



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

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March 25, 2022

**ADDENDUM NUMBER THREE TO REQUEST FOR STATEMENT OF
QUALIFICATIONS NUMBER CMS #21-0011 TEMPORARY SHELTER CARE
FACILITY CONTRACT**

Dear Prospective Contractors and Interested Parties:

Addendum Number Three is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to prospective contractors of the Temporary Shelter Care Facility (TSCF) Request for Statement of Qualification (RFSQ) Number CMS #21-0011 reopening. Addendum Number Three releases the Questions & Answers Document (Responses to Prospective Contractor's Questions/Comments) and amends sections of the RFSQ as provided below. Changes only apply to the referenced sections that are amended or deleted. All other sections remain unchanged.

A prospective contractor's failure to incorporate the requirements of this Addendum Number Three may result in their Statement of Qualification not being considered, as determined at the sole discretion of the County. Changes to wording in RFSQ sections in this Addendum Number Three include both deletions and additions. Deletions are indicated by strikethrough (~~strikethrough~~) and additions are underlined (underlined).

The following changes are being made to the Solicitation:

TSCF RFSQ, Section 2.0, General Information, Subsection 2.38, Vendor's Acknowledgement of County's Commitment to Fair Chance Employment Hiring Practices is amended to read as follows:

- 2.38 On May 29, 2018, the Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the COUNTY to comply with fair chance employment hiring practices set forth in California Government Code Section 12952; ~~Employment Discrimination: Conviction History (Section 12952).~~

Contractors are required to ~~complete Form 14 (Compliance with Fair Chance Employment Hiring Practices Certification) in Appendix B: Required Forms,~~ certify that they, and their subcontractors, are in full compliance with Section 12952, as indicated in the Master

"To Enrich Lives Through Effective and Caring Service"

Agreement. Further, contractors are required to comply with the requirements under Section 12952 for the term of any contract awarded pursuant to this solicitation.

TSCF RFSQ, Appendix J, Sample Temporary Shelter Care Facility (TSCF) Master Contract, Part II, Standard Terms and Conditions, section 66.0, Compliance with Fair Chance Employment Practices

66.0 COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES

CONTRACTOR ~~shall~~ must comply with fair chance employment hiring practices set forth in California Government Code Section 12952, ~~Employment Discrimination: Conviction History~~. CONTRACTOR's violation of this paragraph of the Contract may constitute a material breach of the Contract. In the event of such material breach, COUNTY may, in its sole discretion, terminate the Contract.

TSCF RFSQ, Form 2, Attachment B, Community Business Enterprise Form (CBE) is deleted in its entirety and replaced with Attachment B-1.

TSCF RFSQ, Appendix K, Sample Temporary Shelter Care Facility (TSCF) Master Contract Exhibits, Attachment EE, Federal Award Information (2CFR 200.331), is deleted in its entirety and replaced with Attachment EE-1.

Except as provided by the Addendum, all other terms and conditions of the RFSQ remain unchanged.

If you have any questions regarding this Addendum Three, please submit the questions by email to TSCFRFSQ@dcfs.lacounty.gov.

Sincerely,

Eddie Ota

Eddie Ota, Section Manager
Contracts Administration Division

Attachment

County of Los Angeles
Department of Children and Family Services

**TEMPORARY SHELTER CARE FACILITY
CONTRACT
CMS #21-0011 REOPENING**

**RESPONSES TO PROSPECTIVE
CONTRACTOR'S QUESTIONS/COMMENTS
RECEIVED AS OF March 7, 2022**

Revised as of March 25, 2022



QUESTIONS AND ANSWERS

- 1. QUESTION:** I am writing to express interest in the master contract process. We are currently planning to be on the prospective contractor conference call re: RFSQ on March 3rd but in the interim, I wanted to inquire if it's possible to locate a financial rate sheet that refers to applicable charges and costs eligible providers will be able to bill for and or the maximum monthly operational rate that could be billed. I am in receipt of the Exhibit templates that would be used for TSCF Services that are outlined if the contract is obtained.

RESPONSE: The Department of Children and Family Service (DCFS) does possess a rate sheet that refers to applicable charges and costs eligible providers will be able to bill for and or the maximum monthly operational rate that could be billed. DCFS has a standardized financial review process, which determines the prospective contractor's financial capability to provide TSCF services. Applicable charges and costs must be approved by DCFS.

- 2. QUESTION:** Can you please confirm if our homeless youth shelter would be eligible to submit a Statement of Qualification for the Temporary Shelter Care Facility solicitation? We are a California Community Care Licensed Facility and provide emergency living services for unaccompanied immigrant male minors in Los Angeles County. We intake the majority of the youth we serve from federal detention centers by winning their release.

RESPONSE: If all minimum requirements are met, the homeless youth shelter is invited to submit a Statement of Qualifications (SOQ). Please review the minimum requirements listed in the Temporary Shelter Care Facility (TSCF) Services Request for Statement of Qualification (RFSQ). TSCF RFSQ can be found on <http://contracts.dcfs.lacounty.gov/>

- 3. QUESTION:** We are writing to inquire if we would be expected to obtain a group home license to obtain a TSCF license as referenced in the TSCF Interim Licensing Standards. As of current, Mindful Growth Foundation is currently operating as an active STRTP and we wanted clarity if an additional group home license would be required. While we plan to be on the, March 3rd conference call, we would like to know licensing expectation in advance to start the necessary steps required to submit A Solicitation Review on or by February 28th.

RESPONSE: Prospective Contractors who do not currently hold a TSCF License must provide documentation which indicates the licensing process has been initiated. Please see TSCF RFSQ section 2.4 Prospective Contractor's Minimum Qualifications, subsections 2.4.4 and 2.4.4.1. Additionally, please see TSCF RFSQ Appendix J, Sample Temporary Shelter Care Facility (TSCF) Master Contract, Attachment R, Temporary Shelter Care Facility Interim Licensing Standards Version 1 (July 1, 2017).

END

Instructions for Completing 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 shall be at the Director's sole judgment and his/her judgment shall be final.

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

TITLE		REFERENCE		
1	The information requested below is for statistical			
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			%	%

[illegible]

**COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CONTRACTS ADMINISTRATION DIVISION
FEDERAL AWARD INFORMATION (2CFR 200.332)
FISCAL YEAR _____**

Date of Notification: _____ Subrecipient Name: _____

Contract Number: _____ Federal Award Identification Number (FAIN): _____

Federal Award Date: _____

Subaward Period of Performance: _____ Subaward Budget Period: _____

Amount of Federal funds obligated by the pass-through entity: _____

Amount of Federal funds obligated to the Subrecipient by the pass-through entity include the current obligation:

Total Amount of Federal Award committed to the Subrecipient: _____

Federal Award Project description as required by FFATA:

Name of Federal Awarding Agency: _____ Agency's Assistance Listing Number: _____

(Formerly Catalog of Federal Domestic Assistance)

Please complete, sign the bottom portion, and return to:

Department of Children and Family Services - Contracts Administration Division

Attention: _____
425 Shatto Place, Room 400, Los Angeles, CA 90020

Agency's DUNS number: _____

Indirect Cost Rate letter: Yes No

Acknowledgment: As pursuant to 2CFR Section 200.332(a)(1)(xiii), this is to acknowledge that this Agency does not engage in any Research and Development under this contract.

Agency's Legal Name

Agency's representative (Print Name)

Signature

Title

Date

Agency's representative (Print Name)

Signature

Title

Date