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 References
8) List of Contracts
9) Pending Litigation and Judgments
10) Contribution and Agent Declaration Form
11) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion– Lower Tier Covered Transactions (45 C.F.R. Part 76)
12) Declaration

Business Proposal

13) Business Proposal (Narratvie)

Cost Proposal

14) PFF Funding Allocation
15) Line Item Budget
16) Budget Narrative

REQUIRED FORMS – EXHIBIT 1

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Proposer Name:	**County Webven Number:**
Address:	
Telephone Number:	**Email:**
Internal Revenue Service Employer Identification Number:	**California Business License Number:**

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	**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 (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 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)~~ five (5) years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

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

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)~~ five (5) 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
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 9
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 10

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 $250 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 10

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 10

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 10

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 11

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.

<u>Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)</u>

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.

PRINT NAME: _____	TITLE:
SIGNATURE:	DATE:

REQUIRED FORMS – EXHIBIT 12

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-11 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.1.1.1 Proposer must demonstrate their agency's history of providing case management, monitoring, crisis intervention, linkage and advocacy; concrete supports for basic needs, psychotherapy, health, parenting and/or education programs, or resources; structured parent-child and/or family centered activities; domestic violence; mental health or substance abuse related needs; access to early childcare and education; and capacity building;

8.5.1.1.1 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.1.1.2 Proposers must describe their history of serving the different target populations of at-risk pregnant women and fathers; DCFS referred families with closed, inconclusive, or substantiated referrals with moderate to very high risk; and Alternative Response clients.

8.5.1.1.2 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.1.1.3 Proposers must describe their experience with using a strength-based approach, such as use of the Protective Factors Framework, and incorporating it into their service delivery model.

8.5.1.1.3 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.1 Proposer must describe how they will assess and strengthen the family's Protective Factors.

8.5.2.1 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.2 Proposer must describe how they will address issues related to disproportionality within the target population to be served with DCFS referrals.

8.5.2.2 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.3 Proposer must describe and clearly specify a plan regarding the case management approach, including proposer's plan on how general counseling, PFF service planning, crisis intervention, linkage services and advocacy services will be provided.

8.5.2.3 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.4 Proposer must describe their plan to deliver psychotherapy services, including appropriate staff requirements.

8.5.2.4 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.5 Proposer must demonstrate approach to providing health, parenting, and/or other education programs or resources and structured parent-child and/ or family-centered activities.

8.5.2.5 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.6 Proposer must demonstrate their plan to identify special family needs such as domestic violence, mental health and substance abuse issues and to collaborate with appropriate resource agencies.

8.5.2.6 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.7 Proposer must demonstrate how they will incorporate Motivational Interviewing into their service delivery plan.

8.5.2.7 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.8 Proposer must describe their plan to providing Early Care and Education (ECE) and their plan to collaborate with ECE programs and providers.

8.5.2.8 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.3.1 Proposer must describe how they will address the issue of self-monitoring to ensure that the required services are provided, documented, and adapted as needed.

8.5.3.1 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.3.2 Proposer must describe how their Quality Assurance Plan incorporates corrective actions to address the following (1) the time a problem was first identified;(2) a clear description of the problem; (3) the time elapsed between identifying the problem; (4) completing action to correct the problem; and (5) the ability to provide the County with its status upon request.

8.5.3.2 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.3.3 Proposer must describe their protocol to ensure uninterrupted services to DCFS in the event of a work stoppage, pandemic, or emergent staffing shortage due to illness, vacation and absences.

8.5.3.3 Continued

REQUIRED FORMS - EXHIBIT 14

Partnerships for Families (PFF)
FUNDING ALLOCATION

The Contractor's rates will remain firm and fixed for the term of the contract. The Partnerships for Families annual funding allocations per SPA are as follows:

Service Planning Area	PFF Funding Allocations per SPA
1	$ 684,208.00
2	$ 1,651,549.00
3	$ 1,802,061.00
4	$ 702,555.00
5	$ 479,266.00
6	$ 1,774,115.00
7	$ 1,296,869.00
8	$ 1,473,245.00
Countywide API	$ 400,000.00
Countywide AI/AN	$ 400,000.00
TOTAL	$ 10,663,868.00

Instructions for Cost Proposal submissions

Proposer must submit a separate Cost Proposal for each Service Planning Area for which they are applying. The Cost Proposal must contain sufficient detail and demonstrate that the proposed Line Item Budget is realistically based on reasonable costs specific to the Contract and annual PFF funding allocation per SPA.

