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 References
8) List of Contracts
9) Contribution and Agent Declaration Form
10) Pending Litigation and Judgments
11) Declaration
12) Business Proposal Narrative

Cost Proposal

13) Pricing Sheet
14) Line-Item Budget
15) 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:**

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 in exhibits listed 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) _____	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 Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA 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, of this Request for Proposals.

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	Proposal must be submitted by the proposal due date and time identified in Section 1.0 (Solicitation Information and Minimum Mandatory Requirements).	○	○
2	Proposer must have a minimum of three (3) years of experience within the last seven (7) years providing coached monitored family time for non-custodial parents with their children.	○	○
3	Proposer must have a minimum of three (3) years of experience during the last five (5) years administering Federal, State, County, or City Contracts to children and families.	○	○
4	Proposer must have a minimum of two (2) years of experience within the last seven (7) years providing child custody exchanges between parents or experience working with parents in child custody disputes.	○	○
5	Proposer must have provided at least one year of service in the community they are proposing to serve - Supervisorial District 3, specifically in Service Planning Area (SPA) 2, or Supervisorial District 5, specifically in SPA 1. Proposer must submit with their Corporate Documents, proof of the address where services have been provided, such as a business license, lease agreement, deed, mortgage statement, or facility utilities, within the Supervisorial Districts 3 and 5, specifically SPA 1 or 2.	○	○
6	Proposer must be a non-profit social service organization and be tax exempt under 501(c)(3) of the Internal Revenue Code. 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; or a public institution of higher education with recognized expertise in fields related to child welfare (as defined in WIC 18967).	○	○
7	If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over $100,000.00, 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 disallowance, 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 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:	

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

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

REFERENCES	
REFERENCE 4	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

REFERENCES	
REFERENCE 5	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

CONTRACTS REQUIRED FORMS - EXHIBIT 8
LIST OF CONTRACTS

Proposer's Name:

Provide a list of all public entities for which the Proposer has provided service within the last three (3) years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

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

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

REQUIRED FORMS – EXHIBIT 9

CONTRIBUTION AND AGENT DECLARATION FORM

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

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

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.

		YES	NO
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 judments against the Proposer will be conducted by the County. Use additional page attached.

AUTHORIZED SIGNATURE _____ **DATE** _____

NAME (PRINT) _____ **TITLE** _____

REQUIRED FORMS- EXHIBIT 10
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 11

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-15 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.1.1.1 Proposer must demonstrate their agency's experience in the specified area they are proposing to serve (Supervisorial District 3, specifically in SPA 2, or Supervisorial District 5, specifically in SPA 1), with providing coached monitored family time or similar services.

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.1.1.1 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.1.1.2 Proposer must describe their agency's experience in the specified area they are proposing to serve(Supervisorial District 3, specifically in SPA 2, or Supervisorial District 5, specifically in SPA 1), providing safe child custody exchanges or similar services.

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.1.1.2 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange
Business Proposal Narrative Form

8.5.1.1.3 Proposer must describe their experience working with the courts, domestic violence service providers, law enforcement, and community families who self-refer to provide family time, safe child custody exchange, or similar services for the SPA they propose to serve (Supervisorial District 3, specifically in SPA 2, or Supervisorial District 5, specifically in SPA 1).

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.1.1.3 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.1 Proposer must describe their plan to provide coached monitored family time as described in the Statement of Work (SOW), including meeting the minimum 96 hours of coached monitored family time per month in their designated SPA (Supervisorial District 3, specifically in SPA 2, or Supervisorial District 5, specifically in SPA 1).

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.1 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.2 Proposer must describe their capacity to accept referrals for coached monitored family time services in open DCFS Family Reunification cases for their service area (Supervisorial District 3, specifically in SPA 2, or Supervisorial District 5, specifically in SPA 1) based on the criteria in SOW 5.0, Target Demographics.

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.2 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.3 Proposer must describe their approach to provide safe child custody exchanges to have staffing capacity, exchange sites, and safe locations; and to facilitate a minimum of four exchanges per month in their designated SPA (Supervisorial District 3, specifically in SPA 2, or Supervisorial District 5, specifically in SPA 1).

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.3 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.4 Proposer must describe their initial training, in accordance with the SOW requirements, as listed below:

1) Identifying child safety issues. **2)** Mandated reporting requirements. **3)** Working with families affected by abuse and neglect. **4)** Understanding the importance of family time. **5)** Understanding the concept of trauma-informed practice. **6)** Utilizing and expanding community cross sector partnerships.

