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October 23, 2026

To: Prospective Proposers and Interested Parties

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

ADDENDUM NUMBER ONE TO PARTNERSHIP FOR FAMILIES REQUEST FOR PROPOSALS NO. 25-0047

Addendum Number One is issued by the County of Los Angeles Department of Children and Family Services to all holders of the Partnership for Families Request for Proposals (RFP) No. 25-0047. Addendum Number One 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 Number One may result in the proposal being found non-responsive and not being considered, as determined in the sole discretion of the County.

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

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

- I. RFP, **Section 8.5.1, Proposer's Qualifications**, has been amended to read as follows:

8.5.1 Proposer's Qualifications (~~25%~~) (20%)

- II. RFP, **Section 8.5.2, Proposer's Approach to Providing Required Services**, has been amended to read as follows:

8.5.2 Proposer's Approach to Providing Required Services, (~~60%~~) (48%)

- III. RFP, **Section 8.5.3, Proposer's Quality Assurance Plan**, has been amended to read as follows:

8.5.3 Proposer's Quality Assurance Plan (~~15%~~) (12%)

- IV. RFP, **Section 8.8, Proposal Submission**, subsection 8.8.3, has been amended to read as follows:

Proposers must ~~also include a redacted~~ submit a Business Proposal in searchable Adobe PDF, with all confidential, proprietary and trade secret information redacted, as part of its proposal submission in file 1a. Proposers must specifically redact only those parts of the Business Proposal that are actual trade secrets, confidential, or proprietary in nature. Blanket or categorical redactions and/or statements of confidentiality, or the marking of each page of the proposal as "Trade Secret," "Confidential," or "Proprietary," are not acceptable, and will be rejected in the sole discretion of the County.

- V. RFP, Required Forms, **Exhibit 6, Minimum Mandatory Requirements**, included in this Addendum as Attachment 1, has been amended to read as follows:

Minimum Mandatory Requirement(s) (M/R)
Proposer must submit their Proposal(s) for Partnerships for Families by 12:00 PM, PST, Friday, ~~December 15, 2026~~ <u>December 18, 2026</u> .

- VI. RFP, Required Forms, **Exhibit 7, List of References**, included in this Addendum as Attachment 2, has been replaced in its entirety.
- VII. RFP, Required Forms, **Exhibit 8, List of Contracts**, included in this Addendum as Attachment 3, has been replaced in its entirety.

REQUIRED FORMS – EXHIBIT 6**MINIMUM MANDATORY REQUIREMENTS**

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

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R		
		Yes	No	N/A
1.	Proposer must submit their Proposal(s) for Partnerships for Families by 12:00 PM, PST, Friday, December 18, 2026.			
2.	Proposer must have, or be willing to establish, an administrative business office located within or adjacent to the County of Los Angeles. The address of proposer's administrative business office must be included in the Proposal.			
3.	Proposer must be a non-profit social service organization founded for religious, charitable or social welfare purposes or a public entity and be tax exempt under 501 (c)(3) of the Internal Revenue Code.			
4.	Proposer must have a minimum of five (5) years' experience within the last seven (7) years, providing social services to families or coordinating social services among other community providers similar to the services listed in Appendix A, Statement of Work for Partnerships for Families.			
5.	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 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.			

6.	In addition to the minimum requirements listed in this RFP, Proposers who are submitting proposals to serve the Native Hawaiian and Asian Pacific Islander or the American Indian and Alaskan Native communities must also meet the minimum requirements listed in RFP Sections 4.7 and 4.8.			
7.	Proposer must have a minimum of five (5) years of experience during the last seven (7) years in providing social services to families or coordinating social services among other community providers, equivalent or similar to the services listed in Appendix A (Statement of Work) for Partnerships for Families, for the Asian Pacific Islander communities within Los Angeles County.			
8.	Proposer must have a minimum of five (5) years of experience during the last seven (7) years in providing social services to families or coordinating social services among other community providers, equivalent or similar to the services listed in Appendix A (Statement of Work) for Partnerships for Families, for the American Indian and Alaskan Native communities within Los Angeles County.			

CONTRACTS REQUIRED FORMS - EXHIBIT 7
PROPOSER'S 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.

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

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

SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ AGENCY/DEPT: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____	SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ AGENCY/DEPT: _____ ADDRESS: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____
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CONTRACTS REQUIRED FORMS - EXHIBIT 8
PROPOSER'S 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: _____

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: _____
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