

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 PROGRAM(S):

- checkbox Foster Family Agency Foster Care Services (DCFS Children)
checkbox Foster Family Agency Foster Care Services (Probation Children)
checkbox Group Home Foster Care Services (DCFS Children)
checkbox Group Home Foster Care Services (Probation Children)

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: \_\_\_\_\_

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State of incorporation or registration of parent organization: \_\_\_\_\_

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 must not have any unresolved issues stemming from non-compliance with any County, State, or out-of-state government agency or department.
- Yes  No Sub-paragraph 2.4.1.2 Prospective Contractor must have licensure through the State of California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) for each program it is attempting to qualify, and must provide a copy for each program and each site.
- Yes  No Sub-paragraph 2.4.1.3 Prospective Contractor must provide a copy of their organization's Non-Profit Corporation Status letter from the Internal Revenue Service.
- Yes  No Sub-paragraph 2.4.1.4 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 2.4.1.5 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 2.4.1.6 Prospective Contractor must demonstrate fiscal viability through a review and evaluation of the organization's financial documents:

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- Organizations must be in compliance with applicable laws and regulations pertaining to financial audits, including but not limited to the California Government Code Section 12586, the California Department of Social Services (CDSS), Manual of Policies and Procedures, Division 11, Chapter 11-400, Section 11-405 et seq., and the Office of Management and Budget (OMB) Super-Circular.
- Organizations responding to this RFSQ are required to submit audited financial statements and single audits reflecting the three most recent years for which the organization was required to conduct financial and single audits. Any organization that submits fewer than three audited financial statements and single audits must indicate why they were exempt from the applicable audit requirements for each year that no audit was conducted.
- Organizations submitting less than three audited financial statements and single audits may be required to submit additional documents at County's request. Organizations that have not been required to undergo a financial and single audit under the applicable laws and regulations must submit a copy of their current budget, balance sheet, and profit and loss statement.

Yes  No **Sub-paragraph 2.4.1.7**

Prospective Contractor must meet insurance requirements for the programs it is attempting to qualify as specified in Appendix F, Sample FFA Master Contract or Appendix H, Sample GH Master Contract, Part I, Section 5.0, General Insurance Requirements and Section 6.0 Insurance Coverage Requirements.

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

Yes  No **Sub-paragraph 2.4.2.1**

Provide a copy of their organization's Foster Family Agency Treatment Rate Notification letter from CDSS Foster Care Funding and Rates Bureau or a formal letter requesting a support letter from the County of Los Angeles to obtain a CDSS FFA rate. Organizations that submit a request for a support letter under this minimum qualification, during the submission period, must submit their Foster Family Agency Treatment Rate Notification letter from CDSS Foster Care Funding and Rates Bureau prior to contract execution. Only organizations that demonstrate they operate the program effectively and efficiently and that are determined by DCFS to meet the level of care and services for AFDC-FC children placement will receive a support letter from the County of Los Angeles.

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Yes No Sub-paragraph 2.4.2.2 Be dually licensed for foster family agency and adoption services or CONTRACTOR shall have completed a subcontract/Memorandum of Understanding (MOU), 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 Meet this additional requirement if the GH program is RCL 14: Provide a copy of the certification letter issued by the State Department of Mental Health or a County Mental Health Department to provide the mental health treatment component of RCL 14 programs.

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 and Date

IRS Employer Identification Number

Title

California Business License Number