

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
- 6) Minimum Mandatory Requirements
- 7) List of Public Entities
- 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) Pending Litigation and Judgments
- 12) Declaration

Business Proposal

- 13) Narrative Form

Cost Proposal

- 14) Pricing Sheet
- 15) Line-Item Budget
- 16) Budget Narrative

REQUIRED FORMS – EXHIBIT 1

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

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

REQUIRED FORMS – EXHIBIT 1
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

5	<p>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".</p>																									
6	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes", please provide additional information regarding the pending merger.</p>																								
7	<p>List all names and contact information of all individuals legally authorized to commit the Proposer.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">Name:</td><td></td></tr> <tr><td>Title:</td><td></td></tr> <tr><td>Phone:</td><td></td></tr> <tr><td>Email:</td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">Name:</td><td></td></tr> <tr><td>Title:</td><td></td></tr> <tr><td>Phone:</td><td></td></tr> <tr><td>Email:</td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">Name:</td><td></td></tr> <tr><td>Title:</td><td></td></tr> <tr><td>Phone:</td><td></td></tr> <tr><td>Email:</td><td></td></tr> </table>	Name:		Title:		Phone:		Email:		Name:		Title:		Phone:		Email:		Name:		Title:		Phone:		Email:	
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REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

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

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250 LACC 8.300	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Charitable Contributions Certification Enter the California Registry of Charitable Trusts “CT” number and upload a copy of firm’s most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586 (if applicable) CT NUMBER: _____	Board Policy 5.065	Check the Certification below that is applicable to your company. <input type="checkbox"/> Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General’s Registry of Charitable Trusts when filed. OR <input type="checkbox"/> Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts.
6	Attestation of Willingness to Consider GAIN/START Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/START participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program
8	Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	LACC 2.206	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: _____

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

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

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

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

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

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

Proposer's Name: _____

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

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

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

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

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

**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	

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
1	Proposer does not have unresolved questioned costs, as identified by the Auditor-Controller (A-C), in an amount over \$100,000, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for a period of six months or more from the date of the A-C Report, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.	<input type="checkbox"/>	<input type="checkbox"/>
2	Proposal must be submitted by the proposal due date and time identified in Paragraph 1.0 (Solicitation Information and Minimum Mandatory Requirements).	<input type="checkbox"/>	<input type="checkbox"/>
3	Proposer must have an existing and established multidisciplinary team (i.e., mental health services, educational advocacy, occupational therapy, pediatrics, psychiatrists, licensed clinical social worker (or equivalent, i.e., licensed marriage and family therapist), speech and language pathologists, in home behavioral services, and youth mentoring).	<input type="checkbox"/>	<input type="checkbox"/>
4	Proposer must have a minimum of three (3) years of experience, within the last five (5) years, developing training curriculums and providing parent education and training in the areas of child welfare, prenatal substance exposure and its effects on the child's development, challenges of parenting, and providing permanency to foster children with special needs; and	<input type="checkbox"/>	<input type="checkbox"/>
5	Proposer must have a minimum of three (3) years of experience, within the last five (5) years, in contracting with federal, state, county, or local agencies.	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED FORMS – EXHIBIT 7

LIST OF PUBLIC ENTITIES

Proposer's Name: _____

Provide all public entity contracts for the last three (3) years, where the same or similar scope of services was provided. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

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

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

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

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

REQUIRED FORMS – EXHIBIT 8

LIST OF REFERENCES

Proposer's Name: _____

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

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

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

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

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

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

REQUIRED FORMS – EXHIBIT 9

CONTRIBUTION AND AGENT DECLARATION FORM

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

Pursuant to the Levine Act ([Government Code Section 84308](#)), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$500 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

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

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

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

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

REQUIRED FORMS – EXHIBIT 9

CONTRIBUTION AND AGENT DECLARATION FORM

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

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal:

b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months:

c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. “Controlled or directed” means shared ownership, 50% or greater ownership, or shared management and control between the entities.

a) Parent(s):

b) Subsidiaries:

c) Related Business Entities:

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

REQUIRED FORMS – EXHIBIT 9

CONTRIBUTION AND AGENT DECLARATION FORM

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

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

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

B. CONTRIBUTIONS

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

Date (contribution solicited, or directed)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

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

Date (contribution made)	Name (of the contributor)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

REQUIRED FORMS – EXHIBIT 9

CONTRIBUTION AND AGENT DECLARATION FORM

C. DECLARATION

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

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

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

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

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

Signature

Date

REQUIRED FORMS – EXHIBIT 9

CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL BIDDERS OR APPLICANTS

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

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

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

Signature

Date

REQUIRED FORMS – EXHIBIT 10

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.

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.

_____	_____
Authorized Signature	Agency Name
_____	_____
Name (Print)	Agency Address
_____	_____
Title (Print)	Date

REQUIRED FORMS- EXHIBIT 11
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.

