County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020

(213) 351-5602

LISA E. MANDEL
Interim Director

JENNIE FERIA
Chief Deputy Director

Board of Supervisors

HILDA L. SOLIS
First District

HOLLY J. MITCHELL
Second District

LINDSEY P. HORVATH
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

November 12, 2026

To: Prospective Proposers and Interested Parties

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

ADDENDUM NUMBER TWO TO PARTNERSHIPS FOR FAMILIES REQUEST FOR PROPOSALS NO. 25-0047

Addendum Number Two is issued by the County of Los Angeles Department of Children and Family Services to all holders of the Partnerships for Families Request for Proposals (RFP) No. 25-0047. Addendum Number Two amends sections in the RFP as provided below. Changes only apply to referenced sections and/or subsections that are amended or deleted; all other sections remain in full effect.

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

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

Following the discussion of the RFP section revisions, Responses to Proposers' Questions will be included as Attachment 1 to this Addendum Number Two.

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

I. **Section 1.0, Solicitation Information and Minimum Mandatory Requirements,** has been amended to read as follows:

Minimum Mandatory Requirements (MMRs)	2. Proposer must have, or be willing to establish, an administrative business office located within ~~or adjacent to~~ the County of Los Angeles. The address of proposer's administrative business office.

II. RFP, **Section 4.0, Minimum Mandatory Requirements, subsection 4.2**, has been amended to read as follows:

4.2 Proposer must have, or be willing to establish, an administrative business office located within ~~or adjacent to~~ the County of Los Angeles. The address of proposer's administrative business office must be included in the Proposal;

III. RFP, **Section 8.5.1.2, Proposer's List of References, third paragraph** has been amended to read as follows:

8.5.1.2 Proposer's List of References

Additionally, Proposer must include all public entities Contracts for the last ~~three (3)~~ five (5) years where the same or similar scope of services was provided. Proposer's completed form Exhibit 7 (List of References) and Exhibit 8 (List of Contracts), must be provided in file 1c (Required Forms) of Proposer's Business Proposal.

IV. RFP, **Section 8.5.1.3, Proposer's Debarment History and List of Terminated Contracts,** has been amended to read as follows:

8.5.1.3 Proposer's Debarment History and List of Terminated Contracts

The County will conduct a review of Proposer's terminated contracts and debarment history. Proposer must include contracts terminated within the past ~~three (3)~~ five (5) years with a reason for termination in Appendix B (Required Forms), Exhibit 4 (Debarment History and List of Terminated Contracts). Proposer's completed form Exhibit 4 (Debarment History and List of Terminated Contracts) must be provided in file 1c (Required Forms) of Proposer's business proposal.

V. RFP, **Section 8.5.1.4, Proposer's Financial Capability,** has been amended to read as follows:

8.5.1.4 Proposer's Financial Capability

The County will conduct a review of Proposer's financial capability. Proposer must provide copies of the company's three (3) most ~~current and prior three (3)~~ recent fiscal years financial statements (i.e., fiscal years ending 2025, 2024, and 2023). At least one (1) of the financial statements must be an audited financial statement within eighteen (18) months at the time of the proposal submission for this RFP. 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. If audited statements are available, these should be

submitted to meet this requirement. Do not submit Income Tax Returns to meet this requirement. Financial statements will be kept confidential if so stamped on each page.

VI. RFP, **Section 8.5.3, Proposer's Quality Assurance Plan (12%),** has been amended to read as follows:

8.5.3 Proposer's Quality Assurance Plan (12%)

The Proposer will be evaluated on its ability to establish and maintain a complete Quality Assurance Plan (QAP) to ensure the requirements of this Contract are provided as specified. Evaluation of the QAP must cover the proposed monitoring system of all services listed ~~on the Performance Requirements Summary (PRS)~~ in RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 23.0, Quality Assurance Plan, and Section 24.0, Quality Assurance Monitoring, based on information provided in this paragraph.

VII. RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section 4.0, Referrals, subsection 4.4,** has been amended to read as follows:

Contractor must ensure that the Case Manager/Home Visitor makes contact with the family within five business days following the receipt of the referral. This includes a minimum of three telephone and text/email attempts, and at least one face-to-face home visit attempt if unable to successfully reach the family through phone, text, or email. If contact is unsuccessful, Contractor must contact the County designee within two business days. If there are safety concerns with the face-to-face contact attempt, Contractor may contact the CPM for consideration to exempt the in-person attempt. Contractor must leave an Attempted Contact Letter, Exhibit A-6, at the residence when the attempted face-to- face is made. Attempted contacts and visits must be documented on the FCS system. The Attempted Contact Form, Exhibit A-7, must be kept in the case record. The Attempted Contact Form must be made available to the County designee upon request.

VIII. RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section 6.0, Case Management Services, subsection 6.3,** has been amended to read as follows:

6.3 Contractor must ensure professional level staff maintain a ~~maximum~~ monthly caseload of 12-16 families per Case Manager/Home Visitor unless prior approval is received from the CPM.

IX. RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section 12.0, Capability Building/Outreach, subsection 12.4.4 and 12.4.4.1,** have been amended to read as follows:

12.4.4 Contractor must engage in monthly external capacity building or outreach activities if Contractor's overall caseloads per Home Visitor ~~Case Manager/Home Visitor caseloads~~ are below 10 ~~eighty percent (80%) capacity~~ for two subsequent months~~, as approved by the County Program Manager in the annual work plan~~. These activities must be designed to increase utilization of the program's prevention services. These monthly activities are in addition to the three annual required activities in ~~11.4.2~~ 12.4.2.

12.4.4.1 Monthly activities must continue until a minimum of 11 cases per Home Visitor is reached ~~of ninety percent (90%) of caseload capacity is reached~~.

12.4.4.2 If ~~the Contractor remains below eighty (80%) capacity for four or more months,~~ If the Contractor's overall caseloads per Home Visitor remain **below 10** for four or more months, Contractor must engage in a minimum of two monthly external capacity building or outreach activities. ~~–~~At least one of these activities must be conducted to directly outreach to community families that may qualify for services.

X. RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section 19.2.3, Professional Staff/Case Managers/Home Visitors,** has been amended to read as follows:

19.2.3 Professional Staff/Case Managers/Home Visitors: Professional staff must possess, at minimum, a Master's Degree in Social Work, Psychology, Marriage and Family Counseling or closely related field. Consideration may be ~~considered~~ given by County Program Manager for those who are close to completing a Master's of Social Work program and have three (3) or more years of experience, within the last five (5) years. No more than 25% of Contractor professional staff/Case Manager/Home Visitors who are close to completing a Master's of Social Work program will be approved by the ~~must be exempted without~~ County Program Manager ~~approval~~.

XI. RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section 19.2.4, Clinical Supervisor/Director,** has been amended to read as follows:

19.2.4 Clinical Supervisor/Director: The Clinical Supervisor/Director must be one of the following: 1) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; or 2) a Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or 3) a licensed Psychologist with a current license from the California Board of Psychology, or Psychiatrist licensed with the Medical Board of California. The Clinical Director must also have a minimum of two (2) years of experience, during the last five (5) years providing direct client services or direct supervision of an intern or trainee providing direct services similar to the services listed in the Scope of Work.

XII. RFP, Appendix A, Sample Contract, **Exhibit B, Pricing Schedule**, included in this Addendum as Attachment 2, has been replaced in its entirety.

XIII. RFP, Required Forms, **Exhibit 6, Minimum Mandatory Requirements**, included in this Addendum as Attachment 3, Required Forms, has been replaced in its entirety.

XIV. RFP, Required Forms, E**xhibit 14, Funding Allocation, Pricing Schedule**, included in this Addendum as Attachment 4, Required Forms, has been replaced in its entirety.

XV. RFP, **Appendix B, Required Forms, Exhibit 1-16**, included in this Addendum as Attachment 5, have been replaced in their entirety.

XVI. 2025 PFF referral, included in this Addendum as Attachment 6, has been added.

ATTACHMENT 1

County of Los Angeles - Department of Children and Family Services

RESPONSES TO PROPOSER'S QUESTIONS

PARTNERSHIPS FOR FAMILIES

REQUEST FOR PROPOSALS (RFP# 25-0047)



ATTACHMENTS for QUESTIONS AND ANSWERS for PFF SERVICES

TABLE OF CONTENTS

PROGRAM SERVICE QUESTIONS 2
CONTRACT QUESTIONS 27

QUESTIONS AND ANSWERS

PROGRAM SERVICE QUESTIONS

1. **QUESTION:** The SOW section 6.12.5 sets a $2,500 concrete-support threshold, while Exhibit 14's pricing schedule states $1,500. Which threshold requires prior approval?

RESPONSE: Thank you for highlighting the discrepancy. The threshold is $2,500.00. The language has been amended. Please see Addendum Two, Items XII and XIV, and attachments 2 and 3.

2. **QUESTION:** Section 6.3 of the Statement of Work states that Case Managers/Home Visitors must maintain a "maximum monthly caseload of 12–16 families," unless prior approval is received from the County Program Manager. Is 12 families a required minimum caseload for each Case Manager/Home Visitor, or may a Case Manager/Home Visitor carry fewer than 12 families when the needs and intensity of services required by those families warrant a smaller caseload? If 12 is not a minimum, is there an established minimum? This will affect the 80% capacity rule in Section 12.2.4.

RESPONSE: Language was amended in RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 6.3 to remove "maximum" and now reads, "Contractor must ensure professional level staff maintain a monthly caseload of 12-16 families per Case Manager/Home Visitor unless prior approval is received from the CPM. Based on experience from prior PFF contracts, providers have not reported high acuity impacting their ability to carry 12-16 cases per Home Visitor.

Please see Addendum Two, Item VIII.

3. **QUESTION:** Section 12.4.4 requires additional outreach when overall Case Manager/Home Visitor caseloads fall below 80% of capacity. If a contractor uses an acuity-based staffing model in which caseload sizes vary by family need, how will DCFS determine the contractor's approved "caseload capacity" for purposes of the 80% and 90% thresholds? From real-life experience, we won't be able to accurately predict family acuity for a population at the RFP stage and don't want to be locked into an unrealistic capacity.

RESPONSE: Language was amended in RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 12.4.4 and 12.4.4.1 to align with RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 6.3 and now reads:

12.4.4 Contractor must engage in monthly external capacity building or outreach activities **if Contractor's overall caseloads per Home Visitor are below 10 for two subsequent months**. These activities must be designed to increase utilization of the program's prevention services. These monthly activities are in addition to the three annual required activities in 12.4.2.

12.4.4.1 Monthly activities must continue until **a minimum of 11 cases per Home Visitor is reached**.

12.4.4.2 If the Contractor's overall caseloads per Home Visitor remain **below 10** for four or more months, Contractor must engage in a minimum of two monthly external capacity building or outreach activities. At least one of these activities must be conducted to directly outreach to community families that may qualify for services.

Please see Addendum Two, Item IX.

4. QUESTION: Section 7.1. Are we able to use our LACDMH mental health contract to provide therapy services or must the therapy services utilize the funding available through this FFPS funding?

RESPONSE: You may use your LACDMH mental health contract but cannot bill PFF. Keep in mind that billing to LACDMH may impact your ability to maximize PFF contract amount.

5. QUESTION: Since there is currently more than one provider for this contract per SPA and it is being reduced to one provider per SPA, does the county have the number of families that a contractor can expect per year? Caseloads are also set at 12-16 maximum per year per case manager. Having the total number of families expected per year will allow us to budget and staff appropriately to meet the need identified.

RESPONSE: The expectation is 12-16 cases per Home Visitor at any

given time, not per year. We will only have one contract per Service Planning Area. For the 2025 PFF referrals, please see Addendum Two, Item XVI, Attachment 6.

Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 6.3.

6.3 Contractor must ensure professional level staff maintain a maximum monthly caseload of 12-16 families per Case Manager/Home Visitor unless prior approval is received from the CPM.

6. QUESTION: Section 7.5.1 states that the mental health providers have to be licensed. However, in 7.6 there is reference to supervision provided to non-licensed therapists. Can the therapists in this program be waivered or unlicensed if they are registered with the Board of Behavioral Sciences or Board of Psychology?

