

**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
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  
DIRECTOR'S OF \_\_\_\_\_  
(LEGAL NAME OF CONTRACTOR)

HEREBY AUTHORIZES AND DIRECTS (Print full name of person authorized), Print the title of the person named) and (Print full Name of second authorized person), (Print the title of the second authorized person) TO SUBMIT THE ATTACHED (Print program type) STATEMENT OF QUALIFICATIONS (SOQ) AND TO BIND THE CONTRACTOR IN A CONTRACT WITH THE COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO PROVIDE (Print program type) FOSTER CARE SERVICES AS STIPULATED IN THIS RFSQ AND RESULTING FINAL EXECUTED CONTRACT.

\_\_\_\_\_(Signature Line for Board Chair/Chairman)

\_\_\_\_\_  
Print Name and Title of Chairman of the Board of Directors

\_\_\_\_\_(Signature Line for Treasurer/Chief Financial Officer)

\_\_\_\_\_  
Print Name and Title of Board of Director Member who is Treasurer/Chief Financial Officer

\_\_\_\_\_  
Signature of Person authorized above to submit the SOQ and to bind the Contractor in a Contract with the County (If different from the Board Chair and Treasurer/Chief Financial Officer)

\_\_\_\_\_  
Signature of Second Person authorized above to submit the SOQ and to bind the Contractor in a Contract with the County (If different from the Board Chair and Treasurer/Chief Financial Officer)

**(This is a sample document only. The Last Page of SOQ must be prepared on the organization's letterhead)**

**SAMPLE LAST PAGE OF SOQ**

**Last Page of SOQ**

The last page of the SOQ must list names of all persons having any right or interest in this agreement or the proceeds thereof. The page must include the signature of the person(s) authorized to bind the Prospective Contractor in a Contract. (see sample below)

Respectfully submitted,

\_\_\_\_\_  
(Corporate Name of Nonprofit Agency)

By \_\_\_\_\_

\_\_\_\_\_  
(Title, i.e., President, V.P., etc.)

By \_\_\_\_\_

\_\_\_\_\_  
(Title, i.e., President, V.P., etc.)

City, State \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Facsimile \_\_\_\_\_

\_\_\_\_\_  
Tax Identification Number