		<u>YES</u>	<u>NO</u>
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 judgments against the Proposer will be conducted by the County. Use additional page attached.

AUTHORIZED SIGNATURE

DATE

NAME (PRINT)

TITLE

REQUIRED FORMS- EXHIBIT 11
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 12

DECLARATION

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

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORM – EXHIBIT 13

Preparation and Support-Request for Proposals #24-0119-Narrative Form

8.5.1.1.1

Proposer must demonstrate their agency's experience in having an existing and established a multidisciplinary team (i.e., mental health services, educational advocacy, occupational therapy, pediatrics, psychiatrists, licensed clinical social worker (or equivalent, i.e., licensed marriage and family therapist), speech and language pathologists, in home behavioral services, and youth mentoring).

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119 -Narrative Form

8.5.1.1.1 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support-Request for Proposals #24-0119-Narrative Form

8.5.1.1.2 Proposer must demonstrate their agency's experience developing training curriculums and providing parent education and training in the areas of child welfare, prenatal substance exposure and its effects on the child's development, challenges of parenting, and providing permanency to foster children with special needs

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119 -Narrative Form

8.5.1.1.2 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support-Request for Proposals #24-0119-Narrative Form

8.5.2.1

Describe in detail Proposer's plans for staff recruitment to provide the multi-disciplinary team that will conduct the case assessments and provide P&S services to children and families as described in the SOW of this RFP.

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119 -Narrative Form

8.5.2.1 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.2 Describe in detail the Proposer's approach to conducting presentations and recruiting prospective resource parents and families to participate in the P&S program.

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.2

Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support-Request for Proposals #24-0119-Narrative Form

8.5.2.3

Describe in detail the Proposer's approach to disseminating program brochures and other information about the P&S program, consisting of subject matters concerning prenatal substance abuse, and its impact on children in the child welfare adoption system, at pre-service training classes.

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119 -Narrative Form

8.5.2.3 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

- 8.5.2.4** Describe in detail the Proposer's approach to conducting in-depth case assessments and consultations for special needs children who are waiting to be adopted.

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.4 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.5 Describe in detail the Proposer's approach to developing and implementing the training series consisting of three core training courses for the target population.

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.5 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

- 8.5.2.6** Describe in detail the Proposer's approach to providing training and training materials in English and Spanish as described in the SOW of this RFP.

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.6 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.7

Describe in detail the Proposer's approach to providing Therapeutic Grief Intervention (TGI) services, including group and individual sessions, to families who have participated in concurrent planning and have been grieving the loss or potential loss of the child they hoped to adopt.

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.7 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

- 8.2.5.8** Describe in detail the Proposer's approach to providing individual child psychotherapy, adoptive parent support groups, and child support groups during the period of the child's transition from a resource parent or group home to a resource parent who plans to adopt the child.

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.8 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.9 Describe in detail the Proposer's approach to providing medical consultations, educational consultations, occupational therapy consultations, developmental, psychological and psychiatric assessments, individual counseling, family counseling, support groups for children, and support groups for adoptive parents following the adoptive or Fost-Adoptive placement of the child.

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

8.5.2.9 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119-Narrative Form

- 8.5.2.10** Describe in detail the Proposer's approach and readiness to provide services at the start of the new contract, including their plan to take on existing cases transferred from a different contractor.

REQUIRED FORM – EXHIBIT 13

Preparation and Support-Request for Proposals #24-0119-Narrative Form

8.5.2.10

Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support-Request for Proposals #24-0119-Narrative Form

8.5.3.1 Proposer must describe their agency's protocol for ensuring uninterrupted services despite unforeseen circumstances below:

- 1) Medical Leaves
- 2) Pandemic
- 3) Vacations
- 4) Other staffing shortages

REQUIRED FORM – EXHIBIT 13

Preparation and Support- Request for Proposals #24-0119 -Narrative Form

8.5.3.1 Continued

REQUIRED FORM – EXHIBIT 13

Preparation and Support-Request for Proposals #24-0119-Narrative Form

Proposer must describe the methodology they are planning on implementing to monitor monthly, bi-annual, and annual reports based on the following services:

- 8.5.3.2**
- 1) Presentations and Recruitments
 - 2) Multidisciplinary Case Consultations
 - 3) Training sessions
 - 4) Therapeutic Grief Interventions

REQUIRED FORM – EXHIBIT 13

Preparation and Support-Request for Proposals #24-0119-Narrative Form

8.5.3.2 Continued

**REQUIRED FORM- EXHIBIT 13
PREPARATION AND SUPPORT FOR FAMILIES ADOPTING CHILDREN
WITH SPECIAL NEEDS
REQUEST FOR PROPOSALS #24-0119
NARRATIVE FORM**

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

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

Agency Name: _____

Tax ID Number: _____

Print Name: _____

Title: _____

Signature: _____

Date _____

REQUIRED FORM- EXHIBIT 14
PREPARATION AND SUPPORT FOR FAMILIES ADOPTING CHILDREN
WITH SPECIAL NEEDS (RFP #24-0119)
PRICING SHEET

Price quoted by Proposer must be inclusive of all applicable costs associated with providing Preparation and Support to Families Adopting Children with Special Needs (P&S) services and any other costs necessary to perform all tasks outlined in the RFP, Statement of Work (SOW), Performance Requirements Summary Exhibits and Sample Contract.

