 - \$72 per hour)
Table C	RATE FOR PRIDE EVENTS	
	Two Events Maximum	FLAT RATE (per event, per youth)
		\$125

REQUIRED FORMS – EXHIBIT 10

PRICING SHEET

Table D	RATE FOR AUXILIARY FUNDS	
	Auxiliary/Emergency Funds	FLAT RATE (per event/per youth)
		<u>\$300</u>
Table E	RAINBOW RESOURCE NETWORK	
	Community Outreach and Engagement	FLAT RATE (per month)
	Youth Engagement and Linkages	<u>\$ 5000</u>
	Procurement, Ordering, Invoicing	
	Training and Office Engagement	
	Monthly Report	
	Annual Report	
	Program Monitoring and Evaluation	
	*Direct Resources, Supplies and Items: At least 60% of total (refer to Exhibit B-1 for allowable Direct Resources, Supplies and Items)	
	*Staffing and Youth Engagement Stipend: Not to Exceed 40% of total	
Table F	PROPOSED NUMBER OF PARENT AND CAREGIVER ENGAGEMENT EVENTS	
	Parent and Caregiver Annual Engagement Event(s)	FLAT RATE (minimum one per year)
		<u>\$ 3,000</u>

Table A Tailored Services to Youth: All services must be provided monthly and will be reimbursed per youth at the Flat Rate of \$1,500.

Table B Enhanced Services: Will be reimbursed at the proposed hourly rate. Proposals will be evaluated based on the estimated 10 hours per month.

Table C Pride Events: Will be reimbursed at the flat rate of \$125 per youth, per event.

Table D Auxiliary Funds: Will be reimbursed up to \$300 per youth, per year.

Table E Rainbow Resource Network services: Must be provided monthly and will be reimbursed at the flat rate of \$5,000 per month for a total of \$60,000 per year*.

Table F Parent and Caregiver Engagement Events: Will be reimbursed at the flat rate of \$3,000 (a minimum of one event per year).

*Direct Resources, Supplies and Items: At least 60% of the Rainbow Resource Network total (refer to Exhibit B-1 for allowable Direct Resources, Supplies and Items). *Staffing and Youth Engagement Stipend: Not to Exceed 40% of Rainbow Resource Network total.

The maximum annual contract amount payable under this contract will be \$460,000.

Print Name of Authorized Personnel:	Title:
Signature:	Date:

ALLOWABLE DIRECT RESOURCES, SUPPLIES AND ITEMS FOR THE RAINBOW RESOURCE NETWORK

Hygiene Products:

- Basic hygiene (deodorant, body wipes, etc.)
- Menstrual products- Diva cups, thinx panties, rings (+educational materials on how to use them)
- Hygiene, hair for creams/treatment
- Facial hair care

Daily living Essentials:

- Sewing kits
- Eyeglasses repair kits
- Heating pads
- Luggage/duffle bags, purses, etc.
- Sunscreen
- Phone chargers, portable chargers, battery packs
- Sharps containers (e.g., for Testosterone syringes)

Clothing, Shapewear & Accessories

- Professional clothes (non-slip shoes, dress shoes, black clothing)
- Clothes & shoes, including plus size
- Heels
- Athletic gear
- Underwear
- Socks
- Bras + inserts
- Wigs
- Wig glue lace
- Binders
- Insoles, shoulder pads
- Packers (standards + STP)
- Shape wear
- Tape, GAF/underwear, tape removal oil
- Full face of makeup supplies
- Jewelry/accessories

ALLOWABLE DIRECT RESOURCES, SUPPLIES AND ITEMS FOR THE RAINBOW RESOURCE NETWORK

Additional Items:

- Art supplies
- Backpacks
- Items that are not readily available at stores, etc.

Notes for Organizing Closets:

- Reach out to businesses for donations & gift cards for sponsorships
- One on one consultations
- Pop up safe space
- Post op core education

Summary Findings/Themes:

- Basic Needs/ Essential Items are critical (hygiene products, first aid, etc.)
- Variety/relevant inventory (seasonal needs, plus size, color/shade of products important, etc.)
- Desire for educational information (for youth beneficiaries and also about relevant topics e.g. post-op care/recovery)

REQUIRED FORMS – EXHIBIT 11

LINE-ITEM BUDGET SAMPLE

(*Number of Referrals Not Guaranteed)

DIRECT COST (List each staff classification)

Payroll:	FTE*	Hourly Rate	Monthly Salary	Months	Total
Contract Program Coordinator	_____	\$ _____	\$ _____	\$ _____	\$ _____
Contract Program Navigator	_____	\$ _____	\$ _____	\$ _____	\$ _____
Counselor/Therapist	_____	\$ _____	\$ _____	\$ _____	\$ _____
Substance Abuse Counselor	_____	\$ _____	\$ _____	\$ _____	\$ _____
Intimate Partner Violence Counselor	_____	\$ _____	\$ _____	\$ _____	\$ _____
Other		\$ _____	\$ _____	\$ _____	\$ _____
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, Sub-paragraph 8.25, Insurance Coverage Requirements)	\$ _____
_____	\$ _____
_____	\$ _____
Mileage	\$ _____
Supplies	\$ _____
Services	\$ _____
Office Equipment	\$ _____
Telephone Utilities	\$ _____
Other Direct costs	\$ _____
Other	\$ _____
TOTAL INSURANCE/MISC. S&S	\$ _____

TOTAL DIRECT COSTS \$ _____

INDIRECT COST (List all appropriate)	\$ _____
General	\$ _____
Accounting/Bookkeeping	\$ _____

REQUIRED FORMS – EXHIBIT 11

LINE-ITEM BUDGET SAMPLE

Management Overhead (Specify) \$ _____
Other (Specify) \$ _____

TOTAL INDIRECT COSTS \$ _____

TOTAL DIRECT AND INDIRECT COST

PROFIT (Please enter percentage: %) \$ _____

TOTAL MONTHLY COSTS \$ _____

**TOTAL MONTHLY COSTS \$ _____ x 12 months =
Annual Costs of \$ _____ ***

Table A: Tailored Services to Youth

In-person/Virtual Visit (two visits per month) \$ _____
Case Management and Consultation(s) \$ _____
Monthly Participant Service Log \$ _____
Intake Assessment and Report \$ _____
1x Monthly Coach Network/Meeting \$ _____
Training and Supervision for Staff and Volunteers \$ _____
Program Monitoring and Evaluation \$ _____
Program Direct Services and Education \$ _____
Regional Office Outreach, Engagement \$ _____
Administrative Support (paperwork, referrals, and linkages) \$ _____
Group Counseling/Support Groups \$ _____
Education, Career Services, Well-being and Life Skills \$ _____
Child and Family Team Meetings \$ _____

TOTAL FOR TAILORED SERVICES TO YOUTH COSTS \$ _____

Table B: Proposed Hourly Rate for Enhanced Services

Individual and/or Family \$ _____

TOTAL FOR ENHANCED SERVICES COSTS \$ _____

Table C: Rate for Pride Events

Two Event Maximum \$ _____

TOTAL FOR PRIDE EVENTS COSTS \$ _____

Table D: Rate for Auxiliary Funds

Auxiliary/Emergency Funds \$ _____

TOTAL FOR AUXILIARY FUNDS COSTS \$ _____

REQUIRED FORMS – EXHIBIT 11

LINE-ITEM BUDGET SAMPLE

Table E: Rainbow Resource Network

Community Outreach and Engagement	\$ _____
Youth Engagement and Linkages	\$ _____
Procurement, Ordering, Invoicing	\$ _____
Training and Office Engagement	\$ _____
Monthly Report	\$ _____
Annual Report	\$ _____
Program Monitoring and Evaluation	\$ _____

