

COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
APS EMERGENCY SHELTER PROGRAM
BUDGET SUMMARY PAGE

CONTRACT NO.: Amendment No.: Modification No.:

Agency: _____ Project Title: _____

BUDGET Cost Category	SUPERVISORIAL DISTRICT					Program District Funded Totals
	1 st	2 nd	3rd	4th	5th	
1. PERSONNEL						\$
2. TRAVEL						\$
3. SPACE						\$
4. CONSUMABLE SUPPLIES						\$
5. EQUIPMENT						\$
6. OTHER						\$
TOTAL COSTS						\$

TRAVEL: (a) Mileage reimbursement for CONTRACTOR staff who attend APS meetings, trainings, conferences, etc.; (b) The number of miles (x) the rate per mile must be itemized based on CONTRACTOR staff working on Agreement; (c) Mileage reimbursement rate must be comparable to the current COUNTY rate; (d) Parking fees.

SPACE: (a) Space is determined by the square footage (x) the cost per square foot (x) 12 months (x) % charged to the Agreement; (b) Location of space (physical address MUST be listed)

CONSUMABLE SUPPLIES: Consumable supplies include paper, pencils, pens, and other office supplies, food, clothing, toiletries, storage files, cleaning supplies.

EQUIPMENT: (a) EDP (computer and software) equipment must be pre-approved by the State REGARDLESS of the price; (b) Furniture may be purchased under the following guidelines. CONTRACTOR shall obtain at least three (3) bids in writing prior to purchasing equipment over five thousand dollars (\$5000) per unit in "value" and it must be purchased from the lowest bidder.

OTHER: CONTRACTOR to specify. May include, but is not limited to, the following: (a) Utilities – monthly cost (x) 12 (x) % charged to Agreement; (b) Phone – monthly cost (x) 12 (x) % charged to Agreement; (c) Maintenance of office equipment – monthly cost (x) 12 (x) % charged to Agreement; (d) Printing – monthly cost (x) 12 (x) % charged to Agreement; (e) Insurance – monthly cost (x) 12 (x) % charged to Agreement; (f) Audit fees – Single Audit required if agency receives Federal funding totaling \$500,000; (g) Taxes (sewage); (h) Taxi vouchers for emergency transportation of clients; (i) Books, videos and other publications, whose main focus is Elder and Dependent Adult-related; (j) Storage fees; (k) Maintenance worker; (l) Airtime for cell phones, pager, internet access;

COSTS SHALL ONLY INCLUDE THE PRORATED SHARE ATTRIBUTABLE TO THE AGREEMENT

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
ADULT PROTECTIVE SERVICES SHELTER PROGRAM
BUDGET SUMMARY PAGE**

**EXHIBIT C
Page 2 of 3**

CONTRACT NO.: Amendment No.: Modification No.:
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Agency: _____

Project Title: _____ SUP District _____

DESCRIPTION OF ITEM AND BASIS FOR ITS VALUATION		PROGRAM FUNDED GRANT
Personnel / Benefits Travel Space Consumable Supplies Equipment Other	\$ \$	\$ \$
TOTAL	\$	\$

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
ADULT PROTECTIVE SERVICES SHELTER PROGRAM
PERSONNEL BUDGET JUSTIFICATION**

Agency: _____

Project Title: _____ SUP District _____

CONTRACT NO.: Amendment No.: Modification No.:
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PROJECT PERSONNEL BUDGET

a. Position/Title	b. Actual Monthly Salary	c. % of Time Employee on this Activity	d. % of Time EE provides Direct Services	e. No. of Persons	f. Months Employed	g. Program Funded Amount
	\$					
1. TOTAL-DIRECT SALARIES						\$
2. FRINGE BENEFITS:						\$
	F.I.C.A.	(%)	\$			\$
	Worker's Comp.	(%)	\$			\$
	S.U.I.	(%)	\$			\$
	Health & Welfare	(%)	\$			\$
	Fringe Totals	(%)	\$			\$
3. TOTAL OF ALL DIRECT PERSONNEL COST						\$
Note : b x c x e x f = g Program Funded Amount: Line 1 + Line 2 = Line 3						

**ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Contractor shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Contractor shall attest to a willingness to provide employed GAIN/GROW participants access to the Contractor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Contractors unable to meet this requirement shall not be considered for contract award.

Contractor shall complete all of the following information, sign where indicated below, and return this form with any resumes, statement of qualifications, and/or fixed price bid being submitted:

A. Contractor has a proven record of hiring GAIN/GROW participants.

_____YES (subject to verification by County)_____NO

B. Contractor is willing to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Contractor is willing to interview qualified GAIN/GROW participants.

_____YES _____NO

C. Contractor is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____YES _____NO _____N/A (Program not available)

Contractor Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Tel. #: _____ Fax #: _____

CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Contractor Name

Contractor Official Title

Officials Signature

CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

Applicant 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 Applicant 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

Applicant or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature

Date

Name and Title of Signer (please print)

APPLICANT'S ADMINISTRATION

APPLICANT'S NAME: _____

CONTRACT NO: _____

APPLICANT'S PROJECT MANAGER:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

APPLICANT'S AUTHORIZED OFFICIAL(S)

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Notices to Applicant shall be sent to the following:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

APPLICANT EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Applicant's executed Master Agreement. Work cannot begin on the Contract until County receives this executed document.)

Applicant Name _____ Master Agreement No. _____

Employee Name _____

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Applicant Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Applicant referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced Master Agreement.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Applicant proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

APPLICANT'S EEO CERTIFICATION

Applicant Name

Address

Internal Revenue Service Employer Identification Number

GENERAL CERTIFICATION

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the Applicant, supplier, or vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

APPLICANT'S SPECIFIC CERTIFICATIONS

1. The Applicant has a written policy statement prohibiting discrimination in all phases of employment. Yes No
2. The Applicant periodically conducts a self analysis or utilization analysis of its work force. Yes No
3. The Applicant has a system for determining if its employment practices are discriminatory against protected groups. Yes No
4. Where problem areas are identified in employment practices, the Applicant has a system for taking reasonable corrective action, to include establishment of goals or timetables. Yes No

Authorized Official's Printed Name and Title

Authorized Official's Signature

Date

APPLICANT NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Applicant's executed Master Agreement. Work cannot begin on the Master Agreement until County receives this executed document.)

Applicant Name _____ Master Agreement No. _____

Non-Employee Name _____

GENERAL INFORMATION:

The Applicant referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Applicant Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Applicant referenced above has exclusive control for purposes of the above-referenced Master Agreement. I understand and agree that I must rely exclusively upon the Applicant referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced Master Agreement.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced Applicant for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between the above-referenced Applicant and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced Applicant.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Applicant proprietary information, and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced Applicant or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me, I shall keep such information confidential.

I agree to report to the above-referenced Applicant any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced Applicant upon completion of this Master Agreement or termination of my services hereunder, whichever occurs first.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

APPLICANT'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and include it in Section A.1 of the SOQ. The person signing the form must be authorized to sign on behalf of the Applicant and to bind the Application in a Master a Agreement.

- 1. If your firm is a corporation, state its legal name (as found in your Articles of incorporation) and State of incorporation.

Name	State	Year Inc.
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- 2. If your firm is a partnership or a sole proprietorship, state the name of the proprietor or managing partner.

- 3. If your firm is doing business under one or more DBAs, please list all DBAs and the County(s) or registration.

Name	County of Registration	Year Became DBA
_____	_____	_____
_____	_____	_____

- 4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? _____ If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

- 5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

- 6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Applicant acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Section 1.10 - Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), Section 1.10.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Corporation's Name:

Address:

E-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Applicant's name), I _____
(Name of Applicant's authorized representative), certify that the information contained in this Applicant's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date

County WebVen Number

Cost Allocation
"AGENCY NAME"
COST ALLOCATION PLAN
PROGRAM YEAR 2007-08

I. GENERAL INFORMATION

A. POLICY

This cost allocation plan is based on the guidelines and requirements of the Adult Protective Services (APS) Emergency Shelter Program regarding the allocation and categorization of costs.

The plan describes the methods used to collect, analyze and distribute shared costs by the Agency Name. The methodologies and procedures described in the plan have been developed in accordance with Generally Accepted Accounting Principles and regulations applicable Adult Protective Services programs.

B. APPLICABILITY

The cost allocation plan is applicable to all grants and contracts entered into by Agency.

(If applicable.)

