

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

**APPENDIX A**

List of Required Forms

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

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<b>4</b>	INTENTIONALLY LEFT BLANK
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**REQUEST FOR STATEMENT OF QUALIFICATIONS  
FFA/GH FOSTER CARE SERVICES  
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CONTRACTOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

Organization Name: \_\_\_\_\_
Address: \_\_\_\_\_
Organization Telephone: \_\_\_\_\_
Facsimile: \_\_\_\_\_
E-Mail Address of Organization Contact Person: \_\_\_\_\_

THIS STATEMENT OF QUALIFICATIONS IS BEING SUBMITTED FOR THE FOLLOWING PROGRAMS:

- Foster Family Agency Foster Care Services Master Contract
Group Home Foster Care Services Master Contract

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

Name State Year Inc.

2. If your organization is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

\_\_\_\_\_

3. If your organization is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name County of Registration Year became DBA
\_\_\_\_\_

4. Is your organization wholly or majority owned by, or a subsidiary of, another agency?
If yes, Name of parent organization:
State of incorporation or registration of parent organization:

**CONTRACTOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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

Name Year of Name Change

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Prospective Contractor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Section 2.0 General Information, Sub-section 2.4 – Prospective Contractor’s Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), as listed below.

**Check the appropriate boxes:**

**Yes**  **No Sub-paragraph 2.4.1.1** Prospective Contractor shall have a current placement history within the last twenty-four months and shall have been in good standing for the prior twelve months with the County of Los Angeles, including but not limited to DCFS’ FFA and GH Performance Management Section, DCFS’ Fiscal Monitoring Section, Probation’s Placement Permanency & Quality Assurance (PPQA), Auditor-Controller and/or California Department of Social Services (CDSS) Community Care Licensing Division (CCLD). Additionally, Prospective Contractor shall not have any history of being placed on Do Not Refer, Do Not Use, or Non-Compliance status with any County, State, or out of State department or agency.

**Yes**  **No Sub-paragraph 2.4.1.2** Prospective Contractor must indicate which programs he/she is attempting to qualify.

**Yes**  **No Sub-paragraph 2.4.1.3** Prospective Contractor must have licensure through the State of California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) for each program he/she is attempting to qualify, and must provide a copy for each program and each site.

**Yes**  **No Sub-paragraph 2.4.1.4** Prospective Contractor must provide a copy of their organization’s 501(c)(3) Non-Profit Corporation Status letter from the Internal Revenue Service.

**CONTRACTOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

- Yes  No **Sub-paragraph 2.4.1.5** Prospective Contractor must provide a copy of their organization's Non-Profit Determination letter from the State of California Franchise Tax Board.
- Yes  No **Sub-paragraph 2.4.1.6** Prospective Contractor must provide a certified copy of their organization's Statement of Information by Domestic Non-Profit from the California Secretary of State.
- Yes  No **Sub-paragraph 2.4.1.7** Prospective Contractor must certify adherence to the requirements of the GH Master Contract for Foster Care Services and/or the Foster Family Agency Master Contract for Foster Care.
- Yes  No **Sub-paragraph 2.4.1.8** Prospective Contractor must not have current and/or prior "Do Not Use" status.
- Yes  No **Sub-paragraph 2.4.1.9** Prospective Contractor must meet insurance requirements for the programs he/she is attempting to qualify as specified in Appendix F, Sample FFA Master Contract, and/or Appendix H, Sample GH Master Contract, Part I, Section 5.0, General Insurance Requirements and Section 6.0 Insurance Coverage Requirements.
- Yes  No **Sub-paragraph 2.4.1.10** Prospective Contractor must meet insurance requirements for the programs he/she is attempting to qualify as specified in Appendix F, Sample FFA Master Contract, and/or Appendix H, Sample GH Master Contract, Part I, Section 5.0, General Insurance Requirements.
- Yes  No **Sub-paragraph 2.4.1.11** Prospective Contractor must respond positively to a willingness to consider hiring GAIN/GROW participants. (Reference Sub-section 2.26 in this Section)
- Yes  No **Sub-paragraph 2.4.1.12** Prospective Contractor must comply with the County's Child Support Compliance Program. (Reference Sub-section 2.22 in this Section)
- Yes  No **Sub-paragraph 2.4.1.13** Prospective Contractor must certify intent to comply with the County's Jury Service Program. (Reference Sub-section 2.31 in this Section)

