

TSC RFI Questionnaire

Please provide answers to each of the following questions:

Date: _____
 Non-Profit Name: _____ Phone Number: _____
 Address: _____
 Contact Person's Name: _____ Phone Number: _____
 Contact Person's E-Mail: _____

1. Which service(s) are you interested in providing:

A	Provide one or more facilities to replace the CWC, YWC, or both, where County would lease space, obtain TSC licenses, and operate the TSC facilities with its staff.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
A.1	What facility(ies) does vendor have available? (Please provide: a) type of building, b) type of zoning, and c) address.	<u>Example: a) Commercial Building, b) Zone R, c) 123 Any Street, Los Angeles, CA 90020.</u> No. 1: No. 2: No. 3: (For additional information, attach a separate sheet.)
A.2	What is the square footage of the facility(ies) that can be dedicated to the TSC operation?	<u>Example: No.1 is 10,000 square feet.</u> No. 1: No. 2: No. 3: (For additional information, attach a separate sheet.)

B	Contract with one or more vendors to replace CWC, YWC, or both, where County would contract with the vendors to provide TSC services. County would assist the vendors with the applications to license the facilities.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Replace CWC, 20 beds for Ages 0-11 <input type="checkbox"/> Replace YWC, 20 beds for Ages 12-21 <input type="checkbox"/> Replace Both, 40 beds for Ages 0-21
B.1	What facility(ies) does vendor have available? (Please provide: a) type of building, b) type of zoning, and c) address.	<u>Example: a) Commercial Building, b) Zone R, c) 123 Any Street, Los Angeles, CA 90020.</u> No. 1: No. 2: No. 3: (For additional information, attach a separate sheet.)

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B.2	What is the square footage of the facility(ies) that can be dedicated to the TSC operation?	<u>Example: No.1 is 10,000 square feet.</u> No. 1: No. 2: No. 3: (For additional information, attach a separate sheet.)
C	In the event that the County cannot meet its needs under option A or B above, County would contract with multiple vendors to provide TSC services to specific populations and age groups of children and youth as defined in TSC RFI Questionnaire, which is attached as Attachment III. For example, four contractors with 10 beds each, which collectively covers the entire population and all age groups. County would assist the vendors with the applications to license the facilities.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
C.1	What facility(ies) does vendor have available? (Please provide: a) type of building, b) type of zoning, and c) address.	<u>Example: a) Commercial Building, b) Zone R, c) 123 Any Street, Los Angeles, CA 90020.</u> No. 1: No. 2: No. 3: (For additional information, attach a separate sheet.)
C.2	What is the square footage of the facility(ies) that can be dedicated to the TSC operation?	<u>Example: No.1 is 10,000 square feet.</u> No. 1: No. 2: No. 3: (For additional information, attach a separate sheet.)
C.3	Which populations and age groups of children is your agency willing to serve?	What is your agency's projected or proposed capacity for TSC?
C.3.1	Boys	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____
C.3.2	Girls	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____
C.3.3	Both Boys and Girls	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____
C.3.4	LGBTQ and/or Transgender	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____

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C.3.6	Infant and Toddler 0-5	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____
C.3.7	Children of School Age 6-11	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____
C.3.8	Youth ages 12-17	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____
C.3.9	Non Minor Dependents ages 18-21	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____
C.3.10	Specialized Populations: Commercial Sexual Exploitation of Children (CSEC)	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____
C.3.11	Specialized Populations: Minor Mothers, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes, how many beds? _____

2. Licensing status:

A	Does your agency have a current GH license?	Yes <input type="checkbox"/> No <input type="checkbox"/> ; Comments:
B	If you agency answered yes to the question above, is your agency willing to apply for a supplemental Transitional Shelter Care license?	Yes <input type="checkbox"/> No <input type="checkbox"/> ; Comments:
C	If your agency is currently not licensed as a Group Home, is it willing to apply for a Transitional Shelter Care license?	Yes <input type="checkbox"/> No <input type="checkbox"/> ; Comments:
D	Does your agency require assistance submitting its license application?	Yes <input type="checkbox"/> No <input type="checkbox"/> ; Comments: