APPENDIX B - REQUIRED FORMS

Exhibits

1) Organization Questionnaire/Affidavit
2) Certification of Compliance
3) Request for Preference Consideration
4) Debarment History and List of Terminated Contracts
5) Community Business Enterprise (CBE) Information (Excel Worksheet)
6) Minimum Mandatory Requirements
7) List of Public Entities
8) List of References
9) Contribution and Agent Declaration Form
10) Pending Litigation and Judgments
11) Charitable Contributions Certification
12) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)
13) Business Proposal (Narrative)
14) Declaration
15) Price Sheet
16) Line Item Budget
17) 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: ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Partnership ☐ Sole Proprietorship ☐ Non-Profit ☐ Franchise ☐ Other (Specify)	**If Corporation or Limited Liability Company (LLC):** Legal Name (as stated in Articles of Incorporation): _____ State of Incorporation:_____ Year of Incorporation:_____ **If Limited Partnership or a Sole Proprietorship:** Name of proprietor or managing partner: _____ **If other:** Specify business structure name: _____
2	Is your firm doing business under one or more DBA's**?** ☐ Yes ☐ No	Name: _____ Country of Registration: _____ Year became DBA:
3	Is your firm wholly/majority owned by, or a subsidiary of another firm? ☐ Yes ☐ No	If yes, indicate name of Parent Firm and State of Incorporation. Name of Parent Firm: _____ State of Incorporation or registration of parent firm: _____
4	Has your firm done business under other names within last five (5) years? ☐ Yes ☐ No	If yes, indicate any other names and the year of name change. Name(s): _____ Year(s) of Name Change: _____

REQUIRED FORMS – EXHIBIT 1

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

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

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

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

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

☐ **PREFERENCE NOT REQUESTED**

OR

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

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

REQUIRED FORMS – EXHIBIT 4

DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Proposer's Name: ___________________________________

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

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

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

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

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

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

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

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

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

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

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

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ

Instructions for Completing Exhibit 5 - CBE Form

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

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

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

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

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

REQUIRED FORMS – EXHIBIT 6

MINIMUM MANDATORY REQUIREMENTS

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

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	Proposer must submit their proposal (s) for Prevention and Aftercare by October 20, 2026, at 12:00 P.M., PDT.	☐	☐
2	Proposer must be a non-profit social service organization founded for religious, charitable or social welfare purposes and be tax exempt under 501(c)(3) of the Internal Revenue Code, or a public entity. Proposer must have been ruled an exempt entity by the IRS for a period of at least two (2) years prior to the proposal due date for this RFP.	☐	☐
3	Proposer must demonstrate a minimum of three (3) years within the last five (5) years administering Federal, State, County or City contracts.	☐	☐
4	Proposer must have a minimum of five (5) years' experience during the last seven (7) years administering in providing social services to families or coordinating social services to families; or coordinating social services among other community providers equivalent or similar to the services listed in Exhibit A (Statement of Work) for P&A.	☐	☐
5	Minimum qualifications to provide P&A to American Indian and Native Alaskan communities, in addition to RFP subsections 4.1 through 4.4: Proposer must have a minimum of five (5) years' experience during the last seven (7) years providing social services to families or coordinating social services to families; or coordinating social services among other community providers equivalent or similar to the services listed in Exhibit A (Statement of Work) for P&A for American Indian and Alaskan communities within Los Angeles County.	☐	☐
6	Minimum qualifications to provide P&A to Asian Pacific Islander communities, in addition to RFP subsections 4.1 through 4.4:	☐	☐

	Proposer must have a minimum of five (5) years experience during the last seven (7) years providing social services to families or coordinating social services among other community providers equivalent or similar to the services listed in Exhibit A (Statement of Work) for Prevention and Aftercare for Asian Pacific Islander communities within Los Angeles County.		
7	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.	☐	☐

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

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

REQUIRED FORMS – EXHIBIT 8

LIST OF REFERENCES

Proposer's Name:

Proposer's List of References will be used for evaluation purposes and to validate Proposer meets the Minimum Mandatory Requirements (MMRs) stated in the RFP Section 8.5.1.2. Proposer must provide five (5) references where the same or similar scope of services was provided.