Prospective Contractors attempting to qualify a **FFA program** must meet these additional requirements:

**CONTRACTOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Yes  No Sub-paragraph 2.4.2.1 Provide a copy of their organization's Foster Family Agency Treatment Notification letter from CDSS Foster Care Funding and Rates Bureau.

Yes  No Sub-paragraph 2.4.2.2 Be dually licensed for foster family agency and adoption services or CONTRACTOR shall have completed a sub-contract, signed by authorized parties, with a licensed agency to provide adoption services including adoption home studies for their certified foster homes prior to contract execution. Contractor shall provide a copy of the organization's Adoption license issued by CDSS CCLD.

Yes  No Sub-paragraph 2.4.2.3 Prospective Contractor of an FFA program must certify adherence to requirements as specified in Appendix G, FFA Exhibits, Exhibit A, Statement of Work - Part C Service Tasks to Achieve Performance Outcome Goals, Section 1.0 Safety, Sub-section 1.1, Staff Qualifications, Requirements and Duties.

Prospective Contractors attempting to qualify a GH program must meet these additional requirements:

Yes  No Sub-paragraph 2.4.3.1 Provide a current AFDC-FC rate letter (RCL 10 and above) from CDSS Foster Care Funding and Rates Bureau for each GH service delivery site to be covered under this Contract. If the organization's name and/or address does not match the California Secretary of State Statement of Information, the organization must additionally provide a copy of the letter from the CDSS Foster Care Funding and Rates Bureau acknowledging the change in the organization's name and/or address.

Yes  No Sub-paragraph 2.4.3.2 Prospective Contractor of a GH program must certify adherence to the staffing requirements as specified in Appendix I, GH Exhibits, Exhibit A, Statement of Work, Part A, Section 5.0, Staff Qualifications, Requirements, and Duties.

Yes  No Sub-paragraph 2.4.3.3 **This Minimum Qualification is intentionally left blank.**

Yes  No Sub-paragraph 2.4.3.4 **Meet this additional requirement if the GH program is RCL 14:** Provide a copy of the certification letter issued by the Department of Mental Health, 550 S. Vermont Avenue, Los Angeles, California 90020, (213-738-2906), for the mental health treatment component of RCL 14 programs.

**CONTRACTOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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.

On behalf of \_\_\_\_\_ (Contractor's name), I \_\_\_\_\_  
(Name of Contractor's authorized representative), certify that the information contained in this Contractor'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

**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.

\_\_\_\_\_  
Corporation's Legal Name

\_\_\_\_\_  
Print Name and Title of Authorized Person Responsible for the Submission of the SOQ to the County

\_\_\_\_\_  
Signature of Authorized Person Responsible for the Submission of the SOQ to the County

**VENDOR'S EEO CERTIFICATION**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Internal Revenue Service Employer Identification Number

**GENERAL**

In accordance with provisions of the County Code of the County of Los Angeles, the Contractor 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.

<b>CERTIFICATION</b>	<b>YES</b>	<b>NO</b>
1. Contractor has written policy statement prohibiting discrimination in all phases of employment.	( )	( )
2. Contractor periodically conducts a self-analysis or utilization analysis of its work force.	( )	( )
3. Contractor has a system for determining if its employment practices are discriminatory against protected groups.	( )	( )
4. When areas are identified in employment practices, Contractor has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	( )	( )

\_\_\_\_\_  
Signature of Authorized Person Responsible for Submission of the SOQ to the County

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Person Responsible for Submission of the SOQ to the County (please print)

**INTENTIONALLY LEFT BLANK**

**FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE  
CERTIFICATION**

The Prospective 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's 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.

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Print Name and Title of Authorized Person Responsible for Submission of the SOQ to the County

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Signature of Authorized Person Responsible for the Submission of the SOQ to the County

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Date

**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

**Contractor's Name:** \_\_\_\_\_

List of all public entities for which the Contractor has provided service within the last three (3) years. Use additional sheets if necessary.

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

**PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

**Contractor's Name:** \_\_\_\_\_

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

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

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

As a threshold requirement for consideration for contract award, Vendor 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, Vendor shall attest to a willingness to provide employed GAIN/GROW participants access to the Vendor’s employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: [GAINGROW@DPSS.LACOUNTY.GOV](mailto:GAINGROW@DPSS.LACOUNTY.GOV)

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

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

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

\_\_\_\_\_YES (subject to verification by County) \_\_\_\_\_NO

B. Vendor is willing to provide DPSS with all job openings and job requirements 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 Vendor is willing to interview qualified GAIN/GROW participants.

\_\_\_\_\_YES \_\_\_\_\_NO

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

\_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_N/A (Program not available)

Vendor Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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 Contractors, 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 Contractor is excepted 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 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:

## CHARITABLE CONTRIBUTIONS CERTIFICATION

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Company Name

---

Address

---

Internal Revenue Service Employer Identification Number

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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.**

Vendor 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 Vendor 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 (CT-1) when filed.

**OR**

Vendor 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 (CT-1 or RRF-1) as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

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Signature of Authorized Person responsible for  
Submission of the SOQ to the County

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Date

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Name and Title of Signer (please print)

**OFFER TO PERFORM  
AND  
ACCEPTANCE OF TERMS AND CONDITIONS**

\_\_\_\_\_ (Contractor's Legal Name) hereby offers to perform foster care services under all the terms and conditions specified in the Master Contract and attached Exhibits included therein.

\_\_\_\_\_ 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

**CONTRACTOR’S INVOLVEMENT IN LITIGATION AND/OR CONTRACT COMPLIANCE DIFFICULTIES**

\_\_\_\_\_  
(Legal Name of Agency)

Please answer “YES” or “NO” to the following questions. If a “YES” answer is marked, please attach a separate sheet and explain fully the circumstances and include discussion of the potential impact on the Contractor’s ability to perform the contract’s services, if any. The County, in its own discretion, may implement procedures to validate the responses made below. The County reserves the right to declare the contract void if false or incorrect information is submitted by the Contractor.

- a. Has the Prospective Contractor been involved in any litigation? Please include past and present litigation. YES [ ] NO [ ]
- b. Has anyone on the Board of Directors, or employed by the Prospective Contractor as a CEO, President, Executive Director, or other Administrative Officer currently, or within the past seven (7) years, been involved in litigation related to the administration and operation of the Prospective Contractors business as a foster care services provider? YES [ ] NO [ ]
- c. Are any of the Prospective Contractor’s staff members unable to be bonded? YES [ ] NO [ ]
- d. Have there been unfavorable rulings by any Government funding source against the Prospective Contractor for improper activities/conduct or contract compliance deficiencies? YES [ ] NO [ ]
- e. Has the Prospective Contractor or any members of its Board of Directors or employees ever had public or foundation funds withheld? YES [ ] NO [ ]
- f. Has the Prospective Contractor or any Board members, or employees refused to participate in any fiscal audit or review requested by a government agency or funding source? YES [ ] NO [ ]
- g. Has the Prospective Contractor or any Board members, or employees been involved in any litigation involving the prospective Contractor or any principal officers thereof, in connection with any contract within the past (7) years? YES [ ] NO [ ]

EXPLANATION (Please use a separate sheet of paper to detail any question answered yes. Please label each page with the question that was answered with a yes. You may submit additional pages as required)

\_\_\_\_\_  
Print Name and Title of Person authorized by the Board to bind Contractor in a Contract with the County.

\_\_\_\_\_  
Authorized Signature of Person authorized by the Board to bind Contractor in a Contract with the County.

**CERTIFICATION OF FISCAL COMPLIANCE**

The undersigned hereby affirms that the Contractor utilizes commonly accepted accounting procedures and maintains internal controls and procedures necessary for the monitoring of any resultant contract award. A copy of the Contractor’s most recent independent financial auditor’s report and financial statements plus all management letters or reports on internal accounting procedures are included in the SOQ.

If there have been any failures or refusals by the undersigned to complete any previous contract(s) or grant(s) or there has been performance at a level below that required by the contract resulting in unexpended contract funds, information disclosing such failures is provided.

\_\_\_\_\_  
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

**CERTIFICATION OF OWNERSHIP AND FINANCIAL INTEREST**

**Prospective Contractor must declare if it holds a controlling interest in any other organization, or is owned or controlled by any other person or organization.**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide name of organization or person and the following information:

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Contact Person

**I declare under penalty of perjury that that the foregoing Firm/Organization information is true and correct.**

\_\_\_\_\_  
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

**Prospective Contractor must declare whether it has Financial Interest in any other business.**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide name of business:

\_\_\_\_\_  
Print Legal Name of Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Contact Person

**I declare under penalty of perjury that the foregoing Firm/Organization information is true and correct.**

\_\_\_\_\_  
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

### LIST OF COMMITMENTS

\_\_\_\_\_ Legal Name of Agency

- Yes, there are commitments (please list below).
- No, there are no commitments.

LIST OF COMMITMENTS/POTENTIAL COMMITMENTS			
NAME OF FIRM	AMOUNT	TIME PERIOD	TYPE OF COMMITMENT

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
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

**CONTRACTOR’S CERTIFICATION OF COMPLIANCE  
WITH CHILD, SPOUSAL, AND FAMILY SUPPORT ORDERS**

\_\_\_\_\_do hereby certify that our  
(Name of Prospective Contractor)

organization complies with all orders for Child, Spousal, and Family Support and we have complied with all lawfully served wage assignments and notices of assignment.

We understand that failure to implement lawfully served wage assignments or notices of assignment will constitute a default under the contract, which shall subject the contract to termination if such default is not cured within 90 days.

Failure to comply with the above requirement may be cause for debarment.

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

**CONTRACTOR’S CERTIFICATION OF COMPLIANCE WITH ALL FEDERAL AND STATE EMPLOYMENT REPORTING REQUIREMENTS**

\_\_\_\_\_do hereby certify that our  
(Name of Prospective Contractor)

organization complies with all Federal and State reporting requirements related to Employment Reporting Requirements for our employees.

We understand that failure to comply with Employment Reporting Requirements will constitute a default under the contract, which shall subject the contract to termination if such default is not cured within 90 days.

Failure to comply with the above requirement may be cause for debarment.

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

**CERTIFIED FOSTER PARENT ACKNOWLEDGEMENT  
AND  
CONFIDENTIALITY AGREEMENT**

**GENERAL**

This is to emphasize that it is necessary to protect the confidentiality of information obtained from the Department of Children and Family Services.

I understand that the foster family agency certifying my home, \_\_\_\_\_, has entered into an Contract with the County of Los Angeles to provide foster care support services to the County.

As a certified foster parent of \_\_\_\_\_, I must sign the Certified Foster Parent Confidentiality Agreement (on the reverse side of this page or attached) as a condition of my certification by \_\_\_\_\_.

**CERTIFIED FOSTER PARENT ACKNOWLEDGEMENT**

I understand that \_\_\_\_\_ is my certifying foster family agency. I rely exclusively upon the foster family agency certifying my home for reimbursement of expenses for basic services I provide for children placed in my home and any and all other benefits I receive on my behalf during the period of this relationship.

