



County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020  
(213) 351-5602



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JENNIE FERIA  
Chief Deputy Director

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November 14, 2024

To: Prospective Proposers and Interested Parties

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

**ADDENDUM NUMBER ONE TO RELATIVE SUPPORT SERVICES REQUEST FOR PROPOSALS, NO. #24-0022**

Addendum Number One is issued by the County of Los Angeles Department of Children and Family Services to all prospective contractors of the Relative Support Services (RSS) Request for Proposals (RFP) Number 24-0022. Addendum Number One releases the Questions and Answers and amends sections in the RFP, as provided below. Changes apply only to the referenced sections, and/or subsections that are amended or deleted; all other sections remain in full effect.

A prospective proposer's failure to incorporate the requirements of this Addendum Number One may result in the proposal being found non-responsive and not being considered, as determined at the sole discretion of the County.

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

Following the discussion of the RFP section revisions, responses to Proposers' Questions are included as Attachment I to this Addendum Number One.

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

1. RFP, Section 8.4, Preparation of the Proposal, subsection 8.4.1.2, is amended to read as follows:

**8.4.1.2** The five files are:

- 1) Business Proposal** – File will include a cover sheet titled "Business Proposal," and a separate, completed Exhibit 12 for

*"To Enrich Lives Through Effective and Caring Service"*

each of proposer's Narrative responses to questions related to:

- Background and Experience
- Proposer's Approach to providing the contract services
- Quality Control Plan

**(There are 17 separate Exhibit 12 templates included in Required Forms to be utilized for Narrative responses that must not exceed two pages each, in standard Arial font size 12)**

- 2) Cost Proposal** (Exhibits 13 through 15) - File will include a cover sheet titled "Cost Proposal", and proposer's Line Item Budget and Narrative.
  - 3) Audited Financial Statements** - File will include a cover sheet titled "Audited Financial Statements", and the three most current years of Audited Financial Statements. The most current statement should be less than 18 months old.
  - 4) Required Forms** (Exhibits 1 through 11) – File will include a cover sheet titled "Required Forms", and Exhibits 1 – 11.
  - 5) Corporate Documents** – File will include a cover sheet titled "Corporation Documents", and the documents listed in the RFP, sub-paragraph 8.5.5.2 – Corporate Documents.
2. RFP, Section 8.5, Business Proposal Requirements and Evaluation Criteria (80%), subsection 8.5.5.2, Corporate Documents, item #7 only, is deleted as follows. The remainder of the subsection remains unchanged:

#### **8.5.5.2 Corporate Documents**

~~7) Audited Financial Statements (3 most current FY)~~

3. RFP, Appendix A – Sample Contract, Standard Exhibits, Exhibits C, D, E, H, I, K, and M are in fillable format and included with this Addendum.
4. RFP, Appendix B – Required Forms, RFP Exhibits, Exhibits 1 through 11 are in fillable format and included with this Addendum.

All other terms and conditions of the RFP remain unchanged.

## Relative Support Services Request for Proposals Questions (Q) and Answers (A)

This Question and Answer (Q&A) document includes questions received after Relative Support Services (RSS) Request for Proposals (RFP) #24-0022 posted on October 24, 2024, and at the Proposers' Conference held on October 31, 2024. (Questions regarding the scheduling of the proposers' conference were also answered at the time they were received.) Questions are posted as received; and similar questions are grouped with a single answer.

**Q1-** RFP Section 2.1 states that "Contracts will be awarded to responsive and responsible proposers with the highest scored lowest cost proposals (combined score of Business Proposal and Cost Proposal) for each of the eight Services Planning Areas (SPAs)." May an agency apply for (and received an award for) more than one SPA?

**A1-** Yes; proposers may apply for more than one SPA. However, as stated in RFP Section 3.2.3 – Contract Awards, the County reserves the right to limit the number of RSS contract awards to two (2) for any agency that submits a proposal.

**Q2-** RFP Section 8.4.1.2 states that the five files to be submitted are:

- 1) Business Proposal
- 2) Cost Proposal (Exhibits 13-15)
- 3) Audited Financial Statements
- 4) Required Forms (Exhibits 1 through 11)
- 5) Corporate Documents

However, Section 8.5.5.2 state that the Corporate Documents should include audited financials. Should they be included in both file 3 and 5?