The chart below summarizes the required P&S services and provides the maximum annual funding amount. Please refer to SOW in Appendix B for detailed tasks to be delivered.

SOW Section No.	Required ANNUAL Services/Deliverables	Maximum Annual Funding
9.0	<p>PRESENTATIONS AND RECRUITMENTS (P&R)</p> <ul style="list-style-type: none"> • Conduct each presentation for a minimum of 30 to 45 minutes in length, including a question and answer (Q&A) period. • Conduct a minimum of sixty (60) program Presentations and Recruitments (P&R), fifty (50) in English, six (6) in Spanish, and four (4) in English or Spanish depending on the need, during each contract term. • Recruit a minimum of 125 individuals to sign up for the Placement Preparation Training Series during the contract year. 	<u>\$479,000</u>
10.0	<p>CASE CONSULTATIONS:</p> <ul style="list-style-type: none"> • Conduct in-depth case consultations/assessments for a minimum of ten (10) children with special needs for children with special needs waiting to be adopted. • Case consultations must be a minimum of two (2) hours in length. 	
11.0	<p>PLACEMENT PREPARATION TRAINING SERIES:</p> <ul style="list-style-type: none"> • Develop a three (3)-session training that equips and educates prospective foster and approved adoptive families interested in adopting children in foster care. • Provide six (6) training series with each training series consisting of the three (3) training modules. • Accommodate a minimum of fifteen (15) recruited prospective adoptive parents per training module session (for a minimum total of 125 individual participants during the contract year). 	
12.0	<p>THERAPEUTIC GRIEF INTERVENTIONS (TGI):</p> <ul style="list-style-type: none"> • Provide face-to-face or virtual intakes and assessments for eighteen (18) families. • Provide a minimum of two (2) 90-minute group Therapeutic Grief Interventions (TGI) sessions twice a month for those families for which group TGI sessions are appropriate. • Provide a minimum of once-a-month individual TGI counseling sessions for a minimum of fifty (50) minutes for individuals or families who have been appropriately assessed for individual TGI sessions. 	
13.0	<p>MULTIDISCIPLINARY SERVICES:</p> <ul style="list-style-type: none"> • Provide multidisciplinary services during and after the transition of a child from a resource parent or group home. • Provide multidisciplinary services for adoptive parents following the adoptive or “Fost-Adoptive Placement” of the child. 	

REQUIRED FORM- EXHIBIT 14
PREPARATION AND SUPPORT FOR FAMILIES ADOPTING CHILDREN
WITH SPECIAL NEEDS (RFP #24-0119)
PRICING SHEET

Price as proposed are firm-fixed price to remain from for eighteen (18) months following the last day to accept proposals. Bid cannot be negotiated and will remain as submitted.

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

The undersigned offers to furnish all personnel, labor, and materials necessary to perform the services, the scope of which is set forth in the above-identified Request of Proposals or the County of Los Angeles, under all of the terms and conditions specified in the Statement of Work (SOW), Exhibits, Performance Requirements Summary, and Sample Contract.

SOW Section No.	Required ANNUAL Services/Deliverables	TOTAL PROPOSED ANNUAL COST Firmed fixed price to Provide P&S Services
9.0	Presentations and Recruitments (P&R)	\$ _____
10.0	Case Consultations	
11.0	Placement Preparation Training Series	
12.0	Therapeutic Grief Interventions (TGI)	
13.0	Multidisciplinary Services	

I declare that all computations used to arrive at the cost for Preparation and Support for Families Adopting Children with Special Needs services are true and correct to the best of my knowledge.

Authorized Signature

Agency Name

Name (Print)

Agency Address

Title (Print)

Date

REQUIRED FORMS - EXHIBIT 15

P&S SAMPLE LINE ITEM BUDGET SUMMARY

Proposer should 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 fifteen percent (15%) 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 should be listed as well as the Monthly Cost per FTE. For all benefits, specify amounts paid by the employer, the employee and the total monthly premium.

For all items detailed under "Services and Supplies", provide an explanation for their need and/or how it benefits the program. Computations associated with these costs should be explained and provided. The following costs are not allowable under any circumstances: bad debts, contingency provisions, contributions and donations, fines and penalties, fundraising activities, and interest expenses (unless expressly allowed by federal guidelines). Regarding Insurance, provide annual total costs for each Insurance type/coverage. For further clarification, see Sample Contract, Sub-paragraph 8.25, Insurance Coverage.

INDIRECT COST

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

Contractors may utilize a maximum of fifteen percent (15%) 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.