Costs associated with subcontractor expenditures are allocated by those organizations in accordance with the same guidelines and principles established by Adult Protective Services programs for all recipients and sub-recipients receiving Federal funds.

II. ORGANIZATIONAL STRUCTURE

The Agency Name, a type of organization (e.g. non-profit, local government), administers Adult Protective Services program services. This agency receives funding from the funding from the funding source for the administration of Adult Protective Service programs.

For purposes of this cost allocation plan, Agency Name functions are categorized as follows:

A. Budget Cost Categories - The budget categories listed below are those that have been determined through review and analysis to benefit either directly or indirectly Adult Protective Services grants and contracts administered by Agency Name.

- Personnel
- Travel
- Space
- Consumable Supplies
- Equipment
- Other

The costs for which the benefit can be directly identified, will be charged to the benefiting grant and category. Shared costs will be charged based on either employee time reporting or number of participants served by activity

Programs Administered Directly by Agency Name :

The programmatic aspects of the following programs are administered by the agency. In addition to the directly identifiable costs associated with these programs, each bears a burden of shared administrative costs based on the burden of direct grant expenditures to total direct grant expenditures for the period.

III. COST ALLOCATION:

All costs are allocated based on documented information. Such costs, defined as shared costs, are pooled for the purpose of allocation. The agency pools administrative costs, both personnel and non-personnel (operating costs), for purposes of allocation to all programs administered.

The agency will review and update this plan no less than annually or when there is a significant change in funding or allocation.

The above plan applies to funds administered by Agency Name the for Adult Protective Services Emergency Shelter Program.

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE
CERTIFICATION

The Contractor certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Contractor organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature: _____ Date: _____

**COMMUNITY AND SENIOR SERVICES
ADULT PROTECTIVE SERVICES SHELTER PROGRAM
JOINT REVENUE DISCLOSURE**

Contract #: _____

Agency Name: _____

Prepared By: _____ Date Prepared: _____

List all revenue coming to Contractor (include foundation grants and donations)

	Revenue Source (Grant Title)	Dollar Amount	Grant Period Month/Day/Year
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
	TOTAL -		

**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County's solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the proposer is accepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
 - My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.
- "Dominant in its field of operation"** means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.
- "Affiliate or subsidiary of a business dominant in its field of operation"** means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.
- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents **or** my company will have and adhere to such a policy prior to award of the contract.

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

Print Name:	Title:
Signature:	Date:

**MINIMUM REQUIREMENTS REVIEW
ADULT PROTECTIVE SERVICES SHELTER PROGRAM
RFSQ 2009-2012**

1. *Complete the following Minimum Requirements Review.*
2. *Check YES or NO indicating whether your agency provides each of the eleven (11) priority services.*
3. *Describe each of the services listed below. Limit total response to 6 pages.*

1. CCL License	<u>YES</u>	<u>NO</u>
<p>A Applicant shall demonstrate that it is licensed by the California Department of Social Services Community Care Licensing (CCL) Division..</p> <p>B. Provide license number and expiration date.</p>		
<i>Describe:</i>		
2. Facility in Los Angeles County	<u>YES</u>	<u>NO</u>
<p>Applicant shall demonstrate that it has a shelter building located within Los Angeles County that is capable of providing services to APS clients who are victims of abuse and neglect.</p>		
<i>Describe</i>		

**MINIMUM REQUIREMENTS REVIEW
ADULT PROTECTIVE SERVICES SHELTER PROGRAM
RFSQ 2009-2012**

3. Medical Care	<u>YES</u>	<u>NO</u>
Applicant shall demonstrate that it has qualified staff able to administer appropriate medication to client as needed		
<i>Describe:</i>		
4. Meals	<u>YES</u>	<u>NO</u>
Applicant shall demonstrate its capability and commitment to provide three (3) meals a day, meeting client' dietary needs.		
<i>Describe:</i>		
5. 24/7 Response	<u>YES</u>	<u>NO</u>
<p>A. Applicant shall demonstrate that a qualified person is available to provide 24/ response to APSSS referrals, and to attend to client's needs.</p> <p>B. What is a client's average length of stay? Total Number of Days _____</p> <p>C. What is a client's maximum length of stay? Total Number of Days _____</p>		

Describe:

6. Computer Access

YES

NO

Applicant must have access to a computer with e-mail and internet capability.