**A2-** Proposers' Audited Financial Statements are only required to be included with File #3. RFP Section 8.5.5.2 was revised in Addendum One.

**Q3-** Will only one agency be selected per SPA to provide RSS services?

**A3** For SPAs with one anticipated number of contract award (i.e. SPAs #2 through SPA #7), one agency will be selected. For SPAs with two anticipated number of contract awards (i.e. SPA #1 and SPA #8), up to two agencies may be selected. Please refer to RFP Sections 3.2.2 – Contract Rates, through 3.2.3 – Contract Awards.

- Q4- RFP Section 8.5 describes the contents of the business proposal, but begins with Proposer's Qualifications (Section B). Is there a Section A, and if so, what is it?
- A4- There is no Section A designated in the Business Proposal.
- Q5- Regarding the exhibits included in the RFP, are we expected to use these forms to submit, or are there fillable PDF versions available?
- A5- Not all of the initial posted forms were fillable. Addendum One now includes updated versions of Exhibits in Appendix A and Exhibits in Appendix B that were made fillable.
- Q6- On Page 20, RFP Section 8.4.1.2, it is mentioned that there are 17 separate Exhibit 12 templates included in Required Forms to be utilized for Narrative responses that must not exceed two pages each. Is there a specific font or font size that is required?
- A6- Proposers are to use standard Arial font, size 12, when responding to each Exhibit 12 – Business Proposal (Narrative Form). RFP Section 8.4.1.2 was revised in Addendum One.
- Q7- Is an agency able to have RSS in SPAs that we currently have RHAS (Relative Home Assessment Services) already?
- A7- Yes. RSS and RHAS are separate services, contracts, and solicitations.
- Q8- We did want to ask about the budget and budget narrative. In the RFP, there is only a placeholder for both Exhibit 13 and Exhibit 14. Is there an anticipated release date for these two exhibits? Alternatively, are these generic templates used in other DCFS RFPs (i.e. APSS) that we can use as stand-ins?
- Q9- We looked at the sample budget included in the RFP and noticed that it appears to be a scanned copy of a Word document. Will proposers be expected to create a line-item budget *modeled* after the scanned copy in the RFP? Or should proposers utilize an actual template from the County (I attached a template we had recently used for an APSS RFP)?
- Q10- Is there a specific form/template we need to use for the line item budget?
- A8-9-10- The placeholder pages for Exhibits 13 and 14 are there for proposers to attach their Line Item Budget and Budget Narrative. Sample budgets were included in Appendix A, Exhibit A-2. Proposers are to reference the samples, and create their own line item budget and budget narrative.
- Q11- Does an agency need to have an FFA (Foster Family Agency) to be awarded an RSS contract?

- A11- No. Please refer to RFP Section 4.0, for the list of minimum mandatory requirements.
- Q12- Is there a minimum for the Narratives?
- A12- The maximum page limit for Exhibit 12 – Business Proposal (Narrative Form) is 2 pages, as provided in the RFP fillable template. There is no minimum page limit or word count.
- Q13- Will these slides be available on the website?
- A13- No. The PowerPoint presentation at the Proposers' Conference was an internal document. Although the slides included an overview of the solicitation, proposers must review the RSS RFP in its entirety.
- Q14- We noticed the de minimis indirect cost rate is at 10% but the federal Uniform Grants Guidance 2024 Revision increased indirect costs starting in October 2024. If we use the de minimis base rate, can we apply the updated rates (15% and \$50,000 for subawards) instead of the one listed in the RFP (10% and \$25,000 for subawards)?
- A14- At this time, Proposers are to apply the 10% rate.
- Q15- I noticed that the embedded link in the RFP went to a different address [RSS@dcfs.lacounty.gov](mailto:RSS@dcfs.lacounty.gov) so I am reaching out to see if this address is active.
- A15- The embedded email address in the RFP ([RSS@dcfs.lacounty.gov](mailto:RSS@dcfs.lacounty.gov)) is linked to [RSSRFP24-0022@dcfs.lacounty.gov](mailto:RSSRFP24-0022@dcfs.lacounty.gov), the primary RFP contact email address. Emails sent to either address will appear in the same inbox.