RESPONSE:

Psychotherapy services may be provided by a therapist with a Master's degree in social work, psychology, marriage and family counseling or closely related field **and** currently registered with the Board of Behavioral Sciences for licensure as an LMFT, LCSW or equivalent license and supervised by an LCSW, LMFT or Licensed Clinical Psychologist.

Please see RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 7.5.2.

7.5.2 Possess a Master's Degree in social work, psychology, marriage and family counseling or a closely related field and currently registered with the Board of Behavioral Sciences for licensure as an LMFT, LCSW or equivalent license and supervised by an LCSW, LMFT or Licensed Clinical Psychologist.

7. QUESTION: MI is required and Section 12.3.2 indicates that capacity building funds can be used to train staff and build knowledge. Is funding to train staff in Motivational Interviewing provided separately by the county or must we budget for MI training and fidelity infrastructure as part of capacity building?

RESPONSE:

For the next two (2) years, the plan is that MI training will be provided by the County/State. However, since this contract is expected to begin in 2028, Contractors may use the internal capacity building line item for this requirement.

8. QUESTION: Sections 19.2.1-5: Required staff. Case aides and home visitor tasks and responsibilities are mentioned in the SOW, but the paraprofessionals are not. What are the scope of job responsibilities that paraprofessionals are allowed to oversee?

RESPONSE:

Paraprofessional level staff or higher may provide health, parenting, and/or other education programs or resources.

Please see RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 8.1.

8.1 Contractor must ensure the provision of health, parenting and/or other education programs or resources through direct provision, subcontracting and/or linkage services. These services are provided by paraprofessional level staff or higher to assist families in attaining and maintaining optimal functioning and family health.

Contractor must ensure provision of health, parenting and/or other education programs or resources to clients as identified by the needs assessment.

Provision of these services correlates with Protective Factors goals of increasing parental resilience and improving knowledge of parenting and child development in order to improve family functioning and decrease the likelihood of child abuse and neglect. The health, parenting and/or other education programs or resources must be provided to assist in the improvement of:

8.1.1 Parenting skills;
8.1.2 Problem solving and communication skills;
8.1.3 Coping with stress;
8.1.4 Financial literacy;
8.1.5 Household management and budgeting; and
8.1.6 Other social determinants of health.

9. QUESTION: Our proposed staffing designates (redact), LCSW, as Co-Clinical Supervisor and me, a board-certified psychiatrist, as Medical Director and Co-Clinical Supervisor. We are documenting the relevant experience, duties, hours and coverage.

Section 19.2.4 lists LCSWs, LMFTs and licensed psychologists. May a California-licensed, board-certified psychiatrist also serve as a Clinical Supervisor/Director under that section if the experience requirement is met? If not, may the psychiatrist serve as Medical

Director and share clinical oversight while a qualified LCSW fulfills the section 19.2.4 role? Please also clarify whether that shared arrangement requires County approval or an amendment to the stated qualifications

RESPONSE: Language was amended in RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 19.2.4 to include a licensed psychiatrist and now reads:

> Clinical Supervisor/Director: The Clinical Supervisor/Director must be one of the following: 1) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; or 2) a Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or 3) a licensed Psychologist with a current license from the California Board of Psychology, **or Psychiatrist licensed with the Medical Board of California**. The Clinical Director must also have a minimum of two (2) years experience, during the last five (5) years providing direct client services or direct supervision of an intern or trainee providing direct services similar to the services listed in the Scope of Work.

Please see Addendum Two, Item XI.

10. QUESTION: SOW 4.4 – Why is the face-to-face engagement attempt during the initial contact attempts for a referred family still an expectation? PFF agencies have advocated for this to be removed given that it is not appropriate for someone to show up unexpectedly at the home of a potential client when the program is voluntary. However, there are other factors at this point which make this expectation concerning

- The threshold for how DCFS responds to Domestic Violence has changed so we are now working with more cases that have active DV, which creates a safety concern for our staff to show up unannounced to a home where we do not have a relationship with the family.
- Given the political climate and the risk of ICE raids, families are not opening their doors to anyone, so this not only contributes to mistrust, but it is also not a good use of our time and resources when the attempt will not be fruitful.

RESPONSE: RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 4.4 is specifically for DCFS referred families. These families agree to PFF services

and are aware that providers will contact them. If there are safety concerns with the face-to-face contact attempt, Contractor may contact the CPM for consideration to exempt the in-person attempt. RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section 4.0 Referrals, subsection 4.4** has been revised.

Please see Addendum Two, Item VII.

11. QUESTION: SOW 6.10 – Will contracted agencies now be found to be out of compliance if they do not successfully link families to services, which per the new SOW they "must" do. In the current SOW the language around linkages is that they "shall link" which allows for family's voice and choice. If a contractor "must" link to mental health or early childhood programs, this is now a mandate we are imposing on families.

RESPONSE: In all DCFS contracts, "shall" was changed to "must" throughout the contracts and SOWs. Note the agency will not be out of compliance if the agency links families to services and documents said efforts. Family choice and voice continue to be in the forefront of services, and once parents are linked to services, they have the option to accept or refuse services.

12. QUESTION: SOW 6.11 – How do we practice a model of family inclusivity and engagement, ensuring fathers are an active part of services, if we "must terminate any referral in which ALL family members have more than 2 consecutive or 3 total unexcused absences from case management sessions." Again, the language change from "shall" to "must" is creating rigid boundaries for both the providers and clients, which will impact a family's ability to access services.

RESPONSE: In all DCFS contracts, "shall" was changed to "must" throughout the contract and SOW. Please note the last sentence in RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 6.11 states, "Contractor may request approval from the County Program Manager to keep a referral open beyond the prescribed timelines on a case-by-case basis". This gives the agency flexibility to keep cases/referrals open as the agency deems appropriate.

13. QUESTION: **Concrete support cap per family.** SOW: 6.12.5 (p. 115) says "must not exceed two thousand five hundred dollars ($2,500) per family, per 12 months." The Pricing Schedule (p. 274, 403) says "$1,500 Maximum" per family per contract year. Which applies?

RESPONSE: Please see response for question #1.

14. QUESTION: RFP #25-0047, SOW Section 19.2 says the following: "Contractor must be responsible for securing and maintaining staff who meet the minimum qualifications below and who possess sufficient experience and expertise required to services in this SOW."

Can one staff member fulfill two distinct roles within the program, such as serving as both a paraprofessional and a case aide, provided they meet the qualifications for each role and can fulfill the responsibilities of both positions?

RESPONSE: Yes, one staff member may fulfill two distinct roles within the program, provided they meet the qualifications.

15. QUESTION: RFP #25-0047, SOW Section 14.0 says the following: "Contractor must ensure that the Case Manager/Home Visitor makes contact with the family within five business days following receipt of the referral."

What is the anticipated referral volume by SPA? Specifically, do you have an estimate for the number of referrals expected in each SPA?

RESPONSE: The anticipated number of referrals by SPA will vary. For information on 2025 referrals, please see Addendum Two, Item XVI, Attachment 6.

16. QUESTION: RFP #25-0047, SOW Section 19.2 says the following: "Contractor must be responsible for securing and maintaining staff who meet the minimum qualifications below and who possess sufficient experience and expertise required to services in this SOW."

Are there minimum or required FTE allocations for each staff position? If so, please clarify the required FTEs by position and whether a staff member may fulfill multiple roles within the program?

RESPONSE: Agencies are responsible for staffing based on their obligation to fulfill the contract requirements. A staff member may fulfill more than one role based on their qualifications.

17. QUESTION: Is it mandatory for an agency to provide concrete support to clients at 10% of our awarded amount, or can that be reduced if needed in other budget line items? **Reference: Section 6.12 Appendix A SOW, page 13; page 114 of PDF.**

RESPONSE: The contract states that the maximum is 10% so Contractors may provide concrete support to clients at

less than 10% of the awarded amount. Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section 6.12.2.**

6.12.2 A maximum of ten percent (10%) of the total contract award must be used to assist families with Concrete Support Services. Contractor must be reimbursed for allowable Concrete Support Services for basic needs listed below. Contractor must not utilize Concrete Support Services for any supports not listed without prior County Program Manager approval. Allowable support must be specific to the family's need and may include:

1. Clothing, utilities, food, furniture, household items, or school items;
2. Transportation services, i.e., TAP Cards/bus passes/ride share;
3. Minor home, car, appliance repair and gasoline;
4. Emergency childcare with a licensed provider;
5. Housing assistance must be limited to a maximum of two (2) months. Contractor may request approval from CPM to provide additional housing assistance.

18. QUESTION: Just confirming: For the PFF RFP, is concrete support the only service reimbursed on a cost reimbursement basis, while remaining services are reimbursed on a unit-based basis? Would you please provide a thorough explanation of why this program was changed to a unit-based program when they seem to be operating successfully across the SPAs currently? **Reference: Exhibit 14, page 2-3; page 402-403 on PDF.**

RESPONSE:

External Capacity Building/Outreach are also cost reimbursement items. PFF was changed to align with other programs in the Community-Based Support Division. It also helps to align with Family's First Prevention Services.

19. QUESTION: How often will the rates for service be re-evaluated to align with an increase of cost associated with running the program. Or will the rates be stagnant for the first year and the additional years after that?

RESPONSE:

The rates will remain the same throughout the contract period. Please see RFP, **Section 3.2.2, Contract Rates** and RFP, Section 8.6, **Cost Proposal Requirements and Evaluation (20%)** fourth paragraph.

3.2.2 Contract Rates

The Contractor's rates will remain firm and fixed for the term of the contract.

8.6 Cost Proposal Requirements and Evaluation (20%)

Cost proposal costs must be firm and fixed for the PFF program during the term of the contract. There will be no cost-of-living adjustments during the term of the contract.

20. QUESTION: Please confirm whether DCFS will provide free access to MI training resources/coaching/coding support to ensure fidelity? If not, are contractors required to independently secure trainers for coding/coaching and budget these costs from ICB? OR will there be separate funding available for MI? **Reference: Section 5.2, pages 8-9; page 109-110 on PDF.**

RESPONSE: The County and State are currently paying for the cost of the MI training. If the County and State stop paying for MI training, Contractors will be allowed to use their Internal Capacity Building line item.

21. QUESTION: Please confirm whether DCFS will provide free access to MI training resources, coaching support, coding support, and fidelity-monitoring tools to ensure compliance with MI requirements. If not, are contractors required to independently secure trainers and fidelity-monitoring resources and budget these costs through the contract? Will separate funding be available to support MI implementation? **Reference: Section 5.2, pages 8-9; PDF pages 109-110.**

RESPONSE: Please refer to question #20.

22. QUESTION: Please provide the rationale for awarding only one contract per Service Planning Area (SPA), particularly for geographically large SPAs. How does the County intend to ensure equitable access to services for families residing in communities farther from the selected contractor's primary service location, where travel time, distance, and mileage costs may affect service delivery? Additionally, although subcontracting is permitted, please clarify whether the selected contractor may subcontract with another qualified agency located within the SPA specifically to expand geographic coverage and ensure families throughout the SPA have reasonable access to services. Please also clarify whether such a subcontract may include administrative personnel, direct service staff, and other allowable line-item costs associated with providing those services. **Reference: page 36 of Appendix A; page 83 of PDF.**

RESPONSE: Each Contractor must ensure services are provided in the SPA they are awarded the PFF contract. If a Contractor has difficulty providing services to the entire SPA, they are allowed and encouraged to subcontract PFF services to ensure that services are available and the agency can meet the needs of all families in the SPA.

Subcontractor budgets look very similar to the prime contract Line Item budget. They have administrative costs that need to be included and will be reviewed.

23. QUESTION: The RFP appears to reference different maximum amounts for Concrete Support Services. Please confirm the maximum allowable amount that may be provided to a family per contract year and identify which amount proposers should use when developing budgets and service delivery plans. **Reference: Section 6.12, Appendix A Statement of Work; Exhibit 14 Pricing Schedule.**

RESPONSE: Please refer to question #1.

24. QUESTION: Although subcontracting is permitted, please clarify whether the selected contractor may subcontract with another qualified agency located within the SPA specifically to expand geographic coverage and ensure families throughout the SPA have reasonable access to services. Please also clarify whether such subcontracting may include administrative personnel, clinical staff, direct service staff, home visitors, and other allowable line-item costs. **Reference: Appendix A, page 36; PDF page 83.**

RESPONSE: Please refer to question #22.

25. QUESTION: Please clarify whether PFF is reimbursed based on the fixed service rates listed in the Pricing Schedule, actual allowable expenditures reflected in the approved budget, or a combination of both, and identify which cost categories are reimbursed based on actual expenditures. **Reference: Exhibit 14 Pricing Schedule, pages 2-3; PDF pages 402-403. Section 8.6.2 and 8.6.3**

RESPONSE: PFF reimbursement will be based on a fee for service reimbursement for direct services to families and a cost reimbursement for concrete support and capacity building.

26. QUESTION: Please clarify whether PFF is reimbursed based on the fixed service rates listed in the Pricing Schedule, actual allowable expenditures reflected in the approved budget, or a combination of both, and identify which cost categories are reimbursed based on actual expenditures.

RESPONSE: Please see question #25.

27. QUESTION: How many paraprofessional staff are needed? What are the appropriate staffing requirements?

RESPONSE: The number of paraprofessional staff is at the discretion of the organization and depends on the needs of the agency and provision of services to families. The staffing requirements for the paraprofessionals are outlined in the Statement of Work. Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Sections 8.1 and 19.2.2.**

8.1 Contractor must ensure the provision of health, parenting and/or other education programs or resources through direct provision, subcontracting and/or linkage services. These services are provided by paraprofessional level staff or higher to assist families in attaining and maintaining optimal functioning and family health. Contractor must ensure provision of health, parenting and/or other education programs or resources to clients as identified by the needs assessment.

19.2.2 Paraprofessional Staff: Paraprofessional staff must possess, at minimum, a Bachelor's Degree in Social Work, Psychology, Marriage and Family Counseling or a closely related field.

28. QUESTION: May the team please provide clarification as to what this means, "Contractor's delivery sites will, to remove barriers, make services available during non-traditional hours for family participation"

RESPONSE: Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Sections 21.1 and 21.2.**

21.1 Contractor must adhere to the following hours of operation: Monday through Friday from 8:00 a.m. to 5:00 p.m., non-traditional hours Monday through Friday from 5:00 p.m. to 8:00 p.m., and Saturdays or Sundays from 9:00 a.m. to 1:00 p.m.

21.2 Contractor may request approval from the County Program Manager to modify the hours of operation as necessary to meet the needs of the community served. Contractor must obtain written approval

from CPM or their designee.

29. QUESTION: Do all 8 services as part of PFF have to be provided by the bidder, or may any of these services be contracted out to other community providers with robust experience? (ex. contracting out for specific DV needs?)

RESPONSE: The Contractor must provide all contracted services either themselves or through a subcontractor.

30. QUESTION: How is the 6-12 month timeframe mentioned, established for services per client? Does DCFS authorize the units of service to be provided, or can the team request more time if needed?

RESPONSE: The timeframe is based on the needs of the family. DCFS Program Managers can approve up to 18 months of services, if needed.

31. QUESTION: What are allowable capacity building activities?

RESPONSE: External Capacity building activities aim to engage families and community members to learn about the services available by PFF. Examples include holiday events, Mother/Father's Day events, diaper drives, and back-to-school events among others.

Internal Capacity building is any training provided to your staff for the PFF program.

Contractor must submit plans for Capacity building prior to the activity. For more information, please see RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 12.2.

12.2, Contractor must maintain documentation to support all capacity building activities. All capacity building activities must be documented on the Capacity Building Activities form, Technical Exhibit A-13, which includes a description of proposed capacity building activities, including associated costs and outcome measures. The Capacity Building Activities form must be submitted for approval to the CPM at minimum two weeks prior to the activity. The form and any additional supporting documentation must be

made available to CPM upon request.

32. QUESTION: How many referrals are we anticipated to receive per month/per year in SPA 3 and in SPA 7?

RESPONSE: The number will vary based on SPA. For information on 2025 referrals, please see Addendum Two, Item XVI, Attachment 6.

33. QUESTION: What is the expected number of clients to be seen monthly/per year in SPA 3 and in SPA 7?

RESPONSE: The number will vary based on SPA. For information on 2025 referrals, please see Addendum Two, Item XVI, Attachment 6.

34. QUESTION: Who sends referrals to the contractor in SPA 3 and in SPA 7? Will DCFS send referrals, or will referrals need to be found via community outreach?

RESPONSE: Referrals come from the DCFS offices and the community (self-referrals, DMH, schools, etc.). The number of community referrals may depend on the level of community outreach the Contractor does in their SPA.

35. QUESTION: What is the age range of clients served under these PFF services?

RESPONSE: The target population for this program is expectant parents and children from birth to age five years old. Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 2.0.

2.0 TARGET POPULATIONS

Partnerships for Families (PFF) targets the following demographic:

2.1 DCFS referred moderate to very high-risk families who are pregnant and/or have a child age five or younger and have an inconclusive or substantiated closed referral. Non-minor dependents or Expectant and Parenting Youth (EPY) in the foster care system who have a child age five (5) or younger. The child age five or younger must not have an open DCFS case unless approved by the County Program Manager. Upon request of the County Program Manager (CPM), Contractor must accept all DCFS

referred families, regardless of risk or age of children, with inconclusive or substantiated closed referrals.

2.2 Community referred families who are pregnant and/or have a child age five or younger and who have risk factors for child maltreatment.

These risk factors include:
2.2.1 Young Age (i.e., teen mothers and fathers);
2.2.2 Domestic violence related issues;
2.2.3 Substance abuse related issues; and
2.2.4 Mental health related issues.

2.3 Families who meet PFF eligibility requirements as described in 2.1 and 2.2 and are determined to be eligible candidates for Family First Prevention Services (FFPS)related funding, as determined by the County.

2.3.1 FFPS eligible candidates are families experiencing risk factors that create imminent risk of foster care placement.

36. QUESTION: Can psychotherapy sessions be virtual or always in person?

RESPONSE: It is preferred that Psychotherapy services be conducted in person. However, Program Managers will consider virtual appointments on a case by case basis.

37. QUESTION: What does the contractor mean by 'green initiatives'?

RESPONSE: The Green Initiative focuses on electronic records. There is an attempt to limit the use of paper. Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 22.0, Green Initiative.

22.0 GREEN INITIATIVES

22.1 Contractor must use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

22.2 Contractor must notify County's Program Manager of Contractor's new green initiatives prior to the contract commencement.

38. QUESTION: Page 18 of the SOW, Section 12.0, Capacity Building/Outreach. Section 12.1 states that the Contractor may use up to 10% of the total contract award for capacity building activities, while Section 12.1.1 caps total capacity building expenditures at $50,000 per contract term.

Section 12.1.2 then requires that external capacity building make up at least 66.7% of total capacity building expenditures each term.

When 10% of the total contract award exceeds $50,000, does the $50,000 cap apply?

RESPONSE: Contractors may exceed the $50,000 cap if it is within 10% of contract expenditures. However, Contractors will need County Program Manager's approval.

39. QUESTION: Is the 66.7% external requirement calculated on the Contractor's actual capacity building expenditures, on the 10% maximum, or on the $50,000 cap?

RESPONSE: It is based on the amount that Contractors allocate to Capacity Building. Please refer to question #38.

40. QUESTION: How many providers are currently providing services in each SPA? Is the plan to maintain the same number of contractors per SPA?

RESPONSE: Following the departure of a contractor who was awarded SPAs 6 and 8, three of the current providers took on additional geographic areas in those two SPAs. The assignments are outlined in question #46.

For this RFP, the plan is to maintain one contract per SPA and one each for the American Indian/Native American and Asian/ Pacific Islander populations.

41. QUESTION: SOW Section 21.1–21.2, p. 28 (PDF p. 129): Must the physical office remain open during evening and weekend hours, or can we meet this requirement through scheduled services and staff availability?

RESPONSE: Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section 21.2**.

21.2 Contractor may request approval from the County Program Manager to modify the hours of operation as necessary to meet the needs of the community served. Contractor must obtain written approval from CPM or their designee.

42. QUESTION: Can an experienced bachelor's-level case manager qualify for an exception without being close to completing an MSW? How many exceptions may we request for a five-person team, and is the 25% calculated separately for each SPA contract?

RESPONSE: County Program Manager will look at this on a case-by-case basis. When considering the exemptions, County Program Managers will not exceed 25% of staff. All exemptions are calculated separately for each SPA contract.

43. QUESTION: Is there a methodology that determines how many providers per SPA will be awarded?

RESPONSE: There is only one contract per SPA.

44. QUESTION: Psychotherapy: SOW 7.1 (PDF page 116) requires the contractor to fund psychotherapy, while Medi-Cal providers are linkage partners (10.2).

For Medi-Cal-enrolled families, is psychotherapy funded by PFF or linked to Medi-Cal, and how is it billed?

RESPONSE: If you are providing psychotherapy services in house, then you may bill the PFF program. If you are linking the family to outside/other services, you cannot bill the PFF program.

45. QUESTION: Questions are based on this presentation not the RFP: Is the data shared unduplicated families?

RESPONSE: The data shared included all families that were referred to PFF that year.

46. QUESTION: Who are the current providers (incumbent)?

RESPONSE: Following the departure of a Contractor who was awarded SPAs 6 and 8, the current providers are:
SPA 1: All for Kids
SPA 2: Help Group
SPA 3: SPIRITT
SPA 4: Para Los Ninos
SPA 5: Help Group
SPA 6: Para Los Ninos/Help Group/ Human Services Association
SPA 7: Human Services Association
SPA 8: Help Group/ Human Services Association
CW AN/AI: UAII
CW API: Koreatown Youth & Community Center

47. QUESTION: What percentage of referrals are DCFS referrals versus community referrals?

RESPONSE: In 2025, 66% of referrals were from DCFS and 34% were from the community.

48. QUESTION: What is the average monthly waitlist?

RESPONSE: There is usually no wait list for this program. There have been times when the wait list increases but it is not a usual occurrence.

Should a Contractor acquire a waitlist, they must contact the family on a weekly basis and offer other services while they wait. For more information, please see RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section **13.0, Wait List**.

13.0 WAIT LIST

13.1 In the event that the Contractor is at capacity for home visitation services, the Contractor must give families the option to be on a "Wait List." While families are waiting, they will be invited to participate in other available activities, resources, and supports such as parenting or other classes, until a Case Manager/Home Visitor becomes available to service the family.

13.1.1 If there is a wait list of three (3) or more families, the Contractor must inform the County immediately and include information in the monthly report on steps taken to remedy the wait list. If there is a wait list of more than five (5) families, the Contractor must also develop an immediate plan to address the wait list and submit to the CPM within three business days of exceeding five families.

13.2 Contractor must contact the families on the wait list at least once a month to check in with the family until the family is assigned a Case Manager/Home Visitor.

13.3 Contractor must provide a monthly Partnerships for Families agency "Wait List" report to the CPM with the names of participants and referral sources and must document all contacts with the family and the expected length of time to start of services.

13.4 Contractor must submit the monthly "Wait List" report by the 15th day of the following month to the CPM or designee.

49. QUESTION: How many providers are currently providing services in each SPA? Is the plan to maintain the same number of contractors per SPA?

RESPONSE: Please refer to question #40.

50. QUESTION: Pg 126/408, section 19.2 identifies various roles including paraprofessional staff and professional staff/home visitors, stating the home visitors must have a master's degree.

In this model, are the home visitors performing therapy services while the paraprofessional staff are providing linkage and case management?

RESPONSE: Home visitors conduct face-to-face meetings with all participants in PFF services and provide case management. Psychotherapy services must be provided by a therapist that meets the requirements outlined in the Statement of Work. Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Sections 7.5.1 and 7.5.2**.

7.5.1 Currently licensed as a Licensed Clinical Social Worker (LCSW), a Licensed Marriage and Family Therapist (LMFT), or Licensed Clinical Psychologist, recognized by the California Board of Behavioral Science Examiners.

7.5.2 Possess a Master's Degree in social work, psychology, marriage and family counseling or a closely related field and currently registered with the Board of Behavioral Sciences for licensure as an LMFT, LCSW or equivalent license and supervised by an LCSW, LMFT or Licensed Clinical Psychologist.

51. QUESTION: If you are applying for consideration for more than one service area, do you need to have a physical office in each one or will one office in the entire region suffice?

RESPONSE: You are required to have an office in the SPA in which you are contracted.

Please refer to Addendum Two, Item ll.