I understand and agree that I am not an employee of Los Angeles County’s Department of Children and Family Services for any purpose and that I do not have any, and will not acquire any, rights or benefits from the County of Los Angeles pursuant to any contract between the foster family agency certifying my home and the County of Los Angeles, unless I have obtained a signed written waiver to this prohibition from the DCFS Director, or delegate, for purposes of entering into a foster-adoption plan of action.

**CERTIFIED FOSTER PARENT CONFIDENTIALITY AGREEMENT**

As a certified foster parent of \_\_\_\_\_ involved with work pertaining to County services, I may have access to confidential data pertaining to clients of the Department of Children and Family Services (DCFS). All clients of DCFS are assured that information that they give is confidential. Names, addresses and all other information concerning the circumstances of any individual for whom or about whom information is obtained are confidential. This is true of all information whether written or oral.

I understand that I may not discuss any situation(s), which could possibly identify an individual, nor shall names, addresses or any other identifying information of applicants, clients, foster parents or birth parents ever be discussed. I will not read narratives, letters, documents or other information except as necessary in the performance of my duties. In the event that I find that I am assigned work in connection with a family or a client known to me, it is my responsibility to ask that work on that particular case be transferred.

I hereby agree that I will not divulge to any unauthorized person any information obtained while performing work pursuant to the Contract between \_\_\_\_\_ and the County of Los Angeles.

I agree to refer all requests for the release of information received by me to the Foster Family Agency certifying my home.

I agree to report any and all violations of the above by any other person and myself to the Foster Family Agency certifying my home and I agree to ensure that the Foster Family Agency certifying my home reports such violations to the County of Los Angeles Department of Children and Family Services. I agree to return all materials to the Foster Family Agency certifying my home upon termination of my certification by \_\_\_\_\_ or removal of my last placed child, whichever comes first.

**I acknowledge that violation of this Certified Foster Parent Confidentiality Agreement may subject me to civil and/or criminal action and that the County of Los Angeles will seek all possible legal redress.**

Name \_\_\_\_\_  
(Signature)

Name \_\_\_\_\_  
(Print)

Date \_\_\_\_\_

**CONTRACTOR'S EMPLOYEE ACKNOWLEDGEMENT AND  
CONFIDENTIALITY AGREEMENT FORM**

**(Note: This certification is to be executed and kept on file with Contractor's Personnel Records. )**

Contractor Name \_\_\_\_\_

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 Contractor Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor 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 contract.

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, information, and records 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 data, information, and records made confidential by any federal, state and/or local laws or regulations (hereinafter referred to collectively as "CONFIDENTIAL DATA, INFORMATION, AND RECORDS") in its possession, especially juvenile, health, mental health, education, criminal, and welfare recipient records. (See e.g. 42 USC 5106a; 42 USC 290dd-2; 42 CFR 2.1 et seq.; Welfare & Institutions Code sections 827, 4514, 5238, and 10850; Penal Code sections 1203.05 and 11167 et seq.; Health & Safety Code sections 120975, 123110 et seq. and 123125; Civil Code section 56 et seq.; Education Code sections 49062 and 49073 et seq.; California Rules of Court, rule 1423; and California Department of Social Services Manual of Policies and Procedures, Division 19)

I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such CONFIDENTIAL DATA, INFORMATION, AND RECORDS. 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 to protect all CONFIDENTIAL DATA, INFORMATION, AND RECORDS learned or obtained by me, in any manner or form, while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. Further, I hereby agree that I will not discuss, disclose, or disseminate, in any manner or form, such CONFIDENTIAL DATA, INFORMATION, AND RECORDS which I learned or obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles to any person not specifically authorized by law or by order of the appropriate court. I agree to forward all requests for the release of any CONFIDENTIAL DATA, INFORMATION, AND RECORDS received by me to my immediate supervisor.

**CONTRACTOR’S EMPLOYEE ACKNOWLEDGEMENT AND  
CONFIDENTIALITY AGREEMENT FORM**

Cont.