# APPENDIX A - EXHIBITS

## **CONTRACT STANDARD EXHIBITS**

- A STATEMENT OF WORK AND ATTACHMENTS
- B LINE ITEM BUDGET AND BUDGET NARRATIVE
- C COUNTY'S ADMINISTRATION
- D CONTRACTOR'S ADMINISTRATION
- E FORMS REQUIRED AT THE TIME OF CONTRACT EXECUTION:
  - E1 CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
  - E2 CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
  - E3 CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
- F SAFELY SURRENDERED BABY LAW
- G AUDITOR-CONTROLLER CONTRACT ACCOUNTING AND ADMINISTRATION HANDBOOK
- H USER COMPLAINT REPORT (UCR)

## **UNIQUE EXHIBITS**

- I CHARITABLE CONTRIBUTIONS CERTIFICATION
- J INFORMATION SECURITY AND PRIVACY REQUIREMENTS
- K CONFIDENTIALITY OF CORI INFORMATION
- L INTERNAL REVENUE SERVICE NOTICE 1015
- M FEDERAL AWARD INFORMATION

## COUNTY'S ADMINISTRATION

CONTRACT NO. \_\_\_\_\_

**COUNTY'S PROJECT DIRECTOR:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**COUNTY'S CONTRACT ANALYST:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**COUNTY'S PROJECT MANAGER:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**COUNTY'S PROJECT MONITOR:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## CONTRACTOR'S ADMINISTRATION

CONTRACTOR'S NAME: \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_

### CONTRACTOR'S PROJECT MANAGER:

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

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### CONTRACTOR'S AUTHORIZED OFFICIAL(S):

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

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### NOTICES TO CONTRACTOR:

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

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

**FORMS REQUIRED AT THE TIME OF CONTRACT EXECUTION**

- E1 CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
- OR**
- E2 CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
- E3 CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

**CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

Contractor Name: \_\_\_\_\_ Contract No \_\_\_\_\_

**GENERAL INFORMATION:**

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

**CONTRACTOR ACKNOWLEDGEMENT:**

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

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

**CONFIDENTIALITY AGREEMENT:**

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

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

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

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

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME:

POSITION: \_\_\_\_\_  
\_\_\_\_\_

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

Contractor Name: \_\_\_\_\_ Contract No \_\_\_\_\_

Employee Name: \_\_\_\_\_

**GENERAL INFORMATION:**

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

**EMPLOYEE ACKNOWLEDGEMENT:**

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

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

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

**CONFIDENTIALITY AGREEMENT:**

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

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

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

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

**CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

Contractor Name: \_\_\_\_\_ Contract No \_\_\_\_\_

Non-Employee Name: \_\_\_\_\_

**GENERAL INFORMATION:**

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

**NON-EMPLOYEE ACKNOWLEDGEMENT:**

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

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

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

**CONFIDENTIALITY AGREEMENT:**

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

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

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

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

**USER COMPLAINT REPORT  
RELATIVE SUPPORT SERVICES**

This form is to be used by DCFS users of Relative Support Services to report service discrepancies and/or failure to provide training as specified. This User Complaint Report must be delivered immediately to the County Program Manager for this Contract.

E-mail Address:

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Date of Report:

---

DCFS User Name:

---

DCFS

Office Address:

---

Phone No.

E-mail Address:

---

Date(s) of Incident(s):

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Below, please check the appropriate boxes and explain each incident separately:

- Contractor's Program Director is not responding to messages.
- Contractor's staff not available or not responding to messages.
- Contractor making staff changes without notification to the County.
- Illegal or inappropriate behavior by Contractor's staff.
- Contractor not submitting reports or maintaining records as required.
- Contractor not complying with the quality assurance requirements as specified in the Contract.
- Other (describe):

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**To report an urgent/serious problem, call County Program Manager at: (310) 233-1534**

Send UCR to RSS County Program Manager, 1 Civic Plaza Drive, 4th Floor, Carson, CA 90745 and a copy to Contracts Compliance Section, 510 S. Vermont Avenue, 14<sup>th</sup> Floor, Los Angeles, CA 90020.

## CHARITABLE CONTRIBUTIONS CERTIFICATION

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Company Name

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Address

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Internal Revenue Service Employer Identification Number

---

California Registry of Charitable Trusts "CT" number (if applicable)

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

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

- Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Bidder engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

**OR**

- Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

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

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

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

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

**CONFIDENTIALITY OF CORI INFORMATION**

Criminal Offender Record Information (CORI) is that information which is recorded as the result of an arrest, detention or other initiation of criminal proceedings including any consequent proceedings related thereto. As an employee of \_\_\_\_\_, during the legitimate course of your duties, you may have access to CORI. The Probation Department has a policy of protecting the confidentiality of Criminal Offender Record Information.