Please note that **no more than** five (5) references must be provided. It is the Proposer's responsibility to ensure accuracy of the information provided below.

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

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

_____

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

PENDING LITIGATION AND JUDGMENTS

Proposer must identify by name, case and court jurisdiction any pending litigation in which Proposer is involved, or judgments against 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 Proposer's principals', as stated in Paragraph 8.5.1.5 (Proposer's Pending Litigation and Judgments) of this RFP. A review to determine the magnitude of any pending litigation or judgments against the Proposer will be conducted by County. Use additional pages, if required.

REQUIRED FORMS – EXHIBIT 11
CHARITABLE CONTRIBUTIONS CERTIFICATION

_____
Proposer or Contractor Name

_____
Address

_____
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 raised charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer or Contractor 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.

Print Name:_____Title:_____

Signature:_____Date:_____

REQUIRED FORMS – EXHIBIT 12
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.

Printed Name:_____Title:_____

Signature:_____Date:_____

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

Provide a narrative that demonstrates the organization's background and experience specific to items 8.5.1.1.1, 8.5.1.1.2, 8.5.1.1.3, and 8.5.1.1.4 of this RFP.

8.5.1.1.1. Provide a summary of your experience providing social services to the target population, including African-American/Black Families as described in the Statement of Work. For Countywide Contracts proposer, you must demonstrate your experience in providing social services to the target population and the NA/AN, A/PI communities.

8.5.1.1.1 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.1.1.2 Provide a summary of your experience measuring the quality of services.

8.5.1.1.2 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.1.1.3 Provide a summary of your experience building and maintaining networks of strong and collaborative relationships with community partners and County Departments.

8.5.1.1.3 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.1.1.4 Provide a summary of your experience with engaging the community members and promoting the availability of services.

8.5.1.1.4 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

Provide a narrative that describes the organization's approach to providing required services specific to items 8.5.2.1, 8.5.2.2, 8.5.2.3, 8.5.2.4, and 8.5.2.5 of this RFP.

8.5.2.1. Describe your approach in incorporating the Protective Factors Framework into their service delivery plan.

8.5.2.1 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.2.2 Describe your service approach to Differential Response Path 1 (Community Prevention Linkages) cases?

8.5.2.2 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.2.3 Describe your approach that delineates your plan to engage the community and raise awareness of issues related to child abuse or neglect.

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.2.3 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.2.4 Describe your approach to utilize Motivational Interviewing while providing supports, activities, and/or programs to families.

8.5.2.4 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.2.5 Describe your approach in promoting activities of social networking building.

8.5.2.5 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.2.5 Describe your approach on activities to improve economic well being.

8.5.2.5 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.2.5 Describe your approach on how you will increase access to and utilization of existing activities, resources and supports.

8.5.2.5 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

Provide a narrative that describes the organization's quality assurance plan specific to items 8.5.3.1, 8.5.3.2, and 8.5.3.3 of this RFP.

8.5.3.1 Describe your plan for ensuring uninterrupted services to DCFS in the event of a strike or any other potential disruption in service, which may include staff shortage, medical leaves, vacations, absences, pandemics etc.

8.5.3.1 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.3.2 Describe your plan for methods used for timely data collection including but not limited to the Protective Factors Survey and monthly, quarterly, semi-annual, and annual reports.

8.5.3.2 Continued

REQUIRED FORMS – EXHIBIT 13

BUSINESS PROPOSAL (NARRATIVE)

8.5.3.3 Described your plan outlining the methods for completing accurate and timely invoice submissions and implementing controls for required supporting documentation.

8.5.3.3 Continued

REQUIRED FORMS – EXHIBIT 13
BUSINESS PROPOSAL (NARRATIVE)

Prevention and Aftercare
Request for Proposals #25-0062

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

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

Agency Name

Tax Identification Number

Print Name_____ Title: _____

Signature: _____ Date: _____

REQUIRED FORMS – EXHIBIT 14

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-17 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORMS - EXHIBIT 15
Prevention and Aftercare (RFP #25-0062)
PRICE SHEET

One price sheet is required for each of the Service Planning Areas (SPAs) and countywide contract the proposer proposes to serve. Rates quoted must be fully loaded to include all applicable costs associated with Prevention and Aftercare (P&A) and any other costs necessary to perform all tasks outlined in the P&A RFP, Sample Contract, Statement of Work, Performance Requirements Summary, Exhibits and Attachments.

The proposed cost is to remain firm for one hundred eighty (180) days following the last day to accept proposals under RFP #25-0062. The P&A maximum annual funding allocations per SPA are as follows:

SPA	Maximum Annual Funding Per SPA
1	$372,839
2	$1,039,556
3	$844,555
4	$364,154
5	$290,000
6	$888,470
7	$699,126
8	$706,285
CW API	$305,015
CW AI	$290,000
Total	**$5,800,000**

Proposers must demonstrate how they arrived at the final proposed annual cost by providing a Line Item Budget (Required Form Exhibit 16) and Budget Narrative (Required Form Exhibit 17). Point deductions will be applied for computation errors and line items not discussed in the budget narrative. *All information provided in the Price Sheet, Line Item Budget and Budget Narrative will become part of the contract, if proposal is recommended, as indicated in the Sample Contract Section 5.5.16.*

REQUIRED FORMS - EXHIBIT 15
Prevention and Aftercare (RFP #25-0062)
PRICE SHEET

Service Planning Area (SPA) Select one SPA only	**TOTAL PROPOSED ANNUAL COST** Firm fixed price for the selected SPA
_____	**$**_____

Service Planning Areas (SPAs) – You must choose only one SPA (SPA No. 1 through SPA No. 8) or countywide contract for each proposal. Please refer to the RFP Appendix A Technical Exhibit 21 for a SPA map.

The undersigned offers to furnish all personnel, labor and materials necessary for P&A. Said work must be done for the period prescribed and the manner set forth in the P&A Statement of Work.

By submission of this proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.

I declare that all computations used to arrive at the proposed total cost for P&A for the SPA indicated above are true and correct to the best of my knowledge.

_____ _____
Authorized Signature Date

_____ _____
Print Name and Title Date

_____
Agency Name

_____
Agency Address

REQUIRED FORMS - EXHIBIT 16

SAMPLE LINE ITEM BUDGET

Proposer should adjust line items as necessary in order to fully demonstrate how they will provide P&A services.

DIRECT COST (List each staff classification)

Payroll:	FTE*	Hourly Rate	Monthly Salary
Employee Classification	_____	$_____	$_____
Employee Classification	_____	$_____	$_____
Employee Classification	_____	$_____	$_____
Others (Please continue to list)			

Total Salaries and Wages **$_____**

***FTE = Full Time Equivalent Positions**

Employee Benefits	No. of Employees	Monthly Cost per FTE
Medical Insurance	_____	$_____
Dental Insurance	_____	$_____
Life Insurance	_____	$_____
Other (list)	_____	$_____

Total Benefits **$_____**

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

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

Total Payroll Taxes **$_____**

Insurance (List Type/Coverage. See Sample Contract, Sub-paragraph 8.25, Insurance Coverage Requirements)

_____ $_____
_____ $_____
_____ $_____
Vehicles $_____
Supplies $_____
Services $_____
Office Equipment $_____
Telephone/Utilities $_____
Other (please continue to list) $_____

Total Insurance/Misc. S & S **$_____**

TOTAL DIRECT COSTS **$_____**

INDIRECT COST (List all appropriate)

General Accounting/Bookkeeping $_____
Management Overhead (Specify) $_____
Other (Specify) $_____

TOTAL INDIRECT COSTS **$_____**

TOTAL DIRECT AND INDIRECT COST **$_____**

TOTAL MONTHLY COSTS **$_____**

REQUIRED FORMS - EXHIBIT 17

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. However, 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. All numbers must add up and be reflected in the budget narrative.

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 ten percent (10) of their Maximum Annual Contract Sum for administrative/indirect costs. 2 CFR Subpart E, Cost Principles, Section 200.414 indicates, “Recipients and subrecipients that do not have a current Federal negotiated indirect cost rate (including provisional rate) may elect to charge a de minimis rate of up to 10 percent of modified total direct costs (MTDC).”