



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
510 S. Vermont Avenue, Los Angeles, California 90020
(213) 351-5602

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Interim Director

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October 1, 2026

To: Prospective Proposers and Interested Parties

From: Leticia Torres-Ibarra, Division Manager Leticia
Contracts Administration Division Torres-Ibarra
Digitally signed by Leticia
Torres-Ibarra
Date: 2026.10.01
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**ADDENDUM NUMBER TWO TO FAMILY SUPPORT AND ABUSE PREVENTION
SERVICES FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES REQUEST FOR
PROPOSAL #26-0036**

Addendum Number Two is issued by the County of Los Angeles, Department of Children and Family Services to notify the prospective proposers and interested parties that the Family Support and Abuse Prevention for Children with Developmental Disabilities (FSAPS) Request for Proposal (RFP) #26-0036, released on July 30, 2026, is amended as follows.

This Addendum amends sections in the RFP as provided below. Changes only apply to referenced sections and/or subsections that are amended or deleted; all other sections remain in full effect.

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

This Addendum includes both deletions and additions. Deletions are indicated by strikethrough (~~strikethrough~~) and additions are underlined (underlined).

The attachment to this Addendum include:

Attachment I	Appendix B, Required Forms, Exhibit 5, Community Business Enterprise (CBE) Information (Updated 10/1/2026)
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RFP section revisions are listed in sequential order as they appear in the document:

"To Enrich Lives Through Effective and Caring Service"

1. RFP, Section 8.0, BUSINESS PROPOSAL REQUIREMENTS AND EVALUATION, Subsection 8.4, Preparation of the Proposal, Subsection 8.4.1.3 has been revised as follows:

8.4.1.3 Three (3) years of ~~Audited~~ Financial Statements (at least one (1) audited financial statement within the last eighteen (18) months) ~~or equivalent~~; and

2. RFP, Section 8.0, BUSINESS PROPOSAL REQUIREMENTS AND EVALUATION, Subsection 8.8, Proposal Submission, Subsection 8.8.3 has been revised as follows:

8.8.3 Proposers must submit four (4) electronic PDF files in their proposal submission email as follows:

- 1) Business Proposal (Appendix B, Exhibit 13);
- 2) Cost Proposal (Appendix B, Exhibits 14 through 16);
- 3) Three (3) years of ~~Audited~~ Financial Statements (at least one (1) audited financial statement within the last eighteen (18) months) ~~or equivalent~~; and
- 4) Required Forms (Appendix B, Exhibits 1 through 12, Insurance, Licenses, and Corporate Documents).

Except as provided by addendum, all other terms and conditions of the RFP remain unchanged.

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

Instructions for Completing Exhibit 5 - CBE Form
UPDATED 10/1/2026

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

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

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 5

UPDATED 10/1/2026

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			%	%	
Native Americans			%	%	
Subcontinent Asian			%	%	
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	