Describe:

7. Shelter Operations

YES

NO

Applicants must have provided services to elder and dependent adults for a minimum of two (2) years in Los Angeles County.

Describe:

8. CCL Compliance

YES

NO

Applicant must be in compliance with the California Department of Social Services CCL regulations and may not be involved in a Plan of Corrections for deficiencies.

Describe:

9. Emergency Transportation

YES

NO

Applicant shall demonstrate its ability to provide emergency transportation as needed to access medical assistance in an emergency situation.

<i>Describe:</i>		
10. Notification to APS	YES	NO
Applicant must notify APSSS when client vacates the facility.		
<i>Describe:</i>		
11. Verbal Updates	YES	NO
Applicant must demonstrate its ability to provide verbal updates on each client when requested by APS.		
<i>Describe:</i>		

In addition to the basic required services required by the California Welfare and Institutions Code (WIC) ... in conjunction with existing community services, explain how the agency will provide a method of obtaining the following additional services for Elder and Dependent Adults who are victims of abuse and neglect.:

- (a) Facility must have a written plan in case of fire, earthquake, flood or extreme heat.
- (b) Facility must be in compliance with ADA regulations that all clients have full mobility and no physical impediments throughout all residential areas of the building.

(Circle YES or NO)		
Does the shelter for which Applicant is applying for funds meet all the requirements detailed in Section 1.0 of the RFSQ?	YES	NO

APPLICANT LIST OF CONTRACTS

Applicant's Name: _____

List of all contracts (including any contracts with Los Angeles County or any other public entity) for which the Applicant has provided service within the last three (3) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

APPLICANT LIST OF TERMINATED CONTRACTS

Applicant's Name: _____

List all contracts that have been terminated with the past three (3) years.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	Reason for Termination:			

APPLICANT REFERENCES

REQUIRED FORM – EXHIBIT EE

Applicant's Name: _____

List five (5) references where the same or similar scope of services were provided in order to meet the Minimum Qualifications stated in this solicitation.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

RFSQ COVER PAGE

REQUIRED FORM – EXHIBIT FF

Note: Since this RFSQ may be subject to Freedom of Information Act parameters, in order to maintain location confidentiality for the APS shelter, the exact location of the shelter will not be formally specified as part of this proposal submission. However, upon verbal request from the County, the Applicant must divulge exact shelter location so that the site visit portion of the procurement process can be completed.

Organization Name:	
Address:	
Contact Name:	
Telephone Number:	
Fax Number:	
Email Address:	

Total Number of Beds:	
Geographic area the shelter primarily serves:	

Certifying Agency:	
Federal ID #:	

By signing this proposal, the Corporate Officer or Public Officer certifies that no representative of the corporation has exerted any undue influence on the procurement process, violated any Federal or State procurement, conflict of interests or ethics law in seeking funding for this RFSQ, and that all information contained in this RFSQ is accurate. Signature also certifies that the Adult Protective Services Emergency Shelter is located in Los Angeles County, CA and has operated for at least two years.

Corporate/Public Officer Signature:	
Print/Type Name:	
Print/Type Title:	
Date:	

Check all applicable:

- Nonprofit Other Public Agency (Specify)_____
- State Agency Community-Based Organization Other (Specify)_____

SUBMIT THIS COMPLETED FORM AS THE COVER PAGE OF YOUR RFSQ.

TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION

COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP CODE:

I hereby certify that I meet all the requirements for this program:

- My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for 3 years (*attach IRS Determination Letter*);
- I have submitted my three most recent annual tax returns with my application;
- I have been in operation for at least one year providing transitional job and related supportive services to program participants; and
- I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants and any other information requested by the contracting department.

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

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REVIEWED BY COUNTY:

<i>SIGNATURE OF REVIEWER</i>	<i>APPROVED</i>	<i>DISAPPROVED</i>	<i>DATE</i>

County of Los Angeles – Community Business Enterprise Program (CBE)

**Request for Local SBE Preference Program Consideration and
CBE Firm/Organization Information Form**

INSTRUCTIONS: All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: _____

- I AM NOT** A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.

I AM _____

- As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : _____

II. 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.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
Total Number of Employees (including owners): _____						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: *If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)*

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Print Authorized Name	Authorized Signature	Title	Date
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