TOTAL FOR RAINBOW RESOURCE NETWORK COSTS \$ _____

Table F: Parent and Caregiver Engagement Event(s)

Parent and Caregiver Annual Engagement and Event(s) (minimum one per year)	\$ _____
---	----------

*Direct Resources, Supplies and Items: At least 60% of total (refer to Exhibit B-1 for allowable Direct Resources, Supplies and Items)

TOTAL FOR PARENT AND CAREGIVER ENGAGEMENT EVENTS COSTS \$ _____

Total Annual Budget:	\$ _____
Total Indirect and Direct Monthly Costs:	\$ _____
Total for Tailored Services to Youth Costs:	\$ _____
Total for Enhanced Services Costs:	\$ _____
Total for Pride Events Costs:	\$ _____
Total Auxiliary Funds Costs:	\$ _____
Total for Rainbow Resource Network Costs:	\$ _____
Total for Parent and Caregiver Annual Engagement Events Costs:	\$ _____
Total Annual Cost:	\$ _____

Contractor Name:	Title:
Signature:	Date:

Program Manager Name:	Title:
Signature:	Date:

REQUIRED FORMS – EXHIBIT 12

BUDGET NARRATIVE SAMPLE

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 Full Time Equivalent. 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 fifteen percent (15%) of their Maximum Annual Contract Sum for administrative/indirect costs.

Contractor Name:	Title:
Signature:	Date:

Program Manager 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 1-13 IS TRUE AND CORRECT.

PRINT NAME: _____	TITLE: _____
SIGNATURE: _____	DATE: _____

APPENDIX C

Appendix

C Solicitation Requirements Review (SRR) Request

SOLICITATION REQUIREMENTS REVIEW (SRR) REQUEST

Proposers/Bidders requesting a Solicitation Requirements Review must submit this form to the County within the timeframe identified in the solicitation document.

Proposer/Bidder Name:	Date of Request: _____
Solicitation Title: _____	Solicitation No.: _____

A **Solicitation Requirements Review** is being requested because the Proposer/Bidder asserts that they are being unfairly disadvantaged for the following reason(s): *(check all that apply)*

- Application of **Minimum Mandatory Requirements**
- Application of **Business Requirements**
- Application of **Evaluation Criteria**
- Due to **unclear instructions**, the process may result in the County not receiving the best possible responses from prospective Proposers/Bidders.

For each area contested, Proposer/Bidder must explain in detail the factual reasons for the requested review. *(Attach supporting documentation and specify the underlying authority of the person or entity submitting a proposal/bid (e.g., letterhead, business card, etc.).)*

Request submitted by:

Name: _____ Title: _____

For County use only

Date SRR Request:

Received by County:

Solicitation Released:

Reviewed by:

County of Los Angeles – Department of Children and Family Services

RESPONSES TO PROPOSERS' QUESTIONS

Wellbeing Services for Youth and Families

Request for Proposals (RFP #25-04-018)



Questions and Answers

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CONTRACT QUESTIONS

1. **QUESTION:** Beyond meeting the minimum requirements, what most distinguishes high-scoring proposals in this solicitation?

RESPONSE: The RFP, Section 8.5 Business Proposal Requirements and Evaluation Criteria, includes the Sections that will be evaluated as well as the points that will be awarded.

2. **QUESTION:** How much weight will DCFS place on an agency's existing DCFS relationships, referral history, or prior collaboration within the specific SPA?

RESPONSE: The RFP, Section 8.5 Business Proposal Requirements and Evaluation Criteria include the percentage and maximum points that will be awarded to each section. References are listed.

3. **QUESTION:** For the required two years of audited financial statements, will DCFS accept any alternative documentation if one audit is currently in process?

RESPONSE: No, the RFP, Section 8.5 Business Proposal Requirements and Evaluation Criteria, Subsection 8.5.3 Proposer's Qualifications (Section B), paragraph 8.5.3.4 Proposer's Financial Capability (Section B.3), indicate that Proposer must provide copies of the company's current and prior fiscal year audited financial statements.

4. **QUESTION:** Our organization currently has one completed audited financial statement available from 2024, with additional financial records available upon request. Could you please clarify whether proposers must submit two completed annual audits to be considered responsive, or whether one completed audit with supplemental financial documentation would be acceptable?

RESPONSE: No, the RFP, Section 8.5 Business Proposal Requirements and Evaluation Criteria, Subsection 8.5.3 Proposer's Qualifications (Section B), paragraph 8.5.3.4 Proposer's Financial Capability (Section B.3), Proposer must provide copies of the company's current and prior fiscal year audited financial statements. The audited financial statement must be the most recent and completed audited financial statement available for a fiscal period not more than 18 months old at time of submission.

County of Los Angeles – Department of Children and Family Services

5. **QUESTION:** When will we receive fillable versions of the pdf forms?

RESPONSE: Fillable versions of the PDF forms are attached to Addendum Number One.

6. **QUESTION:** Required Form 5, pg. 306/328, Are there any particular signature requirements for the forms? Ex. Electronic? Adobe digital secure? Wet signature okay?

RESPONSE: The instructions included in Appendix B – Required Forms Exhibit 5, do not require any signatures.

7. **QUESTION:** Required Form 7, pg. 309/328, Do we need to complete the CBE information on Required form exhibit 5 if it is not applicable to our organization as a nonprofit 501c3?

RESPONSE: This form is required if the proposer is certified as Community Based Enterprise. The Exhibit 5 - CBE Form in RFP, Appendix B – Required Forms, include instructions for completing this form.

8. **QUESTION:** We have a large number of public contracts to list for required forms exhibit 7- is it ok if we submit a list with the same formatting? Due to Adobe form filling restrictions, we cannot duplicate this form and re-combine all contract forms without the fillable forms merging as "one" document rather than 7 different pages. Please advise.

RESPONSE: The RFP, Appendix B- Required Forms Exhibit 7-List of Public Entities, state, "Use additional pages if required."

9. **QUESTION:** Formatting Question: Is there a specific narrative format requested?

RESPONSE: No specific format is required; however, we recommend use of Arial, font 12.

10. **QUESTION:** Formatting Question: Are there word counts, font styles, or font size requirements for the narrative or quality assurance plan sections?

RESPONSE: There are no word counts, for the narrative or quality assurance plan; however, recommend use of Arial font 12.

County of Los Angeles – Department of Children and Family Services

11. **QUESTION:** MMR 4.7, pg.10/328, Formatting Question: What part of the business proposal would you like to see the policies & procedures for non-discrimination and harassment? Please advise.

RESPONSE: The Minimum Requirement, Section 4.7 in RFP, references the policies & procedures to be included in the Business Proposal.

12. **QUESTION:** Section 8.8, pg. 36/328, I see in the proposal submission for the second file of the cost proposal, it lists a narrative is required? Where is the prompt to the narrative?

RESPONSE: The Budget Narrative is referenced in RFP, Required Forms, Exhibit C.