52. QUESTION: Part of the referral criteria for the program includes FFPS candidacy. FFPS is payer of last resort, so will these clients have Medi-Cal or not?

RESPONSE: We are asking for providers to help determine FFPS candidacy. However, Program Managers will not be closely involved in the claiming process. There is no requirement that participants must have or not have Medi-Cal.

53. QUESTION: Can we use an EBP other than ones listed in the RFP?

RESPONSE: The Contractors must use Motivational Interviewing and may also use an EBP other than ones listed in the RFP.

54. QUESTION: Clinical Supervisor/Director," pages 25–26: If an LCSW who meets all listed qualifications serves as the required Clinical Supervisor/Director, may a California-licensed psychiatrist additionally serve as Medical Director and share clinical oversight? Would that arrangement require prior written County approval?

RESPONSE: Please refer to question #9.

55. QUESTION: The RFP and this presentation states a minimum of three (3) home visits, unless approval for two (2) or four (4). Are all services part of that 3 visits or is therapy or other services counted separately or towards this?

RESPONSE: All visits in the home are considered home visits.

56. QUESTION: Section 4.4, Page 7: Would the County consider removing the requirement for unexpected face-to-face home visits in response to referrals when potential clients may be unaware that they have been referred to a voluntary program? Unannounced visits may cause confusion, concern, or mistrust among families. Could the initial outreach process prioritize phone contact, when feasible, to explain the program's voluntary nature, the purpose of the referral, and the services available before scheduling a home visit? Removing this requirement would also align this expectation with the Prevention & Aftercare program, which no longer requires an in-person contact attempt. Would the County consider this adjustment to promote transparency, respect family choice, support staff safety, and encourage meaningful family engagement?

RESPONSE: Please refer to question #10.

57. QUESTION: Can you talk about rationale for introduction of Pricing Schedule? This is a big change from how we were reimbursed previously.

RESPONSE: PFF was changed to align with other programs that are currently being invoiced, and it also helps to align with

Family's First Preventions Services reimbursements.

58. QUESTION: To confirm the Pricing Schedule (Exhibit 14, page 2), would we bill $564 for the visit plus $30 for psychotherapy, for a total of $594 for one hour of service? In other words, the $30 psychotherapy amount is added to the $564 visit rate for that same hour, rather than being billed for additional service time. Is that correct?

RESPONSE: Yes, that is correct.

59. QUESTION: Professional Staff/Case Managers/Home Visitors:

Would the County consider revising the minimum educational requirements to allow greater flexibility in hiring qualified staff, given that current program funding and salary levels make it difficult to recruit and retain Master's-level professionals? Could the County consider expanding eligibility for candidates who are close to completing their Master's degree or who possess relevant education and substantial experience in family services?

RESPONSE: This may be considered on a case-by-case basis.

60. QUESTION: Additionally, would the County consider increasing the 25% exemption limit or providing greater flexibility in the approval process to address staffing shortages, reduce turnover, and promote program stability while maintaining quality services for families?

RESPONSE: The limit will remain at 25%.

61. QUESTION: Proposer must have, or be willing to establish, an administrative business office located within or adjacent to the County of Los Angeles. Does one office suffice for the whole area? If we are applying for more than one service area do we need to have an office in each and every service area?

RESPONSE: You are required to have an office in the SPA in which you are contracted. If you apply to more than one service area, you will need to have an office in each and every service area.

Please refer to Addendum Two, Item II.

62. QUESTION: SOW 7.3 Can psychotherapy sessions be virtual or always in person?

RESPONSE: Psychotherapy services should primarily take place in person and may be conducted virtually with County Program Manager approval. Please refer to RFP,

Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section 7.4.**

7.4 Psychotherapy services may be provided in the home or any other location preferred by the family and agreeable to the therapist. Psychotherapy services must be provided in an appropriate environment that is safe and conducive to the therapeutic process.

63. QUESTION: Professional Staff/Case Managers/Home Visitors: Could the County clarify how the minimum educational requirements for Home Visitors under this program compare with those required under the Family Preservation program? Given the challenges providers face in recruiting and retaining Master's-level professionals at the salaries supported by current program funding, would the County consider aligning the educational requirements with those of Family Preservation, if they are more flexible? This could expand the pool of qualified candidates, reduce staff turnover, and promote program stability while ensuring families continue to receive high-quality, effective services.

RESPONSE: PFF services are intended to offer higher level services and therefore require Master's level home visitors.

64. QUESTION: Can psychotherapy services be provided as linkages if there are staffing issues/changes with staff who are eligible to provide psychotherapy services?

RESPONSE: Yes. Psychotherapy services can be provided as linkages if there are staffing issues/changes with staff who are eligible to provide psychotherapy services.

65. QUESTION: For in-person sessions, is there a specific requirement for office locations?

RESPONSE: In person visits are preferred in the family home. However, the contract does allow visits to take place in the Contractor's office or other place in the community selected by the family.

66. QUESTION: The funding allocation chart is currently not allocated to SPAs based on historical referral volumes. Will there be an updated funding allocation chart to reflect the expected referral volume per SPA?

RESPONSE: Historical referral values were reviewed prior to deciding funding allocations for the contract. There will not be an updated allocation chart.

67. QUESTION: Invoices and Payments. What specifically will be required to be submitted on a monthly basis for reimbursement?

RESPONSE:

We will have one invoice that includes all expenses, including monthly service delivery, concrete support and capacity building totals. Please see RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 14.1.1.

14.1.1 Contractor must provide a Monthly Invoice, Technical Exhibit A-16, and required expenditure report. Said report must be transmitted by e-mail, mailed or delivered to: DCFS Contract Accounting Section, 510 S Vermont Ave, 14th Floor, Los Angeles, CA 90020 or submitted via a DCFS approved data system.

68. QUESTION: Is there a sample invoice template available?

RESPONSE: We do not have one available at this time.

69. QUESTION: Will providers still be required to submit supporting documentation for all actual expenses on a monthly basis?

RESPONSE: Providers will be expected to submit monthly supporting documentation for service delivery, concrete support and external capacity building expenses.

70. QUESTION: Clinical Supervisor needs to be Licensed to Supervise Therapist…does Program Manager need to be licensed?

RESPONSE:

Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section **19.2.5, Program Manager.**

19.2.5 Program Manager: must have, at minimum, a Bachelor's degree in a social science or a closely related field and a minimum of two (2) years full-time management experience in a social service agency.

71. QUESTION: For BA level individuals with many years of experience (e.g., Family Preservation, home visiting, 0-5, case management, etc.), would DCFS reconsider allowing them to be hired as an in-home case manager? This is different from an individual in a master's program.

RESPONSE: A Master's degree is required of staff member who are hired to conduct in-home visits.

72. QUESTION: If we don't have enough clients to serve per year to maximize the total contract amount, will DCFS be more proactive in gathering clients/referrals for agencies?

RESPONSE: Yes, we strive to increase referrals via our DCFS Social Workers.

73. QUESTION: Is there no fee for service for Outreach specifically?

RESPONSE: There is no fee for service for outreach.

74. QUESTION: To reconfirm if applying for 2 SPAS we will have to have 2 offices?

RESPONSE: Yes, you must have an office/physical location in each SPA. Please see Addendum Two, Item I.

75. QUESTION: If community members attend our groups but are not enrolled in PFF Home Visiting services, would those participants be billable?

RESPONSE: No, the groups (psychoeducational, intimate partner violence, parenting) billed to PFF will only cover PFF participants.

76. QUESTION: It says hourly per person, that means person providing group or per person attendance? (Follow-up to question #77)

RESPONSE: For group sessions, it is per person in attendance.

77. QUESTION: To ensure service availability, can we provide remote availability instead of physically being present at an office on evening and Saturdays?

RESPONSE: If justified as the only means to meet the needs of the family, this will be considered and approved on a case by case basis.

78. QUESTION: If fee for services what happens when we bill more than budgeted? or less than?

RESPONSE: Contractors may not exceed the annual contract amount. If changes need to be made in your budget, Contractors may consider submitting a budget modification to move funding between line items.

79. QUESTION: Will the rates for services chart be included in the addendum?

RESPONSE: Yes, the Pricing Schedule has been replaced in its entirety and included in Addendum Two. Please see Addendum Two, Items XII and XIV.

80. QUESTION: Also, will we be reimbursed and paid based on services delivered?

RESPONSE: Yes, it will be a fee for service contract with some cost reimbursement components. Contractors will be reimbursed and paid based on service delivery.

81. QUESTION: If we don't have enough clients to serve per year to maximize the total contract amount, will DCFS be more proactive in gathering clients/referrals for agencies?

RESPONSE: DCFS program staff and contractor staff work together to increase referrals from the regional offices.

CONTRACT SERVICE QUESTIONS

82. QUESTION: The RFP and posting state December 18, 2026 at noon, but Required Form Exhibit 6 states December 15. Which controls?

RESPONSE: The correct due date is December 18, 2026, at 12:00 p.m. (noon) Pacific Standard Time. RFP Required Form, Exhibit 6, Minimum Mandatory Requirements, has been replaced in its entirety.

Please refer to Addendum One, Item V., RFP, Required Form, Exhibit 6, Minimum Mandatory Requirements, Attachment 3.

83. QUESTION: The RFP labels Exhibits 7 and 8 differently from the standalone forms. Should applicants follow the actual form titles?

RESPONSE: Exhibit 7, List of References, and Exhibit 8, List of Contracts were corrected in Addendum One and replaced in their entirety in the Required Forms posted on the DCFS Contracts and LA County ISD websites. Potential proposers should use the PFF RFP #25-0047 Required Forms available on the DCFS Contracts and LA County ISD websites and follow instructions listed in RFP Section 8.5.1.2.

8.5.1.2 Additionally, Proposer must include all public entities Contracts for the last three (3) years where the same or similar scope of services was provided. Proposer's completed form Exhibit 7 (List of References) and Exhibit 8 (List of Contracts), must be provided in file 1c (Required Forms) of Proposer's Business Proposal. Proposer may use additional sheets, if necessary.

Please refer to Addendum One, Item VI., RFP, Required Forms, Exhibit 7, List of References, Attachment 1 and Item VII., Exhibit 8, List of Contracts, Attachment 2.

84. QUESTION: Section 1.0: The proposal due date states December 18, 2026 but in Required Forms – Exhibit 6 the due date states December 15, 2026. Please clarify the due date of the proposals.

RESPONSE: Please refer to question #83.

85. QUESTION: Section 8.5.1.4 requires a recent audited financial statement. If a small nonprofit has no existing audit, is any alternative expressly permitted, or must it obtain an audit before submission?

RESPONSE: Proposers must provide at least one audited financial statement completed for one fiscal year within eighteen (18) months of the time of the proposal submission for this RFP. Please refer to RFP Section 8.5.1.4, **Proposer's Financial Capability.**

8.5.1.4 Proposer's Financial Capability

The County will conduct a review of Proposer's financial capability. Proposer must provide copies of the company's three (3) most recent fiscal years financial statements (i.e., fiscal years ending 2025, 2024, and 2023). At least one (1) of the financial statements must be an audited financial statement within eighteen (18) months at the time of the proposal submission for this RFP. 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. If audited statements are available, these should be submitted to meet this requirement. Do not submit Income Tax Returns to meet this requirement. Financial statements will be kept confidential if so stamped on each page.

86. QUESTION: Does the redacted business proposal required by section 8.8.3 constitute an additional sixth PDF?

RESPONSE: No additional attachment is required for a redacted proposal. Please ensure all proprietary and confidential information is redacted from your Narrative and forms prior to submission of file 1a, Business Proposal (Narrative, Required Form, Exhibit 13).

Please refer to Section 8.8.3.

8.8.3 Proposers must submit a Business Proposal in searchable Adobe PDF, with all confidential, proprietary and trade secret information redacted, as part of its proposal submission in file 1a. 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.

Please refer to Addendum One, Item IV.

87. QUESTION: Also regarding section 8.8.3, if you have no redactions to your Business Proposal, what should you submit?

RESPONSE:

If there are no redactions, proposers should submit an unredacted proposal. Please refer to RFP Section **8.8, Proposal Submission,** subsection 8.8.1.2 for submission guidelines.

8.8.1.2 Proposers must submit five (5) electronic PDF files in their proposal submission email(s) as follows:

Business Proposal

1a) Business Proposal (Narrative, Required Form, Exhibit 13);
1b) Three (3) years of Financial Statements;
1c) Required Forms (Exhibits 1 through 12); and;
1d) Corporate Documents.