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.4 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange
Business Proposal Narrative Form

8.5.2.5 Proposer must describe their Family Time Coaching Curriculum, in accordance with the SOW requirements, as listed below:

1) Learning methods of identifying family strengths. **2)** Helping parents build on their own skills and confidence. **3)** Promoting positive parent/child and family interactions. **4)** Engaging with parents, including fathers on creating nurturing relationships and attachment with children. **5)** Knowledge and familiarity of basic concepts of motivational interviewing skills, such as open questions, affirmations, reflective listening, and summarizing.

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.5 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.6 Proposer must describe their approach to provide outreach to DCFS Regional Offices; Domestic Violence agencies; the courts (Criminal, Family Law, and Dependency courts); Dependency Court attorneys; and Parents in Partnership (PIPs) as it pertains to coached monitored family time and safe child custody exchange services.

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.6 Continued

8.5.2.7 Proposer must describe their plan for assessing a parent or legal guardian's stability (not under the influence or impaired) and understanding of appropriate behavior and resources to participate in family time and/or safe child custody exchange services.

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.2.7 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange
Business Proposal Narrative Form

8.5.3.1 Proposer must describe their Quality Assurance Plan (QAP) protocol to ensure uninterrupted services to DCFS in the event of work stoppage or staffing shortage due to:

1) Medical leaves **2)** illness. **3)** Vacation and absences. **4)** Pandemics. **5)** Recruitment issues.

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange

Business Proposal Narrative Form

8.5.3.1 Continued

REQUIRED FORM – EXHIBIT 12

Family Time Centers Safe Child Custody Exchange
Business Proposal Narrative Form

8.5.3.2 Proposer must describe the methodology they are planning on implementing to monitor monthly reports and logs based on the following services:

1) Family Time Centers **2)** Safe Child Custody Exchanges **3)** Celebration Events

4) Training Sessions **5)** Client Satisfaction Surveys

8.5.3.2 Continued

REQUIRED FORM- EXHIBIT 12

FAMILY TIME CENTERS SAFE CHILD CUSTODY EXCHANGE
REQUEST FOR PROPOSALS #26-0044
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 13
Family Time Centers Safe Child Custody Exchange
PRICING SHEET

Price quoted by Proposer must be inclusive of all applicable costs associated with providing Family Time Centers and Safe Child Custody Exchange (FTCSCCE) 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 FTCSCCE services and provides the maximum annual funding amount. Please refer to SOW for detailed tasks to be delivered.

SOW Section No.	Required ANNUAL Services/Deliverables	Maximum Annual Funding
11.0	**FAMILY TIME CENTERS (FTC) SERVICE:** • Service deliverables include coached monitored family time (between parents/legal guardians and children), and celebration events. These services focus on the reunification process with parents/legal guardians, and/or celebration of child milestones with family.	
12.0	**SAFE CHILD CUSTODY EXCHANGE (SCCE) SERVICE:** • Service deliverables include when Contractor staff facilitates child custody exchanges (between parents or legal guardians) in which the child is transferred from the custody of one parent or legal guardian to the custody of the other at an approved exchange site. The other parent or legal guardian then leaves with the child.	**$182,900**

REQUIRED FORM – EXHIBIT 13
Family Time Centers Safe Child Custody Exchange
PRICING SHEET

Price as proposed are firm-fixed price to remain from for eighteen (18) months following the last day to accept proposals. Proposals 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 14) and Budget Narrative (Exhibit 15). 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, family time space, 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 the terms and conditions specified in the Statement of Work (SOW), Performance Requirements Summary, Exhibits, and Sample Contract.

SOW Section No.	Required ANNUAL Services/Deliverables	TOTAL PROPOSED ANNUAL COST Firmed fixed price to Provide FTCSCCE Services
11.0 **12.0**	Family Time Centers (FTC) Safe Child Custody Exchange (SCCE)	**$** _____

By submission of this Proposal, Proposer certifies that the cost 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 cost for Family Time Centers and Safe Child Custody Exchange 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 14

FAMILY TIME CENTERS/SAFE CHILD CUSTODY EXCHANGE

SAMPLE LINE-ITEM BUDGET

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 ten percent (10%) 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 15

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 must be explained.

Contractors may utilize a maximum of ten percent (10%) of expenses of their expenses of their Maximum Annual Contract Sum for administrative/indirect costs.

APPENDIX C, D

Appendix

C Solicitation Requirements Review (SRR) Request

D Background and Resources: California Charities Regulation

APPENDIX C

SOLICITATION REQUIREMENTS REVIEW (SRR) REQUEST

Proposers/Bidders requesting a Solicitation Requirements Review must submit this form to the County within the timeframe identified in the solicitation document.

Proposer/Bidder Name:	Date of Request:
Solicitation Title:	Solicitation No.:

A **Solicitation Requirements Review** is being requested because the Proposer/Bidder asserts that they are being unfairly disadvantaged for the following reason(s): *(check all that apply)*

- ☐ Application of **Minimum Mandatory Requirements**
- ☐ Application of **Business Requirements**
- ☐ Application of **Evaluation Criteria** **(not applicable to IFB)**
- ☐ Due to **unclear instructions**, the process may result in the County not receiving the best possible responses from prospective Proposers/Bidders.

For each area contested, Proposer/Bidder must explain in detail the factual reasons for the requested review. *(Attach supporting documentation and specify the underlying authority of the person or entity submitting a proposal/bid (e.g., letterhead, business card, etc.).)*

Request submitted by:

Name: _____ Title: _____

For County use only
Date SRR Request: _____
Received by County: _____
Solicitation Released: _____

Reviewed by: _____

BACKGROUND AND RESOURCES: CALIFORNIA CHARITIES REGULATION

There is a keen public interest in preventing misuse of charitable contributions. California's "Supervision of Trustees and Fundraisers for Charitable Purposes Act" regulates those raising and receiving charitable contributions. The "Nonprofit Integrity Act of 2004", as approved and codified in California Government Code, Sections 12580–12599.10, tightened Charitable Purposes Act requirements for charitable organization administration and fundraising.

The Charitable Purposes Act rules cover California public benefit corporations, unincorporated associations, and trustee entities. They may include similar foreign corporations doing business or holding property in California. Generally, an organization is subject to the registration and reporting requirements of the Charitable Purposes Act if it is a California nonprofit public benefit corporation or is tax exempt under Internal Revenue Code § 501(c)(3), and not exempt from reporting under Government Code § 12583. Most educational institutions, hospitals, cemeteries, and religious organizations are exempt from Supervision of Trustees Act requirements.

Key new Charitable Purposes Act requirements affect executive compensation, fund-raising practices and documentation. Charities with over $2 million of revenues (excluding grants and service-contract funds a governmental entity requires to be accounted for) have new audit requirements. Charities required to have audits must also establish an audit committee whose members have no material financial interest in any entity doing business with the charity.

Organizations or persons that receive or raise charitable contributions are likely to be subject to the Charitable Purposes Act. A Proposer on Los Angeles County contracts must determine if it is subject to the Charitable Purposes Act and certify either that:

- It is not presently subject to the Act, but will comply if later activities make it subject, or,
- If subject, it is currently in compliance.

RESOURCES

The following references to resources are offered to assist Proposers who engage in charitable contributions activities. Each Proposer, however, is ultimately responsible to research and determine its own legal obligations.

In California, supervision of charities is the responsibility of the Attorney General, whose website, **http://oag.ca.gov/** contains much information helpful to regulated charitable organizations.

1. LAWS AFFECTING NONPROFITS

The "Supervision of Trustees and Fundraisers for Charitable Purposes Act" is found at California Government Code §§ 12580 through 12599.10. Implementing regulations are found at Title 11, California Code of Regulations, §§ 300 through 312. In California, charitable solicitations ("advertising") are governed by Business & Professions Code §§ 17510 through 17510.95. Regulation of nonprofit corporations is found at Title 11, California Code of Regulations, §§ 999.1 through 999.5. (Amended regulations are pending.) Links to all of these rules are at: **http://oag.ca.gov/charities/laws**

BACKGROUND AND RESOURCES:
CALIFORNIA CHARITIES REGULATION

2. SUPPORT FOR NONPROFIT ORGANIZATIONS

Several organizations offer both complimentary and fee-based assistance to nonprofits, including in Los Angeles, the *Center for Nonprofit Management,* 1000 N Alameda St., #250, Los Angeles, CA 90012 (213) 266-8484 **http://www.cnmsocal.org/**., and statewide, the *California Association of Nonprofits,* **http://www.calnonprofits.org/**. Both organizations' websites offer information about how to establish and manage a charitable organization.

The above information, including the organizations listed, provided under this sub-section of this Appendix D is for informational purposes only. Information contained in this sub-section should not be construed as an endorsement by the County of Los Angeles of such organizations.