

**REQUEST FOR STATEMENT OF QUALIFICATIONS
FFA/GH FOSTER CARE SERVICES
REQUIRED DOCUMENTS**

1. Board of Directors Resolution (sample Appendix B-I)
2. Organization's Internal Revenue Service (IRS) 501(c)(3) Non-Profit Corporation Status Letter
3. Organization's State of California Franchise Tax Board Non-Profit Determination Letter
4. **Certified** copies of two most recent California Secretary of State Statement of Information by Domestic Non-Profit forms, both renewed within the last four years
5. Organization's Rate letter from the Foster Care Funding and Rates Bureau **or Regional Center Vendor Authorization letter, a formal letter requesting a support letter from the County of Los Angeles to obtain a CDSS FFA rate, or a formal letter requesting an exception letter to the Moratorium for Group Homes from the County of Los Angeles to obtain a CDSS rate**
6. A copy of the Community Care Licensing license for each facility
7. For **RCL 14 Programs**, a copy of the letter of certification from the Department of Mental Health
8. A copy of the organization's current budget
9. Copies of the organization's audited financial statement(s) or other accepted documents in accordance with this RFSQ, Section 2.0, Subsection 2.4.1.6
10. Original ACORD insurance certificate and separate additional insured endorsement from organization's insurance company
11. A State approved Program Statement for each program
12. A brief description of each program
13. Articles of Incorporation
14. A copy of the organization's Adoption license issued by CDSS CCLD
15. Last Page of SOQ (sample Appendix B-II)

**REQUEST FOR STATEMENT OF QUALIFICATIONS
FFA/GH FOSTER CARE SERVICES
SAMPLE BOARD OF DIRECTORS RESOLUTION**

(This is a sample document only. The Resolution must be prepared on the organization's letterhead, and sealed with the corporate seal.)

Be it resolved that on _____, 20____, the Board of Directors of _____ hereby
(Print name of the Agency)

authorizes and directs _____ and _____
(Print full name and title of the **First Authorized Official**) (Print full name and title of the **Second Authorized Official**)

to submit the attached _____ Statement of Qualifications and to bind _____
(Print program type) (Print name of the Agency)

in a contract with the County of Los Angeles Department of Children and Family Services to provide

_____ foster care services as stipulated in the RFSQ and resulting final executed contract.
(Print program type)

CHAIR OF THE BOARD OF DIRECTORS Print Name _____

Signature _____ Date _____

TREASURER OR CHIEF FINANCIAL OFFICER Print Name _____

Signature _____ Date _____

If the **First Authorized Official** is same as above, please print name and sign again.

FIRST AUTHORIZED OFFICIAL Print Name _____

Signature _____ Date _____

If the **Second Authorized Official** is same as above, please print name and sign again.

SECOND AUTHORIZED OFFICIAL Print Name _____

Signature _____ Date _____

CERTIFICATION OF COMPLIANCE WITH ADOPTION REQUIREMENT

The undersigned hereby certifies that all Foster Parents certified by

_____ as of October 1, 2015, shall be dually
Legal Name of Organization

assessed as foster care and adoptive home providers.

Print Name and Title of Principal Owner, an Officer, or Manager authorized to bind
Contractor in a Contract with the County

Authorized Signature of Principal Owner, an Officer, or Manager authorized to bind
Contractor in a Contract with the County

Date