Cost Proposal

2) Cost Proposal (Required Forms, Exhibits 14 through 16).

88. QUESTION: For section 4.4, what documentation should demonstrate five years of coordinating comparable family social services?

RESPONSE:

Interested and qualified Proposers should demonstrate their ability and qualifications to successfully provide the required services outlined in RFP, Exhibit A (SOW and Attachments) of Appendix A (Sample Contract) by providing the relevant information on Required Form, Exhibit 13 (Narrative).

Please refer to Sections 8.5.1.1.

8.5.1.1 Proposer's Background and Experience
Provide a relevant background information to demonstrate that the Proposer meets or exceeds the minimum requirement(s) stated in Paragraph 4.0 (Minimum Mandatory

Requirements) of this RFP and has the capability to perform the required services as a corporation or other entity.

8.5.1.1.1 Proposers should describe their history of providing case management, monitoring, crisis intervention, linkage and advocacy; concrete supports for basic needs, psychotherapy, health, parenting and/or education programs, or resources; structured parent-child and/or family centered activities; domestic violence; mental health or substance abuse related needs; access to early childcare and education; and capacity building.

8.5.1.1.2 Proposers should describe their history of serving the different target populations of at-risk pregnant women and fathers; DCFS referred families with closed, inconclusive, or substantiated referrals with moderate to very high risk; and Alternative Response clients.

8.5.1.1.3 Proposers should describe their experience with using a strength-based approach, such as use of the Protective Factors Framework, and incorporating it into their service delivery model.

89. QUESTION: Please confirm whether an applicant must independently meet this requirement rather than rely on a proposed subcontractor's history.

RESPONSE:

All proposers must independently meet the requirements of the PFF RFP #25-0047 and not rely on the use of subcontractors to meet the requirement.

Please refer to Section 4.0, Minimum Mandatory Requirements.

4.0 MINIMUM MANDATORY REQUIREMENTS

Interested and qualified Proposers that can demonstrate their ability and qualifications to successfully provide the required services outlined in Exhibit A (SOW and Attachments) of Appendix A

(Sample Contract) are invited to submit a proposal(s), provided the firm submitting the proposal meets the following minimum mandatory requirements at the time of proposal submission:

90. QUESTION: Financial statement years. RFP: 8.5.1.4 (p. 29) asks for the "most current and prior three (3) fiscal years financial statements (i.e., fiscal years ending 2025, 2024, and 2023)." Is that a *total* of three years or four years of financials?

RESPONSE: Proposers must provide total of three (3) fiscal years of financial statements. For more information, please refer to the response to question #86.

91. QUESTION: Performance Requirements Summary. RFP: 8.5.3 (p. 30) scores the QA Plan on "all services listed on the Performance Requirements Summary (PRS)," but no PRS is included. Is the SOW Section D Performance Outcome Summary (p. 133–134) the PRS, or will a PRS be issued by addendum?

RESPONSE: The requirements of the Quality Assurance Plan are specified in RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Sections 23.0, Quality Assurance Plan, and 24.0, Quality Assurance Monitoring.** Please refer to Addendum Two, Item VI.

8.5.3 Proposer's Quality Assurance Plan (12%)

The Proposer will be evaluated on its ability to establish and maintain a complete Quality Assurance Plan (QAP) to ensure the requirements of this Contract are provided as specified. Evaluation of the QAP must cover the proposed monitoring system of all services listed on the Performance Requirements Summary (PRS) RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Sections 23.0, Quality Assurance Plan, and 24.0, Quality Assurance Monitoring,** based on information provided in this paragraph.

92. QUESTION: The wording regarding indirect cost in the RFP is a bit misconstrued. The current PFF contractors are allowed for 10% of Total Direct Expenses. Will this still be the case? Or will it change to 10% of the total awarded amount? **Reference: Section 2.2, page 32-34 of Contract Accounting and Administration Handbook; page 319-321 on PDF.**

RESPONSE: PFF Contractors may utilize a maximum of ten percent (10%) of expenses of their Maximum Annual Contract

Sum for administrative/indirect costs.

93. QUESTION: For proposers applying in multiple SPAs, please clarify how shared administrative, supervisory, facility, and other costs should be allocated among the separate SPA Cost Proposals. **Reference: Section 8.6 Cost Proposal Requirements; Exhibit 14 Line Item Budget and Budget Narrative Instructions.**

RESPONSE: Administrative, supervisory, facility, and other costs should be separate for each SPA and a separate proposal must be submitted for each SPA. Every submitted proposal should stand on its own and should not rely on information detailed in proposals submitted for a different SPA. There will be different teams evaluating each SPA so each proposal should be complete and stand on its own.

94. QUESTION: Please clarify how the allowable administrative/indirect cost of up to 10% of the Maximum Annual Contract Sum should be calculated and reflected in the Line Item Budget, particularly because the In-Home Visitation/Case Management base rate states that it already includes indirect costs. **Reference: Section 2.2, pages 32-34; PDF pages 319-321. Section 8.6 Cost Proposal Requirements; Exhibit 14 Line-Item Budget and Budget Narrative.**

RESPONSE: Proposers are required to submit a line-item budget, the indirect costs will be calculated based on their direct costs total and not only on the fee for service portion. Please refer to RFP, Appendix A, Sample Contract, **Exhibit H, Auditor-Controller Contract Accounting and Administration Handbook, Section 2.1, Direct Costs, and Section 2.2, Indirect Costs,** for information on how to calculate direct and indirect costs.

2.1 Direct Costs

Unless otherwise set forth in the COUNTY Agreement, or required by the applicable funding source(s), direct costs are defined as those costs that can be identified specifically with a particular final cost objective (e.g., a particular program, service, or other direct activity of an organization). Examples of direct costs include salaries and benefits of employees working on the program, supplies and other items purchased specifically for the program, costs related to space used by employees working on the program.

For all employees, other than general and administrative, the hours spent on each program

(activity) should be recorded on the employees' timecards and the payroll expenditures should be treated as direct charges and distributed on the basis of the actual recorded hours spent on each program or using another equitable basis based on actual conditions.

Shared costs (i.e., costs that benefit more than one program or activity) that can be distributed in reasonable proportion to the benefits received may also be direct costs.

Examples of bases for allocating shared costs as direct costs:

- Number of direct hours spent on each program
- Full-time equivalents for each program
- Square footage occupied by each program
- Other relevant and equitable methods of allocation

2.2 Indirect Costs

Indirect costs are those costs that have been incurred for common or shared purposes and cannot be readily identified with a particular final cost objective. Examples of indirect costs include the salaries and benefits of executive officers and administrative personnel (e.g., accounting, human resources, information technology), depreciation and use allowances for administrative buildings, and other costs related to the general administration of the organization. Only expenditures that are allowable in accordance with the applicable sections of Uniform Guidance and any other applicable funding source(s) (i.e., federal, State, and COUNTY agencies) can be included as indirect costs and allocated to the COUNTY program(s).

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

RESPONSE: Fillable versions of the PDF forms are included in the PFF RFP #25-0047 Required Forms available on the DCFS Contracts and LA County ISD websites.

96. QUESTION: Are there any particular signature requirements for the forms? Ex. Electronic? Adobe digital secure? Wet signature okay?

RESPONSE: Electronic signatures, Adobe digital secure signatures,

and wet signatures are all acceptable. Please refer to RFP, **Section 8.8, Proposal Submission, subsection 8.8.2** and RFP, Appendix A, Sample Contract, **Exhibit H, Auditor-Controller Contract Accounting and Administration Handbook, Section 8.0.**

8.8.2 No hard copies delivered in person or facsimile (faxed) responses will be accepted. Only PDF files will be accepted. All proposal documentation must be attached, not linked.

8.0 Electronic Signatures

Electronic signatures (e-Signatures) may be used to represent an individual's acknowledgment, acceptance, or approval of an agreement, transaction, report, record, or form, unless otherwise prohibited by the COUNTY Agreement and/or applicable funding source(s). Various types of e-Signatures exist. The most secure forms of e-Signatures will provide a digital audit trail that confirms when a document was signed, provides assurance that the individual claiming to be the signor is the signor through effective authentication methods (e.g., unique log-on identifications, account codes, passwords), and can safeguard documents from being altered after they have been signed. When determining which type of e-Signature to use, CONTRACTOR should consider the associated risks and level of assurance needed for the signature or document, and any other applicable federal, State, and COUNTY requirements (e.g., COUNTY Agreement).

97. QUESTION: 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: Yes, all Proposers must complete Required Form, Exhibit 5, Community Business Enterprise (CBE) Information, Section 1, and follow instructions on page 2. However, if Section 2 of the form does not apply to an organization, Proposers can select "Check if not applicable". Please refer to RFP, Section 6.19, **Community Business Enterprise (CBE) Participation.**

6.19 Community Business Enterprise (CBE) Participation

The County has adopted a Community Business

Enterprise (CBE) Program, which includes business enterprises certified as disadvantaged business enterprises disabled veteran-owned, minority-owned, women-owned, and lesbian, gay, bisexual, transgender, queer, and questioning-owned business types. The County has established a collective 25% participation goal for CBE certified firms, calculated on the eligible procurement dollars. The program maintains data on the types of businesses registered as CBEs and their utilization. The Proposer's CBE participation must be reflected in Exhibit 5 (Community Business Enterprise (CBE) Information) form in Appendix B (Required Forms).

All Proposers must document efforts it has taken to assure that CBEs are utilized, when possible, to provide supplies, equipment, technical services, and other services under this Contract. The Proposer must make documents related to these efforts available to the County upon request.

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

RESPONSE:

Proposers must complete Business Proposal (Narrative, Required Form, Exhibit 13). Please refer to **RFP Section 8.5, Business Proposal Format, Section 8.4, Preparation of the Proposal, and Section 8.8 Proposal Submission, subsection 8.8.1.2.**

Business Proposal Format:
Business Proposal Narrative Required Form, Exhibit 13 will be limited to 1,000 words per response.

8.4 Preparation of the Proposal Two (2) proposals must be submitted, consisting of a Business Proposal and a Cost Proposal in Portable Document Format (PDF), via electronic mail (e-mail) to: josepT@dcfs.lacounty.gov and copy KirkC@dcfs.lacounty.gov by the date and time listed in Paragraph 1.0 (Solicitation Information and Minimum Mandatory Requirements). All proposals must be submitted in the prescribed format. Any proposal that deviates from this format may be rejected as nonresponsive without review at the County's sole discretion.

8.8.1.2 Proposers must submit five (5) electronic PDF files in their proposal submission email(s) as follows:

Business Proposal

1a) Business Proposal (Narrative, Required Form, Exhibit 13)
1b) Three (3) years of Financial Statements;
1c) Required Forms (Exhibits 1 through 12); and
1d) Corporate Documents

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

RESPONSE: There is a 1,000 word count limit for Required Form, Exhibit 13, Narrative. There are no font style or font size requirements in this RFP.

100. QUESTION: 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 have not had a formal agreement in place?

RESPONSE: Proposers must provide references where the same or similar scope of services were provided by the Proposer during the previous three (3) years. The County prefers that Proposers include references where agencies have had contracts as part of your reference contacts.

Please refer to **RFP Section 8.5.1.2, Proposer's List of References:**

8.5.1.2 Proposer's List of References

Proposer will be evaluated on the verification of references provided in Appendix B (Required Forms), Exhibit 7 (List of References). In addition to the references provided, a review will include the Contractor Alert Reporting Database, if applicable, reflecting past performance history on County or other contracts. This review may result in point deductions up to one hundred percent (100%) of the total points awarded in this evaluation subcategory (Proposer's List of References).

Proposer must provide five (5) references where the same or similar scope of services was provided as set forth in the Statement of Work (Exhibit A) to validate that the Proposer

meets the minimum qualifications stated in Paragraph 4.0 (Minimum Mandatory Requirements).

Additionally, Proposer must include all public entities Contracts for the last three (3) years where the same or similar scope of services was provided. Proposer's completed form Exhibit 7 (List of References) and Exhibit 8 (List of Contracts), in Appendix B (Required Forms) must be provided in Section F (Business Proposal Required Forms and Corporate Documents) of Proposer's Business Proposal. Proposer may use additional sheets, if necessary.

101. QUESTION: When will providers be notified of award? Anticipated contract term 1.0 Solicitation Information & MMRs- only states contract start date not notification date.

RESPONSE: Proposers will be notified once the evaluation process is complete. There are several steps to the evaluation process so we are unable to give a specific date of when proposers will be notified.

102. QUESTION: The MMR stating, "Proposer must have a minimum of five (5) years of experience within the last seven (7) years providing social services to families or coordinating social services among other community providers similar to the services listed in Exhibit A, Statement of Work of Appendix A, Sample Contract for Partnerships for Families", does this mean contractors should have experience in all 8 categories of PFF core services?

RESPONSE: Yes, Proposers must have experience providing or coordinating the eight categories of core PFF services or similar social services. Proposers must have experience providing social services to families or coordinating similar services to those specified in the Appendix A, Sample Contract, Exhibit A, Statement of Work, Section. Please refer to **Section 4.0, Minimum Mandatory Requirements, subsection 4.4** and **Section 8.5.1 Proposer's Qualifications.**

4.4 Proposer must have a minimum of five (5) years of experience within the last seven (7) years, providing social services to families or coordinating social services among other community providers similar to the services listed in Exhibit A, Statement of Work for Partnerships for Families;

103. QUESTION: Confirming in section 1a- only the Exhibit 13 is required?

RESPONSE: Yes, that is correct. Required Form, **Exhibit 13, Business Proposal (Narrative)** is the only document required in File 1a. Please refer to Section 8.4.1.1.

8.4.1.1 Proposers must submit a total of five (5) electronic PDF files in their proposal submission email(s) as follows:
Business Proposal
1a) Narrative, Required Forms, Exhibit 13;

104. QUESTION: Proposer List of References- May DCFS contacts be utilized as references? Can these references be partners, or must they be entities in which we have explicitly provided direct service to?

RESPONSE: Yes, DCFS contacts can be utilized as references. However, DCSF contacts must be from a program other than PFF.

Please refer to the instructions on RFP, Required Forms, Exhibit 7, List of References:

Provide five (5) references where the same or similar scope of services were provided by the Proposer during the previous five (5) years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

105. QUESTION: If we are contracting out any of the work, are commitment letters needed at time of proposal submission, or what documentation is needed?

RESPONSE: There is no documentation needed for subcontractors in this proposal. Once contracts are awarded, subcontracts will be approved by the Program Manager.

Please refer to RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 14.2.7:

14.2.7 When requesting approval for SUBCONTRACTOR services, Contractor must provide the following: PFF Request for Subcontract Approval and Contractor Acknowledgement Form; Subcontractor Agreement; Certificates of Insurance; Contractor Non-Employee Acknowledgement and Confidentiality Agreement, Technical Exhibit A-21, and other forms required by the

County. All subcontractors must be pre-approved prior to start of services and a complete subcontractor approval packet must be submitted by the 15th of the month before the anticipated start month of services.

106. QUESTION: If applying for multiple SPAs are multiple applications required?

RESPONSE: Yes, if you are applying to multiple SPAs multiple proposals must be submitted. Please refer to RFP, Appendix A, Sample Contract, Section 8.8.1.4:

8.8.1.4 Multiple proposals are required for multiple Service Planning Area submissions. Separate emails of all of the files are required for each proposal submission. For example, if Proposer submits proposals for three (3) separate Service Planning Area, three (3) separate emails are required for each of the proposal submissions, which must include all five (5) electronic files listed in 8.8.1.2.

107. QUESTION: Are there any MOU's requirements?

RESPONSE: No, there are no MOU requirements or evaluations in this RFP.

108. QUESTION: Are we required to provide a match amount? If so, what's the percent match that we will need to provide the funder?

RESPONSE: No, this contract does not require Proposers to provide an in-kind match amount.

109. QUESTION: The instructions state: "The Cost Proposal must...demonstrate that the proposed Line Item Budget is realistically based on reasonable costs specific to the Contract and annual PFF funding allocation per SPA."

Question: Are the PFF Funding Allocations for each SPA fixed amounts, maximum caps, or guidelines? For example, if we apply for SPA 1, must we request exactly $684,208, or can we request less or more?

RESPONSE: The PFF funding allocations for each SPA are fixed maximum annual contract sums. Proposers' Line-Item Budget totals may be less than the allocated amounts per SPA. However, Proposers may not request more than the allocated contract amount for the SPA in which they are applying.

Please refer to RFP Section 5.1.1.

5.1.1 The Contractor's rates will remain firm and fixed for the term of the Contract.

110. QUESTION: Contractors may utilize a maximum of ten percent (10%) of expenses of their expenses of their Maximum Annual Contract Sum for administrative/indirect costs. Of expenses of their Maximum Annual Contract sum for administrative/indirect costs.

Can the Department clarify the language regarding the indirect cost calculation?

RESPONSE: Please refer to RFP, Appendix A, Sample Contract, **Exhibit H, Auditor-Controller Contract Accounting and Administration Handbook, Section 2.3, Acceptable Indirect Cost Allocation Methods** for information on how to calculate indirect costs.

2.3 Acceptable Indirect Cost Allocation Methods

Uniform Guidance describes the following allowable methods for allocating and charging indirect costs:

- Simplified allocation method
- Direct allocation method
- Multiple allocation base method
- Negotiated indirect cost rate
- De minimis rate

CONTRACTOR must ensure the indirect cost allocation methodology chosen is clearly described in their Cost Allocation Plan and is used consistently to allocate indirect costs. See Exhibit D for examples of how to allocate indirect costs using these methods.

For more information please see question #95.

111. QUESTION: Will the slides be shared with us?

RESPONSE: No, the slides will not be shared. All information shared in the PFF Proposer's Conference is available in the PFF RFP #25-0047 and its addenda. All questions and responses from the Proposers' Conference are available via Addendum Two.

112. QUESTION: For organizations that are not large enough to have audited financials, would taxes with profit and loss be acceptable?

RESPONSE: You can submit Profit and Loss statements. However,

the requirement is that Proposers must provide at least one audited financial statement completed for one fiscal year within eighteen (18) months at the time of the proposal submission for this RFP. We cannot guarantee evaluation of Profit and Loss statements. For more information, please refer to the response to question #86.

113. QUESTION: When would providers be notified of award? Anticipated contract term 1.0 Solicitation Information MMRs- only states contract start date not notification date.

RESPONSE: Please refer to question #102.

114. QUESTION: Proposer List of References- May DCFS contacts be utilized as references within other programs?

RESPONSE: Please refer to question #105.

115. QUESTION: On p. 2 regarding qualifications, can the experience of staff help meet the requirement or must the organization itself have 5 years of experience in each and every service?

RESPONSE: The organization itself must meet the Minimum Mandatory Requirements, including the required experience. Please refer to **Section 4.0, Minimum Mandatory Requirements, subsection 4.4** and **Section 8.5.1 Proposer's Qualifications.**

4.4 Proposer must have a minimum of five (5) years of experience within the last seven (7) years, providing social services to families or coordinating social services among other community providers similar to the services listed in Exhibit A, Statement of Work for Partnerships for Families;

8.5.1 Proposer's Qualifications

Proposer will be evaluated on their experience and financial capacity **as a corporation** or other entity to perform the required services based on information provided in this paragraph.

116. QUESTION: Is there a way we can get a full summary of todays meeting?

RESPONSE: All information shared in the PFF Proposer's Conference slides is included in the PFF RFP #25-0047 and its addenda. All questions and responses

from the Proposer's Conference are available via Addendum Two.

117. QUESTION: Is the funding that is allocated per SPA a one-year budget allocation or is the amount spread over a 4-year period?

RESPONSE: The funding that is allocated per SPA is the Maximum Annual Contract Amount. This amount is a one-year budget allocation. Please refer to RFP, Section 3.2.2, Contract Rates, paragraph three.

The Partnerships for Families annual funding allocations per SPA are as follows:

SPA	PFF Funding Allocations per SPA
1	$ 684,208.00
2	$ 1,651,549.00
3	$ 1,802,061.00
4	$ 702,555.00
5	$ 479,266.00
6	$ 1,774,115.00
7	$ 1,296,869.00
8	$ 1,473,245.00
Countywide API	$ 400,000.00
Countywide AI/AN	$ 400,000.00
Total	$ 10,663,868.00

118. QUESTION: Will the rates for services chart be included in the addendum? Also, will we be reimbursed and paid based on services delivered? (For each client session provided?)

RESPONSE: Yes, **Exhibit B, Pricing Schedule** and **Exhibit 14, Funding Allocation,** have been replaced in their entirety and are included in Addendum Two with Attachment 2 and Attachment 4. Contractors will be reimbursed based on the services delivered in accordance with **Exhibit B, Pricing Schedule.** Please refer to question #25.

119. QUESTION: Does DCFS distinguish between formal subcontracting arrangements and community referral partnerships when evaluating a proposer's service delivery approach? - Are subcontracting partnerships encouraged/considered in the evaluation ?

RESPONSE: DCFS does not distinguish between formal subcontracting arrangements and community referral partnerships when evaluating a Proposer's service delivery approach. Subcontracting is both encouraged and considered. Proposers may describe their plans to subcontract in their Business Proposals Narrative, Required Form, Exhibit 13). However, no subcontracting agreements or arrangements will be formally approved during the RFP process. All subcontractors must be approved by the County Program Manager prior to contract award. Please refer to question #106.

120. QUESTION: Section 4.2 Administrative office, what does the county mean by Adjacent to the County of Los Angeles? Or will this be revised to say the proposer must have a physical address at the proposed SPA.

RESPONSE: The contract language in Section 4.2, Administrative office, was revised to read:

4.2 Proposer must have, or be willing to establish, an administrative business office located within the County of Los Angeles. The address of proposer's administrative business office.

Please refer to Addendum One, Item I.

121. QUESTION: Can you clarify what you meant about not evaluating subcontracts? This would be important as the narrative may include the plan to subcontract with specific agencies.

RESPONSE: Please refer to question #106 and question #120.

122. QUESTION: **Performance Requirements Summary.** RFP: 8.5.3 (p. 30) scores the QA Plan on "all services listed on the Performance Requirements Summary (PRS)," but no PRS is included. Is the SOW Section D Performance Outcome Summary (p. 133–134) the PRS, or will a PRS be issued by addendum?

RESPONSE: Please refer to question #92.

123. QUESTION: Do all 8 services as part of PFF have to be provided by the bidder, or may any of these services be contracted out to other community providers with robust experience?

RESPONSE: Proposers may subcontract services if the agency cannot provide them as a part of linkage services.

124. QUESTION: Does DCFS distinguish between formal subcontracting arrangements and community referral partnerships when evaluating a proposer's service delivery approach? - Are subcontracting partnerships encouraged/considered in the evaluation ?

RESPONSE: Please refer to question #120.