I understand that I may not discuss, disclose, or disseminate anything to anyone not specifically authorized by law or by order of the appropriate court, which could potentially identify an individual who is the subject of or referenced to in any way in any CONFIDENTIAL DATA, INFORMATION, AND RECORDS.

I further agree to keep confidential all CONFIDENTIAL DATA, INFORMATION, AND RECORDS pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. 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 further 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 DATA, INFORMATION, AND RECORDS to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I understand and acknowledge that the unauthorized discussion, disclosure, or dissemination, in any manner or form, of CONFIDENTIAL DATA, INFORMATION, AND RECORDS may subject me to civil and/or criminal penalties.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINTED NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

**LIST OF CURRENT MEMBERS OF BOARD OF DIRECTORS/OTHER AGENCIES**

Legal Name of Agency: \_\_\_\_\_

Name	Address, City, State	Phone (P): FAX (F):	Other Agency's*
		P: ( )	
		F: ( )	
		P: ( )	
		F: ( )	
		P: ( )	
		F: ( )	
		P: ( )	
		F: ( )	

\*List the name of any other agency that the Board Member also serves on. (Please make additional copies of this form if necessary)

**I declare under penalty of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
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

**SERVICE DELIVERY SITES**

Type of program:  Foster Family Agency

(Check one)  Group Home

**Administrative Office/Headquarters**

AGENCY NAME	AGENCY ADDRESS	AGENCY CONTACT PERSON	TELEPHONE AND FAX NUMBERS

**Licensed Facilities Included in this Contract**

FACILITY NAME	YOUTH SERVED (DCFS, PROBATION, OR DUALY SUPERVISED)	FACILITY ADDRESS	FACILITY CONTACT PERSON	TELEPHONE AND FAX NUMBERS

Submit a separate Form 21 for each type of program, eg FFA or GH - Use additional sheets if necessary.

# SERVICE DELIVERY SITES

**Yes**  **No** Are any of the facilities listed above on County owned or County Leased property? If yes, please provide an explanation:

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**Yes**  **No** Do any or your agency's Board members or employees, or members of their immediate families own any property leased or rented by your agency? If yes, please provide an explanation.

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On behalf of \_\_\_\_\_ (Contractor's name), I \_\_\_\_\_  
(Name of Contractor's authorized representative), certify that the information contained in this Service Delivery Sites – Form #23 is true and correct to the best of my information and belief.

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

**CONTRACTOR'S ADMINISTRATION**

**CONTRACTOR'S NOTICES SHALL BE SENT TO CONTRACTOR'S CORPORATE ADDRESS. PLEASE ENTER YOUR ORGANIZATION'S CORPORATE ADDRESS AS INDICATED ON THE ORGANIZATION'S CERTIFIED STATEMENT OF INFORMATION (SOI). THE DESIGNATED CONTACT PERSON(S) WILL RECEIVE ALL CORRESPONDENCE TO THIS CONTRACT.**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**CONTRACTOR'S AUTHORIZED OFFICIAL(S)**  
**(Individuals authorized by the Board to bind Contractor in a Contract with the County)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**IF THERE ARE ANY CHANGES, A NEW CERTIFIED SOI MUST BE SUBMITTED TO:**

**DCFS Contracts Administration Division  
Attn: Contracts Division Manager  
425 Shatto Place, Room 400  
Los Angeles, CA 90020**

I hereby certify that the above information is correct. If any changes occur an updated Contractor's Administration Form and a new certified SOI will be submitted to DCFS Contracts Administration Division at the above address.

\_\_\_\_\_  
Print Name of Individual Authorized to Bind Contractor in a Contract with the County

\_\_\_\_\_  
Signature of Individual Authorized to Bind Contractor in a Contract with the County

\_\_\_\_\_  
Date

Title 2 ADMINISTRATION  
 Chapter 2.206  
 DEFAULTED PROPERTY TAX REDUCTION PROGRAM

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S  
 DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

**- OR -**

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

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*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:

Date: \_\_\_\_\_