You are required to protect the information contained in documents against disclosure to all individuals who do not have a right-to-know or a need-to-know this information.

The use of any information obtained from case files or other related sources of CORI to make contacts with probationers or their relatives, or to make CORI available to anyone who has no real and proper reason to have access to this information as determined solely by the Probation Department is considered a breach of confidentiality, inappropriate and unauthorized.

Any \_\_\_\_\_ employee engaging in such activities is in violation of the Probation Department's confidentiality policy and will be subject to appropriate disciplinary action and/or criminal action pursuant to Section 11142 of the Penal Code.

I have read and understand the Probation Department's policy concerning the confidentiality of CORI records.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Classification

\_\_\_\_\_  
Date

Copy to be forwarded to County Program Manager within five (5) business days of start of employment.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
CONTRACTS ADMINISTRATION DIVISION  
FEDERAL AWARD INFORMATION (2CFR 200.332)

FISCAL YEAR 2025-2026

Date of Notification: \_\_\_\_\_ Sub recipient Name: \_\_\_\_\_ 1

Contract Number: \_\_\_\_\_ 2 Federal Award Identification Number (FAIN): \_\_\_\_\_ 3

Federal Award Date: \_\_\_\_\_ 4 Sub award Period of Performance: \_\_\_\_\_ 5

Sub award Budget Period: \_\_\_\_\_ 6

Amount of Federal funds obligated by the pass-through entity: \_\_\_\_\_ 7

Amount of Federal funds obligated to the subrecipient by the pass-through entity include the current obligation: \_\_\_\_\_ 8

Total Amount of Federal Award committed to the subrecipient: \_\_\_\_\_ 9

Federal Award Project description as required by FFATA: \_\_\_\_\_ 10

Name of Federal Awarding Agency: \_\_\_\_\_ 11 Agency's Assistance Listing Number: \_\_\_\_\_ 12

(Formerly Catalog of Federal Domestic Assistance)

13. Does Sub recipient have an Aid to Families with Dependent Children – Foster Care Rate Letter? Yes \_\_\_\_\_

Not applicable to this contract: \_\_\_\_\_

If yes, provide the Sub recipient's AFDC-FC Program Number: \_\_\_\_\_

*(Sub recipient must use the federal sharing ratios, provided and updated annually by the California Department of Social Services when calculating and reporting their Federal Revenue).*

Agency Representative please complete: Agency's Unique Entity Identifier (UEI): (formerly DUNS Number): \_\_\_\_\_ 14

15. Indirect Cost Rate letter: Yes \_\_\_\_\_ No \_\_\_\_\_

16. Acknowledgment: As pursuant to CFR Section 200.331(a)(1)(xii), this is to acknowledge that (Agency's Legal Name): \_\_\_\_\_ does not engage in any Research and Development under this contract.

17. I confirm that the following AFDC-FC Program Number is correct: \_\_\_\_\_

\_\_\_\_\_  
Agency's representative (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency's representative (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



Please complete and return to Contract Analyst at: \_\_\_\_\_

**200.332 Requirements for pass-through entities.**

All pass-through entities must:

(a) Ensure that every sub award is clearly identified to the sub recipient as a sub award and includes the following information at the time of the sub award and if any of these data elements change, include the changes in subsequent sub award modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and sub award. Required information includes:

(1) Federal award identification.