EXHIBIT B

PARTNERSHIP FOR FAMILIES PRICING SCHEDULE

IN-HOME VISITATION/ CASE MANAGEMENT BASE RATE (HOME VISITOR/CASE MANAGER) (Three visits per family per month minimum, unless approval is provided for two visits per month per family) (Includes mileage and indirect costs). If families require more than four visits monthly, it must pre-approved by the County Program Manager.	**RATES**	**UNITS**
Base rate includes the following activities:	$564	Per Visit
Intake/Screening		
Needs Assessment/ Ages and Stages Questionnaire/ Protective Factors Surveys		
Case Planning/ Discharge Planning		
Linkages/referrals to services and supports		
General Counseling/Coaching		
Parenting Education/Fatherhood		
Infant Massage		
Substance Abuse Treatment		
Domestic Violence Treatment		
Psychotherapy	+$30	Per visit if psychotherapy is provided during the home visit.
OTHER SERVICES* If not provided during the home visits		
Health, Parenting, & Other Educational Program/Fatherhood Program	$ 43	hourly per person
Child Focused Activities	$ 54	hourly per person
Parent-Child Structured Activities	$ 54	hourly per family
Transportation	$ 75	hourly
Doula Services	$ 162	Per visit
Infant Massage – group	$ 43	Hourly per family
Crisis Intervention	$195	Hourly per family
CASE SUPERVISION		
Individual	$195	Per session
Group	$65	Per session per person
PSYCOTHERAPY (excludes Substance Abuse Treatment and DV/Anger Management)* If not provided during the home visits		
Counseling - Individual	$195	hourly
Counseling - Family/Couples	$195	hourly
Counseling - Group	$65	hourly per person
DOMESTIC VIOLENCE & ANGER MANAGEMENT* If not provided during the home visits		
DV Assessment	$195	hourly
DV Treatment - Individual	$195	hourly
DV - Group	$65	Hourly per person
SUBSTANCE ABUSE* If not provided during home visits		
Substance Abuse Assessment	$195	hourly
Substance Abuse Treatment - Individual Counseling	$195	hourly

EXHIBIT B

PARTNERSHIP FOR FAMILIES PRICING SCHEDULE

Substance Abuse Treatment - Group Counseling	$65	Hourly per person
CAPACITY BUILDING (Includes outreach and internal/external capacity building) ($50,000 maximum, 66.6% External Capacity Building minimum and 33.3% Internal Capacity Building maximum)		
External Capacity Building/ Outreach (Targeted to increase PFF utilization and to prevent child maltreatment)	Actual Expenditures	
Internal Capacity Building	Actual Expenditures	
CONCRETE SUPPORT SERVICES (Maximum 10% of Contract Allocation)(Family assistance with basic needs such as clothing, food, utilities, household items/furniture, transportation, and housing.		
Concrete Support	Actual Expenditures $ 2,500 Maximum	Per family, per contract year (may be higher with Program Manager approval)

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	N/A
1.	Proposer must submit their Proposal(s) for Partnerships for Families by 12:00 PM, PST, Friday, December 18, 2026.			
2.	Proposer must have, or be willing to establish, an administrative business office located within the County of Los Angeles. The address of proposer's administrative business office must be included in the Proposal.			
3.	Proposer must be a non-profit social service organization founded for religious, charitable or social welfare purposes or a public entity and be tax exempt under 501 (c)(3) of the Internal Revenue Code.			
4.	Proposer must have a minimum of five (5) years' experience within the last seven (7) years, providing social services to families or coordinating social services among other community providers similar to the services listed in Appendix A, Statement of Work for Partnerships for Families.			
5.	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.			

6.	In addition to the minimum requirements listed in this RFP, Proposers who are submitting proposals to serve the Native Hawaiian and Asian Pacific Islander or the American Indian and Alaskan Native communities must also meet the minimum requirements listed in RFP Sections 4.7 and 4.8.			
7.	Proposer must have a minimum of five (5) years of experience during the last seven (7) years in providing social services to families or coordinating social services among other community providers, equivalent or similar to the services listed in Appendix A (Statement of Work) for Partnerships for Families, for the Asian Pacific Islander communities within Los Angeles County.			
8.	Proposer must have a minimum of five (5) years of experience during the last seven (7) years in providing social services to families or coordinating social services among other community providers, equivalent or similar to the services listed in Appendix A (Statement of Work) for Partnerships for Families, for the American Indian and Alaskan Native communities within Los Angeles County.			

PARTNERSHIP FOR FAMILIES (PFF)PRICING SCHEDULE

IN-HOME VISITATION/ CASE MANAGEMENT BASE RATE (HOME VISITOR/CASE MANAGER) (Three visits per family per month minimum, unless approval is provided for two visits per month per family) (Includes mileage and indirect costs). If families require more than four visits monthly, it must pre-approved by the County Program Manager.	**RATES**	**UNITS**
Base rate includes the following activities:	$564	Per Visit
Intake/Screening		
Needs Assessment/ Ages and Stages Questionnaire/ Protective Factors Surveys		
Case Planning/ Discharge Planning		
Linkages/referrals to services and supports		
General Counseling/Coaching		
Parenting Education/Fatherhood		
Infant Massage		
Substance Abuse Treatment		
Domestic Violence Treatment		
Psychotherapy	+$30	Per visit if psychotherapy is provided during the home visit.
OTHER SERVICES* If not provided during the home visits		
Health, Parenting, & Other Educational Program/Fatherhood Program	$ 43	hourly per person
Child Focused Activities	$ 54	hourly per person
Parent-Child Structured Activities	$ 54	hourly per family
Transportation	$ 75	hourly
Doula Services	$ 162	Per visit
Infant Massage – group	$ 43	Hourly per family
Crisis Intervention	$195	Hourly per family
CASE SUPERVISION		
Individual	$195	Per session
Group	$65	Per session per person
PSYCOTHERAPY (excludes Substance Abuse Treatment and DV/Anger Management)* If not provided during the home visits		
Counseling - Individual	$195	hourly
Counseling - Family/Couples	$195	hourly
Counseling - Group	$65	hourly per person
DOMESTIC VIOLENCE & ANGER MANAGEMENT* If not provided during the home visits		
DV Assessment	$195	hourly
DV Treatment - Individual	$195	hourly
DV - Group	$65	Hourly per person
SUBSTANCE ABUSE* If not provided during home visits		
Substance Abuse Assessment	$195	hourly
Substance Abuse Treatment - Individual Counseling	$195	hourly

PARTNERSHIP FOR FAMILIES (PFF) PRICING SCHEDULE

Substance Abuse Treatment - Group Counseling	$65	Hourly per person
CAPACITY BUILDING (Includes outreach and internal/external capacity building) ($50,000 maximum, 66.6% External Capacity Building minimum and 33.3% Internal Capacity Building maximum)		
External Capacity Building/ Outreach (Targeted to increase PFF utilization and to prevent child maltreatment)	Actual Expenditures	
Internal Capacity Building	Actual Expenditures	
CONCRETE SUPPORT SERVICES (Maximum 10% of Contract Allocation)(Family assistance with basic needs such as clothing, food, utilities, household items/furniture, transportation, and housing.		
Concrete Support	Actual Expenditures $ 2,500 Maximum	Per family, per contract year (may be higher with Program Manager approval)

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 References
8) List of Contracts
9) Pending Litigation and Judgments
10) Contribution and Agent Declaration Form
11) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion– Lower Tier Covered Transactions (45 C.F.R. Part 76)
12) Declaration

Business Proposal

13) Business Proposal (Narratvie)

Cost Proposal

14) PFF Funding Allocation
15) Line Item Budget
16) Budget Narrative

REQUIRED FORMS – EXHIBIT 1

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Proposer Name:	**County Webven Number:**
Address:	
Telephone Number:	**Email:**
Internal Revenue Service Employer Identification Number:	**California Business License Number:**

1	Select the option that best defines your firm's business structure: ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Partnership ☐ Sole Proprietorship ☐ Non-Profit ☐ Franchise ☐ 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**?** ☐ Yes ☐ No	Name: _____ Country of Registration: _____ Year became DBA: _____
3	Is your firm wholly/majority owned by, or a subsidiary of another firm? ☐ Yes ☐ 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? ☐ Yes ☐ No	If yes, indicate any other names and the year of name change. _____ Name(s): _____ Year(s) of Name Change:

REQUIRED FORMS – EXHIBIT 1

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

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

	TITLE	REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	**Certifies Compliance?** ☐ Yes ☐ No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	**Certifies Compliance?** ☐ Yes ☐ No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	**Certifies Compliance?** ☐ Yes ☐ No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	**Certifies Compliance?** ☐ Yes ☐ 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.** ☐ 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** ☐ 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?** ☐ Yes ☐ No **Willing to provide GAIN/START participants access to employee mentoring program?** ☐ Yes ☐ No ☐ N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	**Certifies Compliance?** ☐ Yes ☐ No **If No, identify exemption:** ☐ My business does not meet the definition of "contractor," as defined in the Program. ☐ My business is a small business as defined in the Program. ☐ 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?** ☐ Yes ☐ 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 Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

☐ **PREFERENCE NOT REQUESTED**

OR

☐ **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)**		
Preference Program		**Reference**
☐	Request for Local Small Business Enterprise (LSBE) Program Preference ☐ Certification for Non-Federally Funded County Solicitations ☐ Certification for Federally Funded County Solicitations	LACC 2.204
☐	Request for Social Enterprise (SE) Program Preference ☐ Certification for Non-Federally Funded County Solicitations ☐ Certification for Federally Funded County Solicitations	LACC 2.205
☐	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

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

REQUIRED FORMS – EXHIBIT 4

DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Proposer's Name: _____

1. DEBARMENT HISTORY (Check one)	YES	NO
Proposer is currently debarred by a public entity	☐	☐
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.	☐	☐

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:	

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

TITLE	REFERENCE
1 FIRM/ORGANIZATION INFORMATION	The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Total Number of Employees in California:	
Total Number of Employees (including owners)**:**	

Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Percentage of how ownership of the firm is distributed	
	Male	Female	Male	Female
Black/African American			%	%
Hispanic/Latino			%	%
Asian or Pacific Islander			%	%
American Indian			%	%
Filipino			%	%
White			%	%

TITLE	REFERENCE
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE	If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following. ☐ **Check if not applicable**

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ

Instructions for Completing Exhibit 5 - CBE Form

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

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

Section 1: FIRM/ORGANIZATION INFORMATION	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE
If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

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

REQUIRED FORMS – EXHIBIT 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	N/A
1.	Proposer must submit their Proposal(s) for Partnerships for Families by 12:00 PM, PST, Friday, December 18, 2026.			
2.	Proposer must have, or be willing to establish, an administrative business office located within the County of Los Angeles. The address of proposer's administrative business office must be included in the Proposal.			
3.	Proposer must be a non-profit social service organization founded for religious, charitable or social welfare purposes or a public entity and be tax exempt under 501 (c)(3) of the Internal Revenue Code.			
4.	Proposer must have a minimum of five (5) years' experience within the last seven (7) years, providing social services to families or coordinating social services among other community providers similar to the services listed in Appendix A, Statement of Work for Partnerships for Families.			
5.	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.			

6.	In addition to the minimum requirements listed in this RFP, Proposers who are submitting proposals to serve the Native Hawaiian and Asian Pacific Islander or the American Indian and Alaskan Native communities must also meet the minimum requirements listed in RFP Sections 4.7 and 4.8.			
7.	Proposer must have a minimum of five (5) years of experience during the last seven (7) years in providing social services to families or coordinating social services among other community providers, equivalent or similar to the services listed in Appendix A (Statement of Work) for Partnerships for Families, for the Asian Pacific Islander communities within Los Angeles County.			
8.	Proposer must have a minimum of five (5) years of experience during the last seven (7) years in providing social services to families or coordinating social services among other community providers, equivalent or similar to the services listed in Appendix A (Statement of Work) for Partnerships for Families, for the American Indian and Alaskan Native communities within Los Angeles County.			

CONTRACTS REQUIRED FORMS - EXHIBIT 7
PROPOSER'S LIST OF REFERENCES

Proposer's Name: _____

Provide five (5) references where the same or similar scope of services were provided by the Proposer during the previous ~~three (3)~~ five (5) years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

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

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

CONTRACTS REQUIRED FORMS - EXHIBIT 8
PROPOSER'S LIST OF CONTRACTS

Proposer's Name:

Provide a list of all public entities for which the Proposer has provided service within the last ~~three (3)~~ five (5) years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

(All contracts with other governmental agencies including the County of Los Angeles must be listed)

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

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

SERVICE TYPE:	SERVICE TYPE:
CONTRACT TERM:	CONTRACT TERM:
CONTRACT AMT:	CONTRACT AMT:
FIRM NAME:	FIRM NAME:
ADDRESS:	ADDRESS:
CONTACT:	CONTACT:
TELEPHONE:	TELEPHONE:
E-MAIL:	E-MAIL:

SERVICE TYPE:	SERVICE TYPE:
CONTRACT TERM:	CONTRACT TERM:
CONTRACT AMT:	CONTRACT AMT:
FIRM NAME:	FIRM NAME:
ADDRESS:	ADDRESS:
CONTACT:	CONTACT:
TELEPHONE:	TELEPHONE:
E-MAIL:	E-MAIL:

REQUIRED FORMS- EXHIBIT 9
PENDING LITIGATION AND JUDGMENTS

Check "**YES**" or "**NO**" on the following questions. If "**YES**", please provide the details on the following page. As part of the project selection process, the County, in its own discretion, may implement procedures to validate the responses below. The County reserves the right to reject all or part of the proposal if false or incorrect information is submitted by the applicant.

		YES	NO
1.	Is the agency currently, or within the past five (5) years, involved in litigation?	☐	☐
2.	Is the director currently, or within the past five (5) years, involved in litigation related to the administration and operation of a program or organization?	☐	☐
3.	Are any agency staff members unable to be bonded?	☐	☐
4.	Have there been unfavorable rulings by a funding source against the agency for improper or contract compliance deficiencies?	☐	☐
5.	Has the agency or agency director ever had public or foundation funds withheld?	☐	☐
6.	Has the agency or agency director refused to participate in any fiscal audit or review requested by a government agency or funding source?	☐	☐

Note: A review to determine the magnitude of any pending litigation or judments against the Proposer will be conducted by the County. Use additional page attached.

AUTHORIZED SIGNATURE _____ **DATE** _____

NAME (PRINT) _____ **TITLE** _____

REQUIRED FORMS- EXHIBIT 9
PENDING LITIGATION AND JUDGMENTS

Proposer must identify by name, case and court jurisdiction any pending litigation in which the Proposer is involved, or judgments against the Proposer in the past five (5) years. Proposer must provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or the principals of the Proposer, as stated in **Paragraph 8.5.1.5** of this RFP (Proposer's Pending Litigation and Judgments).

REQUIRED FORMS – EXHIBIT 10

CONTRIBUTION AND AGENT DECLARATION FORM

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

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

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

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

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

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

REQUIRED FORMS – EXHIBIT 10

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.

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 10

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 10

CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL BIDDERS OR APPLICANTS

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

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

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

_____ _____

Signature Date

REQUIRED FORMS – EXHIBIT 11

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

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

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

3. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

5. Proposer further agrees by submitting this proposal that it will include the provision entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)," as set forth in the text of the Master Agreement, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

9. Where Proposer and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this Request for Proposals.

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

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

PRINT NAME: _____	TITLE:
SIGNATURE:	DATE:

REQUIRED FORMS – EXHIBIT 12

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-11 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.1.1.1 Proposer must demonstrate their agency's history of providing case management, monitoring, crisis intervention, linkage and advocacy; concrete supports for basic needs, psychotherapy, health, parenting and/or education programs, or resources; structured parent-child and/or family centered activities; domestic violence; mental health or substance abuse related needs; access to early childcare and education; and capacity building;

8.5.1.1.1 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.1.1.2 Proposers must describe their history of serving the different target populations of at-risk pregnant women and fathers; DCFS referred families with closed, inconclusive, or substantiated referrals with moderate to very high risk; and Alternative Response clients.

8.5.1.1.2 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.1.1.3 Proposers must describe their experience with using a strength-based approach, such as use of the Protective Factors Framework, and incorporating it into their service delivery model.

8.5.1.1.3 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.1 Proposer must describe how they will assess and strengthen the family's Protective Factors.

8.5.2.1 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.2 Proposer must describe how they will address issues related to disproportionality within the target population to be served with DCFS referrals.

8.5.2.2 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.3 Proposer must describe and clearly specify a plan regarding the case management approach, including proposer's plan on how general counseling, PFF service planning, crisis intervention, linkage services and advocacy services will be provided.

8.5.2.3 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.4 Proposer must describe their plan to deliver psychotherapy services, including appropriate staff requirements.

8.5.2.4 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.5 Proposer must demonstrate approach to providing health, parenting, and/or other education programs or resources and structured parent-child and/ or family-centered activities.

8.5.2.5 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.6 Proposer must demonstrate their plan to identify special family needs such as domestic violence, mental health and substance abuse issues and to collaborate with appropriate resource agencies.

8.5.2.6 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.7 Proposer must demonstrate how they will incorporate Motivational Interviewing into their service delivery plan.

8.5.2.7 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.8 Proposer must describe their plan to providing Early Care and Education (ECE) and their plan to collaborate with ECE programs and providers.

8.5.2.8 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.3.1 Proposer must describe how they will address the issue of self-monitoring to ensure that the required services are provided, documented, and adapted as needed.

8.5.3.1 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.3.2 Proposer must describe how their Quality Assurance Plan incorporates corrective actions to address the following (1) the time a problem was first identified;(2) a clear description of the problem; (3) the time elapsed between identifying the problem; (4) completing action to correct the problem; and (5) the ability to provide the County with its status upon request.

8.5.3.2 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.3.3 Proposer must describe their protocol to ensure uninterrupted services to DCFS in the event of a work stoppage, pandemic, or emergent staffing shortage due to illness, vacation and absences.

8.5.3.3 Continued

REQUIRED FORMS - EXHIBIT 14

Partnerships for Families (PFF)
FUNDING ALLOCATION

The Contractor's rates will remain firm and fixed for the term of the contract. The Partnerships for Families annual funding allocations per SPA are as follows:

Service Planning Area	PFF Funding Allocations per SPA
1	$ 684,208.00
2	$ 1,651,549.00
3	$ 1,802,061.00
4	$ 702,555.00
5	$ 479,266.00
6	$ 1,774,115.00
7	$ 1,296,869.00
8	$ 1,473,245.00
Countywide API	$ 400,000.00
Countywide AI/AN	$ 400,000.00
TOTAL	$ 10,663,868.00

Instructions for Cost Proposal submissions

Proposer must submit a separate Cost Proposal for each Service Planning Area for which they are applying. The Cost Proposal must contain sufficient detail and demonstrate that the proposed Line Item Budget is realistically based on reasonable costs specific to the Contract and annual PFF funding allocation per SPA.

Cost Proposals must be fully loaded to include all applicable costs associated with the attached PFF Pricing Schedule and any other costs necessary to perform all tasks outlined in the PFF RFP, Sample Contract, Statement of Work, Exhibits, and Attachments.

The line-item budget, a detailed listing of funds that the Proposer allocates to each cost category, will be scored to determine if the proposed costs are reasonable and sufficient on an annual basis throughout the full Contract term. The proposer must ensure that all computations are correct. The budget narrative, explanation/descriptions of costs within each category of services, will be scored based on proposers' demonstration of how the cost will fulfill the requirements of the contract and align with the line-item budget.

All information provided in the Line-Item Budget and Budget Narrative will become part of the contract, if proposal is recommended.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

PARTNERSHIP FOR FAMILIES (PFF)PRICING SCHEDULE

IN-HOME VISITATION/ CASE MANAGEMENT BASE RATE (HOME VISITOR/CASE MANAGER) (Three visits per family per month minimum, unless approval is provided for two visits per month per family) (Includes mileage and indirect costs). If families require more than four visits monthly, it must pre-approved by the County Program Manager.	**RATES**	**UNITS**
Base rate includes the following activities:	$564	Per Visit
Intake/Screening		
Needs Assessment/ Ages and Stages Questionnaire/ Protective Factors Surveys		
Case Planning/ Discharge Planning		
Linkages/referrals to services and supports		
General Counseling/Coaching		
Parenting Education/Fatherhood		
Infant Massage		
Substance Abuse Treatment		
Domestic Violence Treatment		
Psychotherapy	+$30	Per visit if psychotherapy is provided during the home visit.
OTHER SERVICES* If not provided during the home visits		
Health, Parenting, & Other Educational Program/Fatherhood Program	$ 43	hourly per person
Child Focused Activities	$ 54	hourly per person
Parent-Child Structured Activities	$ 54	hourly per family
Transportation	$ 75	hourly
Doula Services	$ 162	Per visit
Infant Massage – group	$ 43	Hourly per family
Crisis Intervention	$195	Hourly per family
CASE SUPERVISION		
Individual	$195	Per session
Group	$65	Per session per person
PSYCOTHERAPY (excludes Substance Abuse Treatment and DV/Anger Management)* If not provided during the home visits		
Counseling - Individual	$195	hourly
Counseling - Family/Couples	$195	hourly
Counseling - Group	$65	hourly per person
DOMESTIC VIOLENCE & ANGER MANAGEMENT* If not provided during the home visits		
DV Assessment	$195	hourly
DV Treatment - Individual	$195	hourly
DV - Group	$65	Hourly per person
SUBSTANCE ABUSE* If not provided during home visits		
Substance Abuse Assessment	$195	hourly
Substance Abuse Treatment - Individual Counseling	$195	hourly

PARTNERSHIP FOR FAMILIES (PFF) PRICING SCHEDULE

Substance Abuse Treatment - Group Counseling	$65	Hourly per person
CAPACITY BUILDING (Includes outreach and internal/external capacity building) ($50,000 maximum, 66.6% External Capacity Building minimum and 33.3% Internal Capacity Building maximum)		
External Capacity Building/ Outreach (Targeted to increase PFF utilization and to prevent child maltreatment)	Actual Expenditures	
Internal Capacity Building	Actual Expenditures	
CONCRETE SUPPORT SERVICES (Maximum 10% of Contract Allocation)(Family assistance with basic needs such as clothing, food, utilities, household items/furniture, transportation, and housing.		
Concrete Support	Actual Expenditures $2500 Maximum	Per family, per contract year (may be higher with Program Manager approval)

REQUIRED FORMS - EXHIBIT 15

PARTNERSHIP FOR FAMILIES SAMPLE LINE ITEM BUDGET SUMMARY

Proposer must adjust line items as necessary in order to fully demonstrate how they will provide services.

BUDGET SHEET FOR _____

Proposer Name

DIRECT COST (List each staff classification)

Salaries and Wages:	FTE*	Monthly Salary
Employee Classification	_____	$_____
Employee Classification	_____	$_____
Employee Classification	_____	$_____
Others (Please continue to list)		

Total Annual Salaries and Wages $_____

*FTE = Full Time Equivalent Positions

Employee Benefits (EB)	Monthly Cost per FTE
Medical Insurance	$_____
Dental Insurance	$_____
Life Insurance	$_____
Other (list)	$_____

Total Annual Benefits $_____

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

_____	$_____
_____	$_____
_____	$_____
_____	$_____

Total Annual Payroll Taxes $_____

Services & Supplies

Auto/Travel	$_____
Supplies	$_____
Purchased Services	$_____
Office Equipment	$_____
Telephone/Utilities	$_____
Insurance not listed under EB	$_____
Rent	$_____
Other (please continue to list)	

Total Annual Services & Supplies $_____

TOTAL ANNUAL DIRECT COSTS $_____

INDIRECT COST

TOTAL ANNUAL INDIRECT COSTS $_____

Indirect Annual Cost as it relates to Total Annual Cost (Please enter a percentage) **%_____**

Reminder: Contractors may utilize a maximum of ten percent (10%) of expenses of their Maximum Annual Contract Sum for administrative/indirect costs.

(Provide a full breakdown of costs in the Narrative)

TOTAL DIRECT AND INDIRECT ANNUAL COST $_____

TOTAL PROJECTED NUMBER OF FAMILIES TO BE SERVED _____

REQUIRED FORMS - EXHIBIT 16

BUDGET NARRATIVE

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

The narrative must follow the same sequence as the line item budget, and include an explanation of the method of allocating costs for any joint or shared budget item. All figures and compilations must be clearly explained. Include explanation of any line item expenditure, which may be unclear to a reviewer who is unfamiliar with your organization. There is no recommendation for page length.

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 must be listed as well as the Monthly Cost per FTE. For all benefits, specify amounts paid by the employer, the employee and the total monthly premium.

For all items detailed under "Services and Supplies", provide an explanation for their need and/or how it benefits the program. Computations associated with these costs must 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. For further clarification, see Sample Contract, Sub-paragraph 8.25, Insurance Coverage.

INDIRECT COST

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

Contractors may utilize a maximum of ten percent (10%) of expenses of their expenses of their Maximum Annual Contract Sum for administrative/indirect costs. of expenses of their Maximum Annual Contract Sum for administrative/indirect costs.

Attachment 6

2025 PFF Referrals

SPA	DCFS OFFICE	DCFS REFERRALS*	COMMUNITY REFERRALS**	TOTAL
1	Lancaster Palmdale	106	36	142
2	Santa Clarita Van Nuys W. San Fernando Valley	125	136	261
3	El Monte Glendora Pasadena Pomona	176	66	242
4	Metro No.	63	36	99
5	West LA	52	21	73
6	Compton/Carson Vermont Corridor Wateridge N Wateridge S/Hawthorne	95	75	170
7	Belvedere Santa Fe Springs	162	29	191
8	South County Torrance	133	35	168
County wide	American Indian	0	9	9
County wide	Asian Pacific Islander	5	27	32
Total		917	470	1387