13. **QUESTION:** Exhibit 8, pg. 310/328, Regarding references- do the references provided need to be from organizations in which we have explicitly had contracts with or can they be from other organizations that we have partnered with, but not had a formal agreement in place?

RESPONSE: The RFP, Appendix B- Required Forms, Exhibit 8- List of References, state; "Proposers must provide four (4) references where the same or similar scope of services was provided as stated."

14. **QUESTION:** Proposers Financial Capability 8.5.3.4., PG. 29/328, For the audited financial statement requirement, are full and complete financial statements required, or what are the key elements being reviewed as part of the scoring process? What are the key metrics we are being evaluated for, as I see it states, "at a minimum should include the balance sheet, statement of income, and statement of cash flows"?

RESPONSE: The required documents are referenced in RFP, Section 8.5 Business Proposal Requirements and Evaluation Criteria, Subsection 8.5.3 Proposer's Qualifications (Section B), paragraph 8.5.3.4 Proposer's Financial Capability (Section B.3), which state in part, "Statements should include the company's assets, liabilities and net worth and, at a minimum, should include the Balance Sheet, Statement of Income, and the Statement of Cash Flows. "

15. **QUESTION:** Preparation of the Proposal 8.4, pg. 25/328, Confirming what is listed here is the manner in which the county wants the files submitted, as stated? It states that MMRs are required in the narrative section, although may the team confirm, are these able to be referenced below if included in sections further down as long as they are referenced? Where would Section E be included in the proposal as this is not outlined?

County of Los Angeles – Department of Children and Family Services

RESPONSE: For the submission of the Policies and Procedures for MMR 4, please refer to RFP, Section 8.4 Preparation of the Proposal.

Section E is the last Section of the Business Proposal. Please refer to RFP, Section 8.5 Business Proposal Requirements and Evaluation Criteria, Subsection 8.5.6.

16. **QUESTION:** 8.8.6, pg. 36/328, What is meant by section 8.8.6 listing that proposers must also include a redacted proposal in searchable PDF? Is this a separate item required to be submitted in addition to a non-redacted version?

RESPONSE: The RFP, Section 8.8 Proposal Submission, Subsection 8.8.6., state in part, “Proposers must specifically redact only those parts of the Business Proposal that are actual trade secrets, confidential, or proprietary in nature. Blanket or categorical redactions and/or statements of confidentiality, or the marking of each page of the proposal as "Trade Secret," "Confidential," or "Proprietary," are not acceptable, and will be rejected in the sole discretion of the County.”

NO, this is not a separate item.

17. **QUESTION:** 8.6.3.1. Breakdown of Total Possible Points, pg. 35/328, May the county please clarify what this section means, “Fifteen percent (15%) of the lowest cost proposed will be calculated, not to exceed \$150,000, and that amount will be deducted from the cost submitted by all Proposers who requested and were granted the preference”?

RESPONSE: The 15% pertains to the County “Preference” Programs. This applies to agencies who request and are granted any of the three County Preference, as referenced in RFP, Section 7.0 County’s Preference Programs.

18. **QUESTION:** 8.5.1, pg.26/328, What does it mean to identify paragraph numbers in the table of contents?

RESPONSE: A number should be assigned to each paragraph in response to applicable section in the proposal.

19. **QUESTION:** Business proposal Format Section, pg.26/328, Is the cover page synonymous with the table of contents/executive summary?’

RESPONSE: No, refer to RFP, Section 8.4 Preparation of Proposal, Subsection 8.4.1, paragraphs 8.4.1.1 through 8.4.1.2, for the details of the Proposal format.

20. **QUESTION:** Anticipated contract term 1.0 Solicitation Information & MMRs, pg. 5/328, When will providers be notified of award? Anticipated contract term 1.0 Solicitation Information & MMRs- only states contract start date not notification date.

RESPONSE: Tentative Selection letters will be sent prior to contract start date.

21. **QUESTION:** 20.0 Green Initiatives, pg. 149/328, Green Initiatives: Can you elaborate on the green initiatives your department is interested in?

RESPONSE: The Statement Of Work Section 20.0, state in part, “reasonable efforts to initiate “green” practices for environmental and energy conservation benefits.

22. **QUESTION:** Can you please elaborate on section 8.8.2 Business Proposal – (Cover Page/Narrative,). What information are you expecting on these 2 requirements. In addition, is there a specific template, word count, font size, etc.?

RESPONSE: Section 8.4.Preparation of the Proposal. The format details and what is needed in the business proposal is listed there. When preparing or responding to this Request for Proposal, take time to carefully review. As a Business Proposal and a Cost Proposal, is needed and the different sections to be included are listed there For example, Section 8.5.1 includes the different sections A through E, And within each of those sections, there's specific information that needs to be completed, The second part is what Is there a specific template word count, font size, etcetera? The response is no.

23. **QUESTION:** Pg. 29 of the RFP, Section 8.5.7 – As a nonprofit, do we need to include an IRS Determination Letter in our application materials? If so, where in the application should this be included?

RESPONSE: Please refer to Section 8.5.7 Business Proposal, Required Forms and Corporate Documents. This section lists all the Exhibits 1 through 13 in addition to the corporate documents that are required. Following the order that is prescribed in the RFP is the best way to respond and to know where you should include these documents.

24. **QUESTION:** Pg. 29 of the RFP, Section 8.5.7 – Can you please confirm whether there are any total page limits, section page limits, file-size limits, attachment limits, font/margin requirements, or other formatting restrictions beyond the requirements to

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submit two separate PDF files, clearly number pages, and follow the prescribed Business Proposal and Cost Proposal sequence?

RESPONSE: No, there is no total page limits.

Yes, that is exactly what we are asking, to submit a copy of a PDF file for the Business and Cost Proposal. In addition, Section 8.4.2 refers to the need to number each page clearly and consecutively within each of the electronic files that you are to submit.

25. **QUESTION:** Under business proposal requirements in section 8.5- for orgs currently in their second annual financial audit- can the finalized audit be submitted roughly 3 weeks after the due date of the proposal (with all other documents submitted on time)?

RESPONSE: This was addressed earlier. The audited financial statements, the requirement in RFP Section 8.5.3.4, states in part that the current and prior fiscal years audit financial statement must be submitted.

26. **QUESTION:** Section 8.6 – Cost Proposal Requirements: Are Exhibits 10 (Pricing Sheet), 11 (Line-Item Budget), and 12 (Budget Narrative) required to be merged and submitted as a single combined PDF file, or may they be submitted as separate PDF documents?

RESPONSE: Please refer to RFP Section 8.4 Cost Proposal Requirement and Evaluation, which details how the documents are to be submitted for the Cost Proposal. In addition to Subsections 8.4.1, paragraphs 8.4.1.1 and 8.4.1.2.

27. **QUESTION:** Section 8.4 – Submission Requirements: Should the Budget Narrative (Exhibit 12), which we have prepared as a separate Word document, be converted to PDF and merged with Exhibits 10 and 11 into one Cost Proposal file prior to submission? I also want to note that we were unable to locate the budget exhibit forms as standalone downloadable files. We extracted Exhibits 10, 11, and 12 directly from the main RFP PDF in order to complete them. Please let us know if there are separate fillable versions we should be using instead.

RESPONSE: This response is similar to the previous question regarding RFP Section 8.4 Preparation of Proposal details what we are looking for in both the business proposal as well as the cost proposal. One PDF file for Business Proposal and one PDF of the Cost Proposal. This section includes the documents that are needed.

Exhibits 10, 11 and 12 are sample budget documents only and fillable versions of the document are attached to Addendum Number One.

28. **QUESTION:** If a proposer seeks to serve multiple SPAs, should that be submitted as one proposal or separate proposals/pricing by SPA? Reference: §4.5, p. 2; Exhibit B, pp. 119–120.

RESPONSE: A Business Proposal and Cost Proposal is needed for each SPA you are applying for.

29. **QUESTION:** Are there specific scoring rubrics/considerations for services focusing specifically on trans, gender diverse and intersex sub-populations who have particular needs often lost within LGBTQIA+ service delivery and not always comprehensively anticipated by their care orientations?

RESPONSE: Please refer to the RFP Section 8.5 Business Proposal Requirements and Evaluation Criteria, where the breakdown of possible points for each of the sections for the Business Proposal and Cost Proposal is included.

30. **QUESTION:** Re: page 299 Appendix B required forms. Are we to type or write in the proposal? I tried typing in where it says enter text but it doesn't allow. How are to submit proposal?

RESPONSE: Fillable versions of the PDF forms are attached of Addendum Number One.

31. **QUESTION:** Is there a limit to how many SPAs we can apply for?

RESPONSE: Yes. Up to four SPAs per agency.

PROGRAM SERVICE QUESTIONS

32. **QUESTION:** PDF Pg. 9 Paragraph 3.2.3 Quote: “Contractors will be required to provide Wellbeing Services for Youth and Families Monday through Friday from 8:00 am to 10:00 pm PST, including [County-recognized holidays](#), and Saturday and Sunday from 8:00 am to 5:00 pm to maximize support for participants and ensure office access.”

- I had a clarifying question regarding section 3.2.3 Days of Operation of the RFP for Wellbeing Services for Youth and Families (referenced above)—

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do agencies need to be physically open during these hours or just ensure that participants have outside resources they can connect to outside of the agency’s business hours?

RESPONSE: Services must be available to meet the needs of the client outside of traditional business hours, to accommodate the needs of young people and families that have many competing services. The physical location is not required to be open. Additionally, the hours will be updated to reflect 8am-5pm in all areas of the SOW and RFP.

Eligibility and Experience

33. **QUESTION:** For Minimum Mandatory Requirement #5, how does DCFS define acceptable “support services to LGBTQIA2S+ youth and/or families”?

RESPONSE: Please refer to SOW Section 5.0 Service Goals and 6.0 Service Objectives of the SOW for the overview of support services to improve outcomes for LGBTQ+ youth.

34. **QUESTION:** Does the required three years of experience need to be demonstrated solely by the proposer organization, or may it also be supported by the experience of key staff, subcontractors, or formal partners?

RESPONSE: Please refer to RFP Section 4.5 – Mandatory Minimum Requirements. Please describe how the proposer demonstrates experience to meet these requirements. This may include any part of the proposer’s plan for services and staffing.

35. **QUESTION:** For agencies that serve youth and families countywide, how strictly will DCFS interpret the requirement that experience be in the specific SPA(s) the agency intends to serve?

RESPONSE: Please refer to RFP Section 4.5 – Mandatory Minimum Requirements. Please describe how the proposer demonstrates experience to meet these requirements.

36. **QUESTION:** What types of documentation does DCFS consider strongest for demonstrating LGBTQIA2S+ experience in a SPA, such as contracts, referral logs, service counts, client examples, letters of support, or MOUs?

RESPONSE: Please refer to RFP Section 4.5 – Mandatory Minimum Requirements. Please utilize documentation that best reflects the proposer’s experience and qualifications.

37. **QUESTION:** If an agency has supported LGBTQIA2S+ youth as part of broader foster care, family stabilization, or youth wellbeing programming, will that count toward the experience requirement if those services can be clearly documented?

RESPONSE: Please refer to RFP Section 4.0 – Minimum Mandatory Requirements. Please utilize documentation of programming that best reflects the proposers experience and qualification.

Staffing and Qualifications

38. **QUESTION:** The SOW references a minimum of one CPC, two CPNs, and one RRNC. Are any of these roles required to be full-time, licensed, or dedicated exclusively to this contract?

RESPONSE: These roles are not required to be full-time, licensed or dedicated exclusively to this contract, provided each individual meets the qualifications of the role they are providing and capacity supports this. Please refer to SOW Section 10.0 – Contractor’s Staff Qualifications and Requirements.

39. **QUESTION:** Are there minimum education, experience, credentialing, or licensure requirements for the CPC, CPN, RRNC, counselor/therapist, substance use counselor, or IPV counselor roles?

RESPONSE: Please refer to SOW Section 10.0 – Contractor’s Staff Qualifications and Requirements for CPC, CPN and RRNC. There are not detailed education, experience, credential or licensure requirements for counselor/therapist, substance use counselor or IPV counselor roles.

40. **QUESTION:** May one staff member serve in more than one role, such as CPC and counselor, or RRNC and CPN, if qualifications and capacity support it?

RESPONSE: Yes, one staff member may serve in more than one role, if qualifications and capacity support it. Please refer to SOW Section 10.0.

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41. **QUESTION:** Is bilingual staffing required in certain SPAs, or is it preferred but not required?

RESPONSE: No, bilingual staff is not required in certain SPAs. Please refer SOW Section 9.29 for language requirements.

42. **QUESTION:** Is there a minimum number of staff who must already be trained in SOGIE/LGBTQIA2S+ affirming practice at the time of proposal submission, versus by contract start?

RESPONSE: No, there is no minimum number of staff who must already be trained in affirming practices at the time of proposal submission. Please refer to SOW Section 10.0.

Service Delivery

43. **QUESTION:** What is the expected average active caseload per contractor and per CPN?

RESPONSE: This will vary depending on the organization and agency capacity. Please refer to SOW Section 9.11.

44. **QUESTION:** For the requirement of two contacts per month, may one contact be virtual at the participant's request, and are there any circumstances in which both contacts may be virtual with prior approval?

RESPONSE: Please refer to SOW Section 14.5 – Tailored Services for Youth In-Person Visits. Yes, one monthly contact may be virtual at the participant's request. Yes, there are circumstances where both contacts may be virtual with prior approval. Approval is based on individual participant needs and case circumstances. Please refer to SOW Section 14.5.4 for waiver information.

45. **QUESTION:** What specific services fall under Enhanced Services, and how does DCFS expect those services to be documented and billed?

RESPONSE: Individual and family counseling fall under Enhanced Services. Those services are billed hourly and documented on the Monthly Service Log submitted with monthly invoices. Please refer to Exhibit 10 Pricing Sheet.

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46. **QUESTION:** Are agencies expected to provide all Enhanced Services directly in-house, or may some services be delivered through referral partners or subcontractors?

RESPONSE: Contractors must provide eligible participants with referrals and information about County provided mental health services. Contractor must provide linkages to well supported, evidence supported, trauma-informed, culturally relevant mental health services, including agency or community providers, and consider coordination of services through DCFS Service Linkage Specialist (SLS) staff and Department of Mental Health liaison for eligible participants. Please refer to SOW Section 14.7.1 – Mental Health Services, including Individual, Family and Group Therapy/ Counseling.

The proposer may subcontract any services in the SOW, with prior approval from the County Program Manager, and the subcontracting does not exceed the financial limits of this contract, and eligibility requirements are met. Additionally, the County strongly encourages subcontracting as a strategy to facilitate access to community-based services tailored to the unique needs of children, youth and families. It is particularly advocated that subcontracting efforts focus on organizations dedicated to serving underrepresented groups, such as people of color, women, the LGBTQ+ community and indigenous communities. Please refer to SOW Section 14.19 for additional information. Please note that the requirements of this Contract may not be subcontracted by the contractors without advance approval of the County. Please refer to Sample Contract Section 8.29 – Subcontracting.

47. **QUESTION:** How many Pride Events per year are typically expected or historically reimbursed per SPA?

RESPONSE: Refer to SOW Section 14.8 – Pride Events and Conferences, and Exhibit 10 – Pricing Sheet. Two events per youth must be offered and reimbursed annually.

Rainbow Resource Network

48. **QUESTION:** For the Rainbow Resource Network, what qualifies as an acceptable RRN site? Must it be operated directly by the contractor, or can it be hosted at a partner location?

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RESPONSE: RRN sites are not required to be located on the campus of or directly operated by the contractors. Locations may be hosted at partner locations. Acceptable locations are spaces that are youth friendly, allow for privacy to explore and learn about the resources, and offer a variety of hours to accommodate young people attending school and work, as well as transportation options (i.e. bus routes, train, etc.). Please refer to SOW Section 9.12 for additional details.

49. **QUESTION:** Does DCFS expect a permanent physical RRN location in each SPA, or would satellite or partner-hosted affirming spaces be acceptable?

RESPONSE: RRN sites are not necessarily required to be permanent, but should be consistent to allow for shared communication about their location with youth, partners and other RRN providers. Partner-hosted affirming spaces are acceptable. Please refer to the SOW Section 6.5.

50. **QUESTION:** How will DCFS interpret the requirement that at least 60% of RRN funding be used for direct resources, supplies, and items? For example, would hygiene products, clothing, gift cards, or youth-specific support items qualify?

RESPONSE: Please refer to Exhibit B-1 Allowable Direct Resources Supplies and Items. Hygiene products, clothing, and youth specific support items qualify towards the 60%, as do the resources necessary to set up the space, for example shelves, lighting and seating. Gift cards must be pre-approved by the County Program Manager and will count towards the 60%. The County Program Manager will conduct an on-site fiscal and administrative reviews at least once per year and review receipts. Additional fiscal reviews will be conducted by the County.

Proposal and Evaluation

51. **QUESTION:** Are there incumbent providers for these services, and if so, will DCFS share any historical utilization, service volume, or performance expectations by SPA?

RESPONSE: Yes, there are incumbent providers. No, DCFS will not share historical information. Performance expectations by SPA are described throughout the SOW and RFP.

Facilities and Compliance

52. **QUESTION:** For the office requirement, does the office need to be secured by the time of proposal submission, or only in place prior to contract start?

RESPONSE: Office location requirements need to be in place prior to the contract start date. Please refer to RFP Section 9.18.2.

53. **QUESTION:** Are co-located or shared administrative offices acceptable, provided they are within the SPA or an adjacent SPA?

RESPONSE: Co-located and shared administrative offices are acceptable. Please refer to Sample Contract, Section 9.18.

54. **QUESTION:** Are agencies expected to comply with HIPAA because of the nature of the services, or only if they handle specific protected health information?

RESPONSE: All client information must be held to high standards of confidentiality. Please refer to Sample Contract Section 7.6 for confidentiality requirements. HIPAA information would apply for specific health information. Please refer to Sample Contract – Section 9.1. Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Partnerships

55. **QUESTION:** May a proposer use formal subcontractors or community partners to meet specialized service needs while the prime contractor remains fully responsible for contract performance?

RESPONSE: Yes, the proposer may subcontract any services in the SOW, with prior approval from the County Program Manager, and the subcontracting does not exceed the financial limits of this contract, and eligibility requirements are met. Additionally, the County strongly encourages subcontracting as a strategy to facilitate access to community-based services tailored to the unique needs of children, youth and families. It is particularly advocated that subcontracting efforts focus on organizations dedicated to serving underrepresented groups, such as people of color, women, the LGBTQ+ community and indigenous communities. Please refer to SOW Section 14.19 for additional information. Please note that the requirements of this Contract may not be subcontracted by the contractors without advance approval of the County. Please refer to Sample Contract Section 8.39 – Subcontracting.

The proposer may utilize referrals and community linkages to meet the unique, specialized service needs of individual clients. Please refer to SOW Section 14.6 – Direct Services, Subsection 14.6.4 through 14.6.13, and SOW Section 14.7 – Enhanced Services.

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56. **QUESTION:** RFP No. 25-04-018, page 46, paragraph 9.18 of the Sample Contract says the following: “Contractors must have an administrative office headquartered in Los Angeles County within the SPA or in an adjacent SPA where services will be provided. The office must be staffed during the hours of 9:00 a.m. and 5:00 p.m., PST, Monday through Friday, by at least one (1) employee who can respond to inquiries and complaints which may be received about Contractor’s performance of the Contract.

- o Does every SPA require its own staff?

RESPONSE: No, each SPA does not require its own staff.

57. **QUESTION:** RFP No. 25-04-018, page 46, paragraph 9.18 of the Sample Contract says the following: “Contractors must have an administrative office headquartered in Los Angeles County within the SPA or in an adjacent SPA where services will be provided. The office must be staffed during the hours of 9:00 a.m. and 5:00 p.m., PST, Monday through Friday, by at least one (1) employee who can respond to inquiries and complaints which may be received about Contractor’s performance of the Contract.

- o Can an agency allocate staff from other programs?

RESPONSE: Yes, the agency may allocate staff from other programs provided staff have the appropriate qualifications and the program has the capacity to support this allocation. Please refer to SOW Section 10.0 for staff qualifications and requirements.

58. **QUESTION:** I am writing to request clarification regarding Section 8.5.4.8 of the RFP, which states that the proposer must describe how the agency will foster partnerships with youth-focused community providers to ensure a minimum of two (2) physical locations to host the Rainbow Resource Network within each SPA, as referenced in the Statement of Work, Section 14.0, subsection 14.12, and specifically Section 9.12.2, which states: “The RRNC will conduct outreach and partner with affirming, youth-centered community and county organizations to host partner RRN sites, for a minimum of two (2) physical locations within each SPA.”

- o Could you please confirm whether the proposer is required to directly operate and maintain two physical locations within each SPA, or could one of the required locations be a mobile or traveling site (such as a mobile unit or rotating community-based location)? That is, must both locations be fixed, permanent physical sites within each SPA?

RESPONSE: At least one location must be fixed. Other locations may be mobile or traveling sites, provided there is adequate communication about these locations to inform young people about the opportunity to access resources. A rotating schedule is acceptable. Please see SOW Section 14.12.3 and 14.12.4.

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59. **QUESTION:** 9.11.1 “The CPN will oversee 30 program participants during the month”, pg.111/328, Based on the language provided in this section, is 30 the maximum number of clients that can be reimbursed for the month, or per staff that oversees a case load?

RESPONSE: This is per caseload. “Each CPM may oversee up to 30 program participants per month.” This section will be revised and included in the addendum.

60. **QUESTION:** 10.14.5, pg. 118/328, What is meant by 10.14.5- what types of webinars are these required to be, and how many people are expected to be at the three offerings a year?

RESPONSE: Per SOW Section 10.14, topics will address educating staff to education community-based organizations that provide essential services for all youth so that agencies can be better equipped to meet the specific needs of LGBTQIA2S+ children and youth. The specific topics and number of participants will vary based on the need of the SPA.

61. **QUESTION:** 13.3.11, pg. 126/328, Looks like we will need to provide services in the language spoken by the children/family- are language services reimbursable under this contract:

RESPONSE: Yes, language services are reimbursable.

62. **QUESTION:** 14.12, pg. 137/328, This section states that the contractor must have a minimum of 2 physical locations to host the RRN in the SPA. Can a secondary site be another site the contractor has if also in the SPA? Is there a geographic or other distance required? Any other specifications for these sites that we must be made aware of?

RESPONSE: Sites should be located with the contracted SPA, accessible and youth friendly. Sites are not required to be located on the physical grounds of the contractor. Locations should provide a variety of operating hours, such as weekends and evenings to increase access for youth. Site should include dedicated spaces where youth may explore and learn about clothing, shapewear, personal care and hygiene items safely and discretely. Please see SOW Sections 14.12 and 14.13 for additional information about RRN sites.

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63. **QUESTION:** Pricing Sheet: Exhibit B- Table A, pg.29/328, If the provider is unable to complete one of the monthly activities for a client, will a portion of the \$1,500 total be paid to contractor as reimbursement?

RESPONSE: The needs of each participant will vary. Reimbursement will be based on documented diligent efforts to meet the needs of the individual participant.

64. **QUESTION:** Line-Item Budget Sample, pg. 223/328, This sheet states number of referrals are not guaranteed. Will we only be reimbursed for the number of clients enrolled in the program each given month? And what is the maximum number of clients that one can have in each program?

RESPONSE: Payment for Direct Services will be provided for the number of youth enrolled in each program each given month. The maximum number of participants is based on the program budget and staffing capacity. Payment for Enhanced Services will be provided for services provided. The Pricing Sheet provides a flat rate for Rainbow Resource Network and Parent and Caregiver Engagement. Please refer to Exhibit B – Pricing Sheet.

65. **QUESTION:** Line-Item Budget Sample, pg. 223/338, I see the sample budget lists Contract Program Coordinator, Program Navigator Counselor/Therapist, SUD counselor, Intimate Partner violence counselor. Are these all required positions as part of the contract? Above, in the staffing section, I thought only 4 positions were minimally required?

RESPONSE: The Line-Item Budget is a sample only. Only the four positions are minimally required. For specific required positions, please refer to the Contractor's Responsibilities, SOW Section 9.0.

66. **QUESTION:** 9.0 Contractor Responsibilities, pg.110/328, What staff are required to be full-time FTEs?

RESPONSE: There is no specific requirement for the roles or number of FTEs.

67. **QUESTION:** Line-Item Budget Sample, What is the maximum indirect cost % allowed?

RESPONSE: 10% is the State standard. However, recently the LA County Auditor Controller Handbook has been updated to 15%. Please refer to Appendix B, Required Forms, Exhibit 12.

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68. **QUESTION:** Required Forms- Exhibit 10 Pricing Sheet, pg.316/328, What is the maximum number of individual and or family sessions in the ENHANCED SERVICES category that can be provided a month? Can two different rates be proposed for each of these?

RESPONSE: Per Pricing Sheet, Exhibit 10, Table B, proposals will be evaluated based on the estimated 10 hours per month total, across all clients. In practice, the maximum number of individual or family sessions should be based on the needs of the participant.

69. **QUESTION:** Exhibit 10A, pg. 318/328, This form seems to just be an attachment. Does exhibit 10a need to be included in the submission

70. **RESPONSE:** This is only an attachment for reference, no need to be included in the submission.

71. **QUESTION:** 9.12.5, pg.112/328, How many engagement sites are required to be outreached to/month? I see it says a log must be submit- but what is the outreach expectation?

RESPONSE: Please refer to SOW Section 14.15 regarding the promotion of Tailored Services for Youth and RRN. DCFS and community outreach plans must include at least monthly engagement efforts. The outreach plan must be submitted to and approved by the CPM biannually. Outreach should be informed by the needs of the community and program participation.

72. **QUESTIONS:** 9.11.1, PG.223/328, Is there an annual expectation of number of youth to be seen in both programs? How many clients would we be expected to see in a year time period?

RESPONSE: Client participation is due in large part to outreach and engagement of DCFS staff, youth, parent/ caregivers and community partners. The goal is to address the needs of the youth within each SPA. Based on the TSY budget maximum, Contractors could serve up to about 20 participants per month per SPA.

73. **QUESTIONS:** 9.11.1, PG.223/328, How will referrals be provided for both of these programs?

RESPONSE: Referrals will be sent by DCFS CSW or other County staff who assess families to meet the criteria for benefiting from services, or youth self-referrals. The

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CPM will verify eligibility for all participants as referenced in SOW Section 7.2, Criteria for Tailored Services for Youth. Contractors are required to have an outreach plan to inform youth, families and providers of the available resources and obtain referrals and increase youth utilization of the programs. Please refer to SOW Section 14.15 – Promotion of Tailored Services for Youth and Rainbow Resource Network.

74. **QUESTIONS:** 9.11.1, PG.223/328, Who are the current contractors for services?

RESPONSE: The current contractors are LA LGBT Center and Penny Lane Center.

75. **QUESTIONS:** 9.4, pg.110/328, How many staff and interns must be a part of the program?

RESPONSE: There is no set number of staff or interns who must be a part of the program.

76. **QUESTION:** On Exhibit 10 - Pricing Sheet, a flat rate of \$1,500 is indicated for a combination of 13 different services. On Exhibit 11 – Line-Item Budget, are we meant to price out each of these 13 services individually under Table A?

RESPONSE: The Line-Item Budget is a sample. You may submit the Line-Item Budget that best reflects your budget breakdown.

77. **QUESTION:** Regarding Exhibit B of the Statement of Work, and specifically Table B, the Proposed Hourly Rate for Enhanced Services, are we able to provide the required counseling services through another contract at a higher rate (and not seek DCFS funding for this) as long as we are still providing the service?

RESPONSE: Yes, clients can receive their mental health services wherever it's best for our young folks, their parents and caregivers to receive their mental health services. For mental health services provided through the contract, the maximum billable amount allowed by this contract will be the number from the pricing sheet.

78. **QUESTION:** Section 9.11.1, 111/328 “The CPN will oversee 30 program participants during the month.” Based on the language provided in this section, is 30 the maximum number of clients that can be reimbursed for the month, or per staff that oversees a case load?

RESPONSE: Yes, 30 is the number of clients that an individual CPN is able to supervise on a monthly basis, across all SPAs, to ensure that they have the ability to adequately engage all of the participants. The number of participants that are able to

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be reimbursed is based solely on the budget and the capacity of your agency to provide those services.

79. **QUESTION: (Same as Question #58)** Section 14.12, 137/328, This section states that the contractor must have a minimum of 2 physical locations to host the RRN in the SPA. Can a secondary site be another site the contractor has if also in the SPA? Is there a geographic or other distance required? Any other specifications for these sites that we must be made aware of?

RESPONSE: This question was answered previously. The primary requirement is that the two locations are located geographically within the SPA that the locations are youth friendly and affirming for our young folks. Please refer to Section SOW 14.12 and 14.13 for additional information. None of the RRN sites are required to be on the physical campus or location of the proposer. They can absolutely be in community sites.

80. **QUESTION:** Line-Item Budget Sample, 223/328, This sheet states number of referrals are not guaranteed. Will we only be reimbursed for the number of clients enrolled in the program each given month? And what is the maximum number of clients that one can have in each program?

RESPONSE: Yes, payment for the \$1500 is based on the number of enrolled participants, and the maximum number is based on the capacity of the organization to see the young folks as well as the budget for the agency.

81. **QUESTION:** Regarding Section 4.6, are all the agency's employees and volunteers required to be trained and competent in the required topics or only those working in the program funded by this contract?

RESPONSE: Only those working in the contract in the program funded by this contract.

82. **QUESTION:** Section 10.2 The CONTRACTOR's CPNs and RRNCs must have a high school diploma or equivalent and should have the ability to serve as a peer mentor, with lived experience as an LGBTQIA2S+ individual, or youth in foster care, or three (3) years' experience providing services to LGBTQIA2S+ children, youth, and families; training staff and volunteers on affirming practices as well as best practices for working with LGBTQIA2S+ populations; awareness of LGBTQIA2S+ affirming language and issues unique to LGBTQIA2S+ individuals and communities; supporting caregivers and youth during the coming out process; and/or overseeing program staff and volunteers. SOW: page 17. Lived experience is preferred but not required?

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RESPONSE: That's correct. We want to make sure that the most qualified folks to provide these services are given the opportunity to participate in the recruitment and hiring process. Please refer to SOW Section 10.3.1 "Contractor must outreach to recruit and employ diverse staff who represent the communities services by the Wellbeing Services for Youth and Families programs, including, but not limited to, individuals who identify as LGBTQIA2S+ and speak languages other than English, to serve as participants."

83. **QUESTION:** Regarding Section 9.17.1, are contractors required to be physically open and providing services during these hours or just be available for services in times of crisis?

RESPONSE: An addendum will be posted to clarify the office hours to be Monday to Friday, 9:00 am to 5:00 pm. Services need to be available outside of traditional business hours, based on the needs of an individual client. If a youth needs to meet at 6:00 pm, but the office closes at 5:00 pm, the agency needs to be able to be flexible to meet the needs of all participants. In addition, to providing information for 24-hour emergency support.

84. **QUESTION:** Section 14.6.3 Support Group and Mentorship Services CONTRACTOR must offer support groups and mentorship opportunities to help LGBTQIA2S+ children, youth, parents, caregivers, and DCFS staff: (1) Overcome barriers from third parties (e.g., school bullies); (2) Identify, affirm, process needs, challenges, concerns, and overcome personal biases; and (3) Develop strengths, activities, support, and resources, relating to their SOGIE identities. Support Groups must include:

- Coming Out and Self-Acceptance;
- Transgender experiences and support;
- Gender Non-Conforming and Non-Binary experiences and support; and
- LGBTQ- Sexual Orientations.

14.6.4 CONTRACTOR must provide LGBTQIA2S+ youth mentorship opportunities that foster trusting, confidential, one-on-one relationships with LGBTQIA2S+ mentors. These relationships must provide an opportunity to explore matters pertaining to SOGIE and a myriad of other life experiences. It is imperative that LGBTQIA2S+ youth and TAY are welcomed into environments that uplift and support them, reflect and represent who they are, magnify and encourage them to see their potential success in life. SOW: Page 30, Question: For 14.6.3 and 14.6.4 can we refer them to both or do we have to run the groups and create mentorship opportunities?

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RESPONSE: Yes, you can refer to anybody. As long as clients are linked with affirming services that are trauma informed and evidence based, referrals to community providers is acceptable.

85. **QUESTION:** Regarding Exhibit B of the Statement of Work, and specifically Table B, the Proposed Hourly Rate for Enhanced Services, our individual counseling can sometimes occur in the form of informal interactions with our youth clients. Would that be eligible for payment under this contract?

RESPONSE: The mental health services and enhanced services are billed on an hourly basis. The documentation to support billing for the enhanced services will be needed.

86. **QUESTION:** Sections 14.5 through 14.16 pages 29 to 43 Exhibit B, pages 119 to 120. Can the county share expected annual referral volume, target enrollment or historical utilization by SPA, so proposers can price and staff?

RESPONSE: The target enrollment would be, as much as your staffing allows and use the base rate, the auxiliary services and pride reimbursement. For young folks without enhanced services, you would max out at no more than 20 young people per month per SPA. If young people are participants in enhanced services, that number will go down as you bill for additional services. The max of 30 participants per CPN across all SPAs, the billable rate and the maximum amount per year.

87. **QUESTION:** Must the contractor directly host the required Pride events, or can participation in existing community Pride events satisfy the requirement?
Reference: §14.8.1, p. 37

RESPONSE: Yes, absolutely. Community events are allowed and encouraged. That section also includes things like mentioning Dodger Pride night or going to different events. The goal is to get young people out into the world and into the community and have the opportunity to participate in pride events. The events are not at all required to be hosted or created by the agency.

88. **QUESTION:** From the Wellbeing Services for Youth and Families section regarding awards-- it sounds like 2 awards per supervisor per district? But is that per pillar (the 3 pillars earlier mentioned) or does the org need to fulfill deliverables across all 3 pillars?

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RESPONSE: These awards will be provided by service planning area, not by supervisorial district. LA County has five supervisorial districts, but eight service planning areas, which all the county departments use for the allocation of resources and services. There is one contract award per service planning area. The organization needs to oversee all three pillars, direct services for Tailored Services for Youth, provision of resources for affirming resources through the Rainbow Resource network, as well as the parent and caregiver engagement. The organization is responsible for making sure that all those services are provided; however, they don't have to be the sole provider of all those services. Community partnerships, strong community linkages, referrals and subcontracting are allowed.

89. **QUESTION:** RFP section 9.2 requires a minimum of two CPN(s). If we are budgeting to serve an average of 20 clients per month, are we still required to have two part-time CPN(s)? Can we have one full time CPN instead of two part time CPN(s)?

RESPONSE: There are no employees for this contract required to be full time or dedicated exclusively to this program. This is based on the needs of an individual organization, the volume of referrals, if you have more than one SPA, your staffing needs can absolutely change. There is no need to be full-time and stado not need to be fully dedicated to this. Employees can serve more than one role. The second CPN could also be the RRNC. Employees can serve multiple roles as long as they meet the criteria for those roles.

90. **QUESTION:** 9.11.1 of pg.223/328. Is there an annual expectation of number of you to be seen in each program? How many clients would be? Would we be expected to see in a year time period?

RESPONSE: On average, if a contractor has one spa, it would be an average of 12, not to exceed 20 participants per month, and the participants can participate for over 18 months or up to 18 months with additional options for extending. This could be the same 20 participants. During the month, some graduate and others join. This depends on multiple SPAs and can adjust as well.

91. **QUESTION:** 14.11.1 The RRN utilizes a universal access model, with a targeted focus on supporting marginalized populations of youth up to age 24, including LGBTQIA2S+ youth, youth with previous DCFS or Probation Child Welfare involvement and youth of color. SOW: Page 38. Question: To clarify, only youth up to age 24 with previous DCFS/Probation only or any youth who identifies as GBTQIA2S+ youth?

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RESPONSE: It's a universal access model. There is no requirement that anybody, any participant or visitor to the locations has any system involvement in any way. We are prioritizing outreach and engagement to system impacted young people and the Rainbow Resource Network is very closely aligned with youth drop-in centers. Most drop-in centers have an upper age limit, usually of about age 24 to 25, and the services are really intended to serve the transition age youth population up to about age 24. There is no requirement for prior system involvement, only that the young person meets the criteria of whatever space that they're walking into. If for some reason they don't meet the criteria, the agency can refer them to another location.

92. **QUESTION:** 9.12.2 The RRNC will conduct outreach and partner with affirming, youth centered Community and county organizations to host partner RRN sites, for a minimum of two (2) physical locations within each SPA. If we only have one office can we partner with another agency for a second space or must we host our own second site?

RESPONSE: Yes. There's no requirement that the RRN must be on the campus or location of the contractor. We strongly encourage partnership with community organizations to make sure that resources are accessible throughout the county.

93. **QUESTION:** Is there a requirement of % of youth who identify as LGBTQIA2S+ vs former TAY? Will these specific breakdown need to tracked.

RESPONSE: For the purposes of the Rainbow Resource Network, there is guidance on basic demographic information that should be collected, and we never want that to be a barrier for folks to feel safe accessing resources. The basic information includes age or age bracket, race and ethnicity, whether a young person has system involvement as well as at least some SOGIE information if possible because we want to make sure that we're having targeted outreach, there's not a specific breakdown requirement for use. The Rainbow Resource network is really around supporting authentic and safe youth self-expression. Making sure that young people especially trans and non-binary young folks have access to the resources that they need to express themselves in a safe and healthy way, and resources to do so, with a targeted outreach on formerly or presently system involved young folks, but targeted but not exclusive.

94. **QUESTION:** Can the enhanced services be billed to their clients insurance vs invoicing?

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RESPONSE: Yes, as long as they qualify for insurance billing. There's a requirement to inform individuals of all their options to access healthcare and mental health care, and then help them make a decision that best meets their needs.

95. **QUESTION:** Can you clarify if all 3 primary components need to be provided– direct supportive services to children, youth, TAY, and their parents, siblings, legal guardians, caregivers and supportive adults hereinafter “Tailored Services for Youth”; provision of free and accessible affirming items for youth and TAY in community-based locations and spaces hereinafter “Rainbow Resource Network”; and supporting parents and caregivers through community engagement hereinafter “Affirming Parent and Caregiver Engagement.”

RESPONSE: Yes, the contractor must meet and oversee the provisions of all of these services.

96. **QUESTION:** How many contracts in each spot will be awarded?

RESPONSE: One contract per SPA.

97. **QUESTION:** To clarify as well, does this mean supportive services (access to a case manager as an example) should be available 7 days a week, 8 am – 5 pm?

RESPONSE: The office location needs to be open Monday through Fridays and then direct services need to be available to meet the needs of a young person. If a young person is only available on Saturday because they're in school and working and they can only meet on Saturday, then the hours need to be extended to the client for their monthly visit. For emergency needs, young people need to be provided with information for emergency health and mental health services, such as the Trevor Project.

98. **QUESTION:** 9.2 Appoint a minimum of two (2) CPN(s) who must accept referrals made on behalf of all LGBTQIA2S+ children and youth who meet program criteria. SOW: Page 12. Is this saying that we need a minimum of 2 CPNs per SPA?

RESPONSE: No, not necessarily. The need for additional CPNs will be based on referrals and open clients. Agency staff may serve in more than one role. If a Contractor has contracts for two SPAs, you don't necessarily need 4 CPNS, but you may need 3. One person may have dual roles between RRNC and CPN.

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99. **QUESTION:** Regarding exhibit b/pricing sheet and the request to estimate 10 hours per month for enhanced counseling services, does this mean we should anticipate an average case load of only 5 clients per month?

RESPONSE: No. Some of our young people are getting their mental health services from the Department of Mental Health or through their insurance, while others are receiving their mental health services through the Tailored Services for Youth program.

100. **QUESTION:** Does the county have preferred or required qualifications or credentials for staff providing case management and counseling via tailored services for youth? Social workers? LMFT? What about for the mental health services included in this category?

RESPONSE: Please refer to the SOW, Section 10.0 Contractor Staff Qualifications and Requirements.

101. **QUESTION:** How do we get clients? Do the families and youth get referred to the agency by DCFS or do we do outreach to find these families?

RESPONSE: Referrals can come from DCFS, but that is part of the communication outreach plan that's listed in the statement of work that must be submitted bi-annually to the county program manager. The SOW requires the contractor to engage in outreach to community providers and DCFS and inform young people, their parents and caregivers, social workers, treatment teams, that these resources exist. It can go either way and that's why that community outreach plan is an essential component. Please refer to SOW Section 14.15 – Promotion of Tailored Services for Youth and Rainbow Resource Network.

102. **QUESTION:** We receive in kind donations from corporate partners like Lush cosmetics, are we able to supply the closets with these donations for hygiene kits for youth?

RESPONSE: Yes. If you refer to the statement of work section 9.12.1, the Rainbow Resource Network, philanthropic partnerships are a key component to the sustainability and the array of resources available for young folks.

103. **QUESTION:** Should enhanced services proposed cost be calculated based on 10 hours per month among all clients? Or 10 hours per month per client?

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RESPONSE: 10 hours per month amongst all clients. Young people may be receiving their mental health services from a variety of sources.

104. **QUESTION:** Section 4.14 Rainbow Resource Network coordinators. Is the contractor required to manage and oversee all aspects of service delivery, including inventory, outreach, etc. For the RRN closets located within their contracted spa if the additional sites are subcontracted out?

RESPONSE: If Rainbow Resource Network leverages community partnerships to host resources, the RRNC is responsible for overseeing the collaboration, including providing inventory and collaborating on outreach. Part of the community partnership should be that the community partner is trying to get the word out that these resources exist. If the Contractor plans to formally subcontract, they are responsible to oversee the subcontractor to make sure that the deliverables are met. Please refer to SOW Section 14.12 regarding RRN collaboration. Please refer to SOW Section 14.19 regarding Subcontracting.

105. **QUESTION:** To follow up on my earlier question, can the county share the expected referral volume by SPA? Reference: Sections 14.5–14.16, pages 29–43; Exhibit B, pages 119–120. I understand the target may be around 30 participants per CPN, but the SPAs vary significantly in size, geography, and population. For example, SPA 1 covers a much larger and less densely populated area than SPAs such as 3 or 4. It would be helpful to understand the expected service volume by SPA so proposers can better assess staffing and financial feasibility. More specifically, should some SPAs be expected to receive closer to 1–5 referrals per month, or is DCFS anticipating higher referral volume across all SPAs?

RESPONSE: There are two things to consider. One is that this is an 18-month program, a young person enrolled can remain for the entire 18 months or longer if necessary to meet an individual youth's needs. Though the sizes of SPAs within the county vary, that should not necessarily change the expectation that a different number of kids may be accessing services and resources. SPA 1 is geographically large, has many resource homes, and many young people reside in SPA 1 compared to a more densely service planning area in mid-city. Volume of referrals will be based on outreach, engagement with the regional offices, and engagement with the other providers in the county. Every SPA receives the same budget, so the budget is not scaled to meet the geographic size of an individual Service Planning Area.