Cost Proposals must be fully loaded to include all applicable costs associated with the attached PFF Pricing Schedule and any other costs necessary to perform all tasks outlined in the PFF RFP, Sample Contract, Statement of Work, Exhibits, and Attachments.

The line-item budget, a detailed listing of funds that the Proposer allocates to each cost category, will be scored to determine if the proposed costs are reasonable and sufficient on an annual basis throughout the full Contract term. The proposer must ensure that all computations are correct. The budget narrative, explanation/descriptions of costs within each category of services, will be scored based on proposers' demonstration of how the cost will fulfill the requirements of the contract and align with the line-item budget.

All information provided in the Line-Item Budget and Budget Narrative will become part of the contract, if proposal is recommended.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

PARTNERSHIP FOR FAMILIES (PFF)PRICING SCHEDULE

IN-HOME VISITATION/ CASE MANAGEMENT BASE RATE (HOME VISITOR/CASE MANAGER) (Three visits per family per month minimum, unless approval is provided for two visits per month per family) (Includes mileage and indirect costs). If families require more than four visits monthly, it must pre-approved by the County Program Manager.	**RATES**	**UNITS**
Base rate includes the following activities:	$564	Per Visit
Intake/Screening		
Needs Assessment/ Ages and Stages Questionnaire/ Protective Factors Surveys		
Case Planning/ Discharge Planning		
Linkages/referrals to services and supports		
General Counseling/Coaching		
Parenting Education/Fatherhood		
Infant Massage		
Substance Abuse Treatment		
Domestic Violence Treatment		
Psychotherapy	+$30	Per visit if psychotherapy is provided during the home visit.
OTHER SERVICES* If not provided during the home visits		
Health, Parenting, & Other Educational Program/Fatherhood Program	$ 43	hourly per person
Child Focused Activities	$ 54	hourly per person
Parent-Child Structured Activities	$ 54	hourly per family
Transportation	$ 75	hourly
Doula Services	$ 162	Per visit
Infant Massage – group	$ 43	Hourly per family
Crisis Intervention	$195	Hourly per family
CASE SUPERVISION		
Individual	$195	Per session
Group	$65	Per session per person
PSYCOTHERAPY (excludes Substance Abuse Treatment and DV/Anger Management)* If not provided during the home visits		
Counseling - Individual	$195	hourly
Counseling - Family/Couples	$195	hourly
Counseling - Group	$65	hourly per person
DOMESTIC VIOLENCE & ANGER MANAGEMENT* If not provided during the home visits		
DV Assessment	$195	hourly
DV Treatment - Individual	$195	hourly
DV - Group	$65	Hourly per person
SUBSTANCE ABUSE* If not provided during home visits		
Substance Abuse Assessment	$195	hourly
Substance Abuse Treatment - Individual Counseling	$195	hourly

PARTNERSHIP FOR FAMILIES (PFF) PRICING SCHEDULE

Substance Abuse Treatment - Group Counseling	$65	Hourly per person
CAPACITY BUILDING (Includes outreach and internal/external capacity building) ($50,000 maximum, 66.6% External Capacity Building minimum and 33.3% Internal Capacity Building maximum)		
External Capacity Building/ Outreach (Targeted to increase PFF utilization and to prevent child maltreatment)	Actual Expenditures	
Internal Capacity Building	Actual Expenditures	
CONCRETE SUPPORT SERVICES (Maximum 10% of Contract Allocation)(Family assistance with basic needs such as clothing, food, utilities, household items/furniture, transportation, and housing.		
Concrete Support	Actual Expenditures $2500 Maximum	Per family, per contract year (may be higher with Program Manager approval)

REQUIRED FORMS - EXHIBIT 15

PARTNERSHIP FOR FAMILIES SAMPLE LINE ITEM BUDGET SUMMARY

Proposer must 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 16

BUDGET NARRATIVE

Proposers are allowed to develop their budget narrative in a manner that they believe best reflects and supports the Line Item Budget of their proposal. All proposals must have a narrative attached to the line item budget providing a thorough and clear explanation of all projected line item budget costs.

The narrative must follow the same sequence as the line item budget, and include an explanation of the method of allocating costs for any joint or shared budget item. All figures and compilations must be clearly explained. Include explanation of any line item expenditure, which may be unclear to a reviewer who is unfamiliar with your organization. There is no recommendation for page length.

Specifications:

DIRECT COST

Provide an explanation for purpose and particulars associated with each classification listed in the "Salaries and Wages" section of the Line Item Budget and explain their benefit to this program.

All benefits to be provided in addition to Medical, Dental, and Life Insurance must 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 must 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. of expenses of their Maximum Annual Contract Sum for administrative/indirect costs.