1. **Contractors Name:** Sub recipient name (which must match the name associated with its unique entity identifier);
2. **Contract Number:** Number assigned by each CAD Section to identify the contract.
3. **FAIN:** Federal Award Identification Number (FAIN);
4. **Federal Award Date:** Federal Award Date (see the definition of *Federal award date* in § 200.1 of this part) of award to the recipient by the Federal agency (*Federal award date means the date when the Federal award is signed by the authorized official of the Federal awarding agency*);
5. **Contract Term:** Sub award Period of Performance Start and End Date;
6. **Budget Term:** Sub award Budget Period Start and End Date (*Budget period means the time interval from the start date of a funded portion of an award to the end date of that funded portion during which recipients are authorized to expend the funds awarded, including any funds carried forward or other revisions pursuant to §200.308.*);
7. **Use percent of Federal Funds:** Amount of Federal Funds Obligated by this action by the pass-through entity to the sub recipient (*Include the percent of federal funds that will be used to pay for the service category*);
8. **Use percent of Federal Funds:** Total Amount of Federal Funds Obligated to the sub recipient by the pass-through entity including the current financial obligation (*include the percent of federal funds for the service category and include a summary of how the contractor is paid. Example; State approved rate, fee for service, cost reimbursement, etc.*);
9. **Use percent of Federal Award:** Total Amount of the Federal Award committed to the sub recipient by the pass-through entity; (*Include the percent of federal funds for the service category*)
10. **Use CFL:** Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);
11. **Federal Awarding Agency:** Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity;
12. **Previously Catalog of Federal Domestic Assistance (CFDA) No.:** Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement;
13. **AFDC-FC Rate Letter:** Analyst to complete with a yes or no. If yes, the AFDC-FC Program Number must be provided.
14. **Unique Entity Identifier: (formerly DUNS Number):** Sub recipient's unique entity identifier.
15. **(Indirect) Rate Letter:** Indirect cost rate for the Federal award (including if the de Minimis rate is charged) per § 200.414. *This is not the Aid to Families for Dependent Children- Foster Care (AFDC-FC) Rate Letter identifying Foster Care Rate Payments*
16. **Research and Development:** Identification of whether the award is Research and Development (R&D); and
17. **AFDC-FC Program number:** Agency to confirm and write the AFDC-FC program number.

# APPENDIX B - REQUIRED FORMS

## RFP Exhibits

- 1) Organization Questionnaire/Affidavit
- 2) Certification of Compliance
- 3) Intentionally Omitted
- 4) Debarment History and List of Terminated Contracts
- 5) Community Business Enterprise (CBE) Information (Excel Worksheet)
- 6) Minimum Mandatory Requirements
- 7) List of Contracts
- 8) List of References
- 9) Contribution and Agent Declaration Form
- 10) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)
- 11) Declaration
- 12) Business Proposal (Narrative Form)
- 13) Line Item Budget
- 14) Budget Narrative
- 15) Service Planning Area Preference Form

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

<b>PROPOSER NAME:</b>	<b>COUNTY WEBVEN NUMBER:</b>
<b>ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	<b>E-MAIL:</b>
<b>INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</b>	<b>CALIFORNIA BUSINESS LICENSE NUMBER:</b>

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

5	<b>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".</b>	
6	<b>Is your firm involved in any pending acquisition or mergers?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.
7	<b>List all names and contact information of all individuals legally authorized to commit the Proposer.</b>	

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

**REQUIRED FORMS – EXHIBIT 3**  
**INTENTIONALLY OMITTED**

**CONTRACTS REQUIRED FORMS – EXHIBIT 4**  
**PROPOSER'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

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

<b>1. DEBARMENT HISTORY (Check one)</b>		<b>YES</b>	<b>NO</b>
Proposer is currently debarred by a public entity			
If yes, please provide the name of the public entity:			
<b>2. LIST OF TERMINATED CONTRACTS (Check one)</b>		<b>YES</b>	<b>NO</b>
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.

**Instructions for Completing Form 5 - CBE Form**

**Proposer must submit Form 5 - Community Business Enterprise (CBE) Information form in Excel format.**

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.

<b>Section 1: FIRM/ORGANIZATION INFORMATION</b>	
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.



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

**REQUIRED FORMS – EXHIBIT 6**

**MINIMUM MANDATORY REQUIREMENTS**

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

List each minimum mandatory requirement (add additional rows if needed)

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	Proposer does not have unresolved questioned cost, as identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.	<input type="checkbox"/>	<input type="checkbox"/>
2	Proposal must be submitted by the proposal due date and time identified in Paragraph 1.0 (Solicitation Information).	<input type="checkbox"/>	<input type="checkbox"/>
3	At least three (3) of the Proposer’s references provided in Appendix B (Required Forms), Exhibit 8 (List of References) must be responsive and validate that the Proposer meets the Minimum Mandatory Requirements identified in Section 4.0 (Minimum Mandatory Requirements).	<input type="checkbox"/>	<input type="checkbox"/>
4	Proposer must demonstrate a minimum of two (2) years within the last three (3) years administering Federal, State, County or City contracts.	<input type="checkbox"/>	<input type="checkbox"/>
5	Proposer must have three years of experience in the last five years providing services to families in a community setting. This includes but is not limited to the prevention and aftercare of child abuse and neglect, and facilitating family visitation.	<input type="checkbox"/>	<input type="checkbox"/>
6	Proposer must have three years of experience in the last five years providing services related to child welfare assessments for adults or children.	<input type="checkbox"/>	<input type="checkbox"/>
7	Proposer must have three years of experience in the last five years directly providing or provided through subcontractors, social services training, which may include but not limited to childcare, parenting, child welfare, education, or child/youth development.	<input type="checkbox"/>	<input type="checkbox"/>

8	Proposer must have provided services for three of the last five years in the Service Planning Area (SPA) where proposer would like to provide services.	<input type="checkbox"/>	<input type="checkbox"/>
9	Proposer must be registered to do business with the office of the California Secretary of State. A certified original copy of the Statement of Information shall be included in the submission of the proposal.	<input type="checkbox"/>	<input type="checkbox"/>
10	Proposer must be a non-profit social service organization or public entity and be tax exempt under 501(c)(3) of the Internal Revenue Code for a period of at least two (2) years prior to the proposal due date for this RFP.	<input type="checkbox"/>	<input type="checkbox"/>
11	Proposer and its principals must not be currently debarred, suspended, proposed for debarment, or declared ineligible for the award of the contract by any Federal, State or County agency. Proposer must be found clear from County, State and Federal contractor's debarred listings, unless an exception has been authorized by State and Federal regulations.	<input type="checkbox"/>	<input type="checkbox"/>

**REQUIRED FORMS - EXHIBIT 7**  
**LIST OF PUBLIC CONTRACTS**

**Proposer's Name:**

Provide a list of all public entities for which the Proposer has provided service within the last three (3) 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: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
AGENCY/DEPT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

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

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

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

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

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

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

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

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

**REQUIRED FORMS - EXHIBIT 8**  
**LIST OF REFERENCES**

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

Provide three (3) references where the same or similar scope of services were provided by the Proposer. 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: _____	SERVICE TYPE: _____
CONTRACT TERM: _____	CONTRACT TERM: _____
CONTRACT AMT: _____	CONTRACT AMT: _____
AGENCY/DEPT: _____	AGENCY/DEPT: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
TELEPHONE: _____	TELEPHONE: _____
E-MAIL: _____	E-MAIL: _____

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

**REQUIRED FORMS – EXHIBIT 9**  
**CONTRIBUTION AND AGENT DECLARATION FORM**

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

Pursuant to the Levine Act ([Government Code Section 84308](#)), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$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 9**  
**CONTRIBUTION AND AGENT DECLARATION FORM**

*Complete each section below. State “none” if applicable.*

A. **COMPANY OR APPLICANT INFORMATION**

1) Declarant Company or Applicant Name:

- a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal:
- b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months:
- c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

**[IF A COMPANY, ANSWER QUESTIONS 2 - 3]**

- 2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. “Controlled or directed” means shared ownership, 50% or greater ownership, or shared management and control between the entities.
  - a) Parent(s):
  - b) Subsidiaries:
  - c) Related Business Entities:
- 3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.
- 4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

**REQUIRED FORMS – EXHIBIT 9**  
**CONTRIBUTION AND AGENT DECLARATION FORM**

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

**B. CONTRIBUTIONS**

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

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

\*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

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

\*Please attach an additional page, if necessary.



**REQUIRED FORMS – EXHIBIT 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

C. **DECLARATION**

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are \_\_\_\_\_ additional pages attached to this Contribution Declaration Form.

**COMPANY BIDDERS OR APPLICANTS**

I, \_\_\_\_\_ (Authorized Representative), on behalf of \_\_\_\_\_ (Declarant Company), at which I am employed as \_\_\_\_\_ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:**

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS – EXHIBIT 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

**INDIVIDUAL BIDDERS OR APPLICANTS**

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

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **REQUIRED FORMS – EXHIBIT 10**

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

**(This exhibit should be used for all federally funded solicitations)**

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.

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

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.

**REQUIRED FORMS – EXHIBIT 11**

**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: