



DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR SERVICES (RFS)

FOR

**2024 DOMESTIC VIOLENCE SUPPORT SERVICES REIMBURSEMENT
RATES STUDY**

RFS No. PATSMA-DPH-059

September 2024

**Prepared By
Contracts and Grants Division**

**REQUEST FOR SERVICES (RFS)
FOR 2024 DOMESTIC VIOLENCE SUPPORT SERVICES REIMBURSEMENT RATES
STUDY**

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**REQUEST FOR SERVICES
FOR
2024 DOMESTIC VIOLENCE SUPPORT SERVICES REIMBURSEMENT RATES
STUDY**

1.0 REQUEST FOR SERVICES TIMELINE

County Department: Department of Public Health (Public Health)

Request for Services (RFS) Number: PATSMA-DPH-059

Release Date: [September 12, 2024](#)

Written Questions Due Date: [September 18, 2024](#)

Solicitations Requirements Review: [September 18, 2024](#)

Questions and Answers Released: [October 2, 2024](#)

Response Due Date and Time: [October 10, 2024](#)

2.0 PROCESS

Through this RFS, Department of Public Health (Public Health) intends to award a Work Order, subordinate to the Professional and Technical Services Master Agreement (PATsMA) to a qualified corporation, firm, or individual (Vendor), who can provide recommended revisions to the Domestic Violence Support Services (DVSS) fee schedule that reflect current service delivery and associated operational costs of providing these services to clients throughout Los Angeles County (LAC).

Vendors interested in this RFS, who do not have an executed PATsMA, must also respond and be awarded a PATsMA through the Request for Qualifications (RFQ) for a PATsMA available at <https://doingbusiness.lacounty.gov/>. The selected Vendor must have an executed PATsMA with Public Health prior to award of a Work Order pursuant to this RFS.

3.0 SCOPE OF SERVICES

3.1 Background

The Office of Women's Health (OWH), as part of Public Health, was established in 1998 to protect, preserve, and advance the health of women

in LAC. Since 2018, a key component of OWH services includes administering County of Los Angeles (County) funding to provide services to survivors of domestic violence (DV), including a variety of support services (e.g., case management, therapy/support groups, shelter, education) and legal services (e.g., restraining orders, advocacy, immigration assistance, benefits assistance). These funds are paid by the OWH to a variety of contracted agencies with expertise in providing DVSS in LAC. OWH manages a budget of over \$20 million to provide these DVSS and hotel/motel stays. OWH reimbursement for these services are paid on a fee-for-service (FFS) to contracted agencies based on a fee schedule last revised in 2012.

The Domestic Violence (DV) rate study is a financial review of current market value rates (established from current contractor expenses, industry standards, and from other DV services providers in the region) to determine a recommended list of FFS reimbursement rates which accurately reflect current market prices for DV contracted services. Additionally, this study will provide transparency into how rates are established based on current market values and inclusive of the critical infrastructure and administrative needs to provide these services. Services covered range from legal services including court filings, to individual and group counseling, life skills education and transportation.

3.2 Purpose

Public Health seeks a vendor to develop sound market-based DVSS reimbursement rates for OWH to use in contracting with service providers. These rates will reflect information obtained from current OWH DVSS contractors, industry standards, and regional data from other similar government funded DV service programs.

3.3 Services

The selected Vendor will provide services according to the requirements described in Attachment E, STATEMENT OF WORK (SOW) in reference to Attachment D, SERVICE COMPONENTS.

4.0 MINIMUM REQUIREMENTS

Interested Vendors that can demonstrate their ability to provide the services in this RFS, Section 3.0 - SCOPE OF SERVICES, sub-section 3.3 - Services, are encouraged to respond to this solicitation provided they meet the following minimum requirements:

- 4.1 A) Vendor must have a current status as a PATSMA contractor.

OR

B) Vendors that do not have a current status as a PATSMA contractor may respond to this RFS if they submit a Response to Public Health's' RFQ for PATSMA and are issued a PATSMA. Vendors who fall into this category must respond to BOTH the RFQ and this RFS by **October 10, 2024, at 11:00 a.m.** These Vendors must meet the qualifications to be a PATSMA contractor in order for their Response to this RFS to be considered. The RFQ can be found at: <https://doingbusiness.lacounty.gov/>.

- 4.2 Vendor or Vendor's principal (i.e., President, Vice President, Chief Executive Officer, or Director) must have a minimum of three years of experience within the last eight years conducting rate studies, fee schedule analyses, etc. specifically related to social and behavioral science service delivery industries.
- 4.3 Vendor has not had any finding(s) made by a public entity of financial mismanagement, financial impropriety, or determination of non-responsibility, on any contract or solicitation with a public entity in LAC, within the past five years. Vendor must complete Attachment F, LIST OF PUBLIC ENTITY CONTRACTS.
- 4.4 **(This requirement only applies to Vendors that have had a County contract reviewed by the Department of the Auditor-Controller within the last 10 years).** Vendor does not have unresolved questioned costs identified by the Department of the Auditor-Controller, in an amount over \$100,000, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

5.0 WORK ORDER TERM

It is anticipated that the term of the Work Order will be effective upon date of execution through June 30, 2025.

The County reserves the right to extend the term of the Work Order, at its sole discretion, to allow the selected Vendor additional time to complete and provide all deliverables, at no additional cost to the County.

6.0 COUNTY'S ESTIMATED FUNDING AVAILABILITY

County anticipates awarding one Work Order in the amount up to \$300,000. County reserves the right to adjust the amount of funding and services under any resulting Work Order.

7.0 SPECIFIC PROVISIONS

The table below indicates whether additional provisions and/or Exhibits will be required for this Work Order.

Yes	No	Specific Provisions/Exhibits
X		Transmittal Form to Request a Solicitation Requirements Review (Attachment A)
X		Proposed Cost Schedule (Attachment B)
X		Project References (Attachment C)
	X	Additional Insurance Requirements
X		Service Components (Attachment D)
X		Statement of Work (Attachment E)
	X	Information Security Requirements
X		List of Public Entity Contracts (Attachment F)
X		Submission Instructions (Attachment G)
X		Response to Requested Information (Attachment H)
X		Pending Litigation and Judgements (Attachment I)

8.0 CONTACT WITH COUNTY PERSONNEL

All communication regarding this Solicitation or any matter relating thereto must be in writing and e-mailed to the following:

Irina Muravyeva, Contracts Analyst
E-mail address: imuravyeva2@ph.lacounty.gov

If it is discovered that a Vendor contacted and received information from any County personnel, other than the contact specified above, regarding this solicitation, County, in its sole determination, may disqualify their Response from further consideration.

9.0 VENDOR'S QUESTIONS

9.1 Vendors may submit written questions regarding this solicitation to the e-mail address identified in Section 8.0 - CONTACT WITH COUNTY PERSONNEL. All questions submitted will be compiled, without identifying

the submitting Vendor and, along with the appropriate answers, will be issued as an addendum to the RFS and made available can be found at <https://doingbusiness.lacounty.gov/>.

- 9.2 When submitting questions, identify the solicitation title and number in the subject line. The body of the e-mail must indicate the solicitation section number and page number and quote the language that prompted the question. The County reserves the right to group similar questions when providing answers. Any questions regarding the solicitation process after the initial due date and time may be submitted to the contact listed in Section 8.0 - CONTACT WITH COUNTY PERSONNEL.

10.0 SOLICITATION REQUIREMENTS REVIEW

Any person or entity may seek a Solicitation Requirements Review by submitting Attachment A - TRANSMITTAL FORM TO REQUEST A SOLICITATION REQUIREMENTS REVIEW to Public Health conducting the solicitation as described in this section. A request for a Solicitation Requirements Review may be denied, in Public Health's sole discretion, if the request does not satisfy all of the following criteria:

1. The request is made within the time frame identified in the solicitation document;
2. The request includes documentation (e.g., letterhead, business card, etc.), which identifies the underlying authority of the person or entity to submit a Response;
3. The request itemizes in appropriate detail, each matter contested and factual reasons for the requested review; and
4. The request asserts that either:
 - a. application of the minimum requirements, review criteria and/or business requirements unfairly disadvantages the person or entity; or,
 - b. due to unclear instructions, the process may result in the County not receiving the best possible Responses from prospective Vendors.

Requests for a Solicitation Requirements Review not satisfying all of these criteria may, in the Public Health's sole discretion, be denied. The Solicitation Requirements Review will be completed and Public Health's determination will be provided to the requesting person or entity, in writing, within a reasonable time prior to the Response due date.

11.0 SUBMISSION INSTRUCTIONS

The Vendor must email one Response to the e-mail address listed in Section 8.0 - CONTACT WITH COUNTY PERSONNEL, by the Response Due Date and Time indicated on page 1 of this solicitation. It is the sole responsibility of the submitting Vendor to ensure that its solicitation Response is received before the submission deadline.

12.0 TRUTH AND ACCURACY OF REPRESENTATIONS

False, misleading, incomplete, or deceptively unresponsive statements in connection with any Response must be sufficient cause for rejection of the Response. The review and determination in this area will be at the sole judgment of the Director of Public Health and his/her judgment will be final. A Vendor who is disqualified pursuant to this Section 11.0 - SUBMISSION INSTRUCTIONS may be debarred from working with the County.

13.0 VENDOR'S RESPONSE

The RFS Response must be submitted in PDF format, and must contain the following content and be prepared in the following sequence:

13.1 Cover Letter

Cover Letter on Vendor's letterhead. The letter must be a maximum of **one (1) page** in length and must include:

- RFS title and number, indicated in Section 1.0 – RFS Timeline;
- Vendor's legal name and address; and
- Name, address, telephone number, and e-mail address of the person authorized to make representations for the Vendor.

13.2 Table of Contents

The Table of Contents must be a comprehensive listing of materials included in the RFS. This section must include a clear definition of the material identified by sequential page numbers and by section reference numbers.

13.3 Vendor's Minimum Requirements

Provide a narrative that demonstrates how your firm or organization meets the minimum requirements in RFS, Section 4.0 – MINIMUM REQUIREMENTS, including a description of relevant project(s) and background information, with project(s)/contract(s) start and end dates (month and year) and locations.

13.4 Vendor's Detailed Work Plan

13.4.1 **Detailed Work Plan** identifying the proposer's approach/methodology to be used to complete the Work Order project.

13.4.1.1 The Work Plan must include the basic elements of a project (planning procedures, survey phase, fieldwork, etc.) and indicate flexibility to adjust as the project develops. It must also include the number of hours by person or by position for each of the basic elements in the Work Plan.

13.4.1.2 The Work Plan must be sufficiently detailed to include activities/action steps to be performed; deliverables for each objective; and methodology for developing rates for completing the rate study to allow the County to determine the appropriateness of the proposed procedures and techniques to be used to research and document findings and to control the project and that the Proposer has a good understanding of the project scope, objectives and deliverable requirements.

13.4.1.3 The Work Plan must be complete, yet concise. Supplementary procedures, methods, explanations and descriptions will assist the County in the evaluation of the proposal.

Reference to or repetition of the requirements from this RFS does not constitute a "good understanding." Complete, yet concise, supplementary strategies, procedures, methods, explanations, and descriptions are also required to make possible the County's review as to the Vendor's understanding.

13.4.2 **Timetable or Chart** for completing the project, including dates for each of the following:

- Start of the project
- Planning
- Entrance Conference
- Project Survey
- Delivery of a practical work schedule
- Delivery of a detailed work schedule
- Fieldwork (beginning and ending dates)
- Progress reports

- Delivery of the draft report
- Exit Conference
- Delivery of the final report

13.4.3 Personnel Section including:

- 13.4.3.1 A list/chart specifically identifying the Project Administrator, Project Manager, supervisory personnel, and other key individuals.
- 13.4.3.2 A Work Experience Summary (WES) and a résumé for each key individual identified above, including brief descriptions of projects that show the individual's experiences that satisfy Section 13.0 - VENDOR'S RESPONSE. The required format for the WES is shown in Attachment F - List of Public Entity Contracts
- 13.4.3.3 A description of the minimum qualifications for other professional staff that will be working on the project.
- 13.4.3.4 If subcontracted personnel are being proposed, the personnel must be specifically identified and included in the information requested above.

13.5 Vendor's Experience/Capability

- 13.5.1 A list of all contracts with any government (other counties, cities, etc.) that the vendor has contracted with within the prior three years; please include the following information for each contract:
- County Department
 - Project/Objective
 - Amount of Contract
 - Date
 - Contact Person and Telephone Number
- 13.5.2 A list of all contracts within the prior three years that were cancelled or otherwise terminated prior to completion, or a declaration that none were cancelled or otherwise terminated prior to completion.
- 13.5.3 An explanation, **not merely a statement**, of the proposer's ability to provide alternative or additional personnel (managers, supervisors, staff, etc.) should such actions become necessary to complete the project in a timely manner.

13.6 Transmittal Form to Request a Solicitation Requirements Review (Attachment A)

13.7 Proposed Cost Schedule (Attachment B)

Complete Attachment B – Proposed Cost Schedule, to support your funding as described in RFS, Section 3.0 - SCOPE OF WORK. The County reserves the right to negotiate pricing.

Provide a budget narrative detailing expenses to support your Response to Attachment B – Proposed Cost Schedule.

Responses that do not clearly indicate the maximum total cost to complete the project may, at the discretion of the County, be rejected.

13.8 Project References (Attachment C)

Provide two references who can validate your experience and years of service for project(s)/contract(s) cited in your detailed narrative provided in response to the RFS, Section 13.0 - VENDOR'S RESPONSE, sub-section 13.3 - Vendor's Minimum Requirements, by completing Attachment C – Project References.

It is each Vendor's sole responsibility to ensure that the reference contact names, phone numbers, and e-mail addresses are accurate and that all fields identified on Attachment C – Project References are completed.

The County may disqualify a Vendor if:

- Reference(s) fails to substantiate that the Vendor, as an entity, provided the services; or
- Reference(s) fails to substantiate the Vendor's description of the services provided; or
- Reference(s) fails to substantiate the Vendor's years of service provided; or
- Reference(s) fails to support that the Vendor has a continuing pattern of providing capable, productive and skilled personnel; or
- The County is unable to reach the point of contact with reasonable effort. It is the Vendor's responsibility to inform the references' point of contact of the County's intent to contact them for a reference during the County's normal working hours of Monday through Friday, 8:00 a.m. – 5:00 p.m. local time.

13.9 List of Public Entity Contracts (Attachment F)

13.10 Submission Instructions (Attachment G)

13.11 Response to Requested Information (Attachment H)

13.12 Pending Litigation and Judgements (Attachment I)

14.0 REVIEW AND SELECTION PROCESS

The County reserves the sole right to exercise its judgment concerning the selection and review of the contents of the Responses submitted pursuant to this RFS and to determine which Respondent best serves the interests of the County.

As a result of this RFS, the County may:

1. Request further information, documents, presentations, demonstrations, and/or conference call(s) or in-person interviews substantiating Vendors' qualifications, experience, and readiness to provide the services described in the RFS;
2. Enter into contract negotiations based on Vendor's submission; and/or
3. Take no further action.

14.1 Response Selection Process

The selection process will begin with receipt of the Response. Review of the Responses will be conducted in two phases. Phase One will be conducted by Public Health Contracts and Grants Division, and Phase Two will be conducted by a Review Committee selected by the County. The Review Committee will conduct a comparative review to assess each Response as defined in the criteria listed below and select the highest-ranked Vendor.

14.1.1 Phase One – (Pass/Fail)

14.1.1a Adherence to the Minimum Requirements

During Phase One, a pass/fail review will be made of the Vendor's Responses to Attachment H – RESPONSE TO REQUESTED INFORMATION, Section 3.1, Vendor's minimum Requirements, to determine compliance with the Vendor's Minimum Requirements as indicated in Section 13.0 - VENDOR'S RESPONSE, sub-section 13.3 - Vendor's Minimum Requirements of this RFS. Failure by the Vendor to comply and demonstrate that it meets the Minimum Requirements may result in its Response being

disqualified without further review and consideration in the County's sole discretion. The pass/fail criteria are:

1. Response was received by the Response Due Date and Time. Any Responses received after the "Response Due Date and Time," as listed in Section 1.0 - REQUEST FOR SERVICES TIMELINE, may be eliminated from consideration by Public Health at its sole discretion.
2. Vendor meets the Minimum Requirements as set forth in RFS, Section 4.0 - MINIMUM REQUIREMENTS.

14.1.1b Verification Process

A review will be conducted of the Vendor's business status by checking with all applicable databases and the references, as acceptable or unacceptable. The review includes, but not be limited to, databases available with the California Secretary of State – Business Programs, California State's Suspended and Ineligible Provider List for Medi-Cal, Federal Debarment List, Federal System for Award Management, and if applicable, and a review of the Auditor Controller's Intranet website, and the Contractor Alert Reporting Database reflecting past performance history on County contracts. The following Attachments will be reviewed to determine the Vendor's business status.

1. Attachment F – LIST OF PUBLIC ENTITY CONTRACTS

The County requires this information to determine if the Vendor meets the minimum requirement as described in RFS, Section 4.0 - MINIMUM REQUIREMENTS, sub-section 4.3.

2. Attachment C – PROJECT REFERENCES

The Vendor must provide two or more references who can validate the Vendor's experience and dates of service listed in response to the RFS, Attachment H, Section 3.1 Vendor's Minimum Requirements. Use additional pages as necessary. It is the sole responsibility of the Vendor to ensure that the reference contact information is up to date and the

reference contact person has been notified. The County may disqualify the Vendor if any reference fails to uphold any of the requested information or is unreachable within reasonable effort.

3. Attachment I – PENDING LITIGATIONS AND JUDGEMENTS

The County will be reviewing the number and type of judgments or pending litigation that may interfere with current agreements or prohibit the Vendor from entering into a new agreement.

14.1.2 Phase Two – Review of Written Material (Comparative Review)

Phase Two will be conducted by a Review Committee selected by the County. The Review Committee will conduct a comparative review to assess each Response as defined in the criteria listed below and select the highest ranked Vendor.

A. Vendor’s Detailed Work Plan

The Vendor will be reviewed on the appropriateness and suitability of its Response to Attachment H, RESPONSE TO REQUESTED INFORMATION, Section 3.2 – Vendor’s Detailed Work Plan, to determine if the Vendor’s response has a superior approach to conducting the requested analyses.

B. Vendor’s Experience/Capability

The Vendor will be reviewed on the appropriateness and suitability of its Response to Attachment H, RESPONSE TO REQUESTED INFORMATION, Section 3.3 - Vendor’s Experience/Capability, to determine if the Vendor has the qualifications, experience, and capacity to provide the services outlined herein.

C. Proposed Cost Schedule

A review will be conducted on the appropriateness of the Vendor’s Response to Attachment B, PROPOSED COST SCHEDULE.

The County retains the right to select a Response other than the highest ranked Response if County determines, in its sole discretion,

another Response is the most overall qualified, cost-effective, responsive, responsible and in the best interests of the County.

15.0 DISQUALIFICATION REVIEW

A Response may be disqualified from consideration because the County determined that Vendor does not meet the Minimum Requirements and/or was non-responsive at any time during the review/selection process. If the County determines that a Response is disqualified due to failure to meet the Minimum Requirements and/or non-responsiveness, the County will notify the Vendor in writing.

Upon receipt of the written determination of disqualification, the Vendor may submit a written request for a Disqualification Review within the timeframe specified in the written determination.

A request for a Disqualification Review may, in the County's sole discretion, be denied if the request does not satisfy all of the following criteria:

1. The person or entity requesting a Disqualification Review is a Vendor.
2. The request for a Disqualification Review is submitted timely (i.e., by the date and time specified in the written determination); and
3. The request for a Disqualification Review asserts that the County's disqualification of the Response was erroneous (e.g. factual errors, etc.) and provides factual support on each ground asserted as well as copies of all documents and other material that support the assertions.
4. The Disqualification Review will be completed and the determination will be provided to the requesting Vendor, in writing, prior to the conclusion of the selection process.

16.0 APPEAL RIGHTS

16.1 Debriefing Process

16.1.1 Upon completion of the review, Public Health will notify the remaining Vendors in writing that Public Health is entering negotiations with another Vendor. Upon receipt of the letter, any non-selected Vendor may submit a written request for a Debriefing within the timeframe specified in the letter. A request for a Debriefing may, in Public Health's sole discretion, be denied if the request is not received within the specified timeframe.

16.1.2 The purpose of the Debriefing is to compare the requesting Vendor's Response to the Solicitation document with the review document.

The requesting Vendor will be debriefed only on its Response. Because Work Order negotiations are not yet completed, Responses from other Vendors will not be discussed or disclosed, although Public Health may inform the requesting Vendor of its relative ranking.

16.1.3 Vendor may submit an appeal within two (2) days after the Debriefing if the requesting Vendor is not satisfied with the results of the Debriefing.

16.2 Appeal Process

The County will consider any appeal regarding Vendors not recommended for award of a Work Order under this RFS, if such appeal would change the outcome of the Work Order award selection and is received in writing by the Public Health Contracts and Grants Division by the deadline indicated in Section 16 - APPEAL RIGHTS, Sub-section 16.1.3 of the RFS. An appeal may, in Public Health's sole discretion, be denied if the request does not satisfy all the following criteria.

16.2.1 The request for an appeal is submitted timely;

16.2.2 The person or entity appealing asserts, in appropriate detail with factual reasons, one or more of the following grounds for review:

A. The County materially failed to follow procedures specified in its RFS.

This includes:

1. Failure to correctly apply the standards for reviewing the Response format requirements.
2. Failure to correctly apply the standards and/or follow the prescribed methods, for reviewing the Responses as specified in the RFS.
3. Use of review and selection criteria that was different from the criteria disclosed in the RFS.

B. A member of the Review Committee demonstrated bias in the conduct of the review.

C. Another basis for review as provided by State or federal law.

Vendors will be notified by the Public Health Contracts and Grants Director of the decision on any appeal which is received by Public Health in a timely manner. Such notification will explain the basis for the decision. The Public Health Contracts and Grants Director's decision on any appeal will be final.

17.0 WORK ORDER AWARD

A Work Order will be executed with the selected Vendor as authorized under delegated authority by the County's Board of Supervisors. The Statement of Work to the Work Order will be agreed upon by the selected Vendor and the County, based on the Vendor's Response.

18.0 NOTICE TO VENDORS REGARDING THE PUBLIC RECORDS ACT

- 18.1 Responses to this solicitation will become the exclusive property of the County.
- 18.2 Exceptions to disclosure are those parts or portions of all Responses that are justifiably defined as business or trade secrets, and plainly marked by the Vendor as "Trade Secret", "Confidential", or "Proprietary".
- 18.3 The County will not, in any way, be liable or responsible for the disclosure of any such record or any parts thereof, if disclosure is required or permitted under the California Public Records Act or otherwise by law. **A blanket statement of confidentiality or the marking of each page of the Response as confidential will not be deemed sufficient notice of exception. The Vendors must specifically label only those provisions of their respective Response which are "Trade Secrets", "Confidential", or "Proprietary" in nature.**
- 18.4 In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a Response marked "Trade Secrets", "Confidential", or "Proprietary", Vendor agrees to defend and indemnify County from all costs and expenses, including reasonable attorneys' fees, incurred in connection with any action, proceedings, or liability arising in connection with the Public Records Act request.

19.0 COUNTY RIGHTS AND RESPONSIBILITIES

The County has the right to amend, re-issue, or cancel this RFS by written addendum. The County is responsible only for that, which is expressly stated in this solicitation document and any authorized written addenda thereto. Such addendum will be made available and can be found at

<https://doingbusiness.lacounty.gov/>. Should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Response not being considered, as determined in the sole discretion of the County. The County is not responsible for and will not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

TRANSMITTAL FORM TO REQUEST A SOLICITATION REQUIREMENTS REVIEW

Vendor requesting a Solicitation Requirements Review must submit this form to the County within the timeframe identified in the solicitation document.

Vendor Name:	Date of Request:
Solicitation Title: 2024 DOMESTIC VIOLENCE SUPPORT SERVICES REIMBURSEMENT RATES STUDY	Solicitation No.: RFS No. PATSMA-DPH-059

A **Solicitation Requirements Review** is being requested because the Vendor asserts that they are being unfairly disadvantaged for the following reason(s): *(check all that apply)*

- Application of **Minimum Requirements**
- Application of **Review Criteria**
- Application of **Business Requirements**
- Due to **unclear instructions**, the process may result in the County not receiving the best possible responses

For each area contested, Vendor must explain in detail the factual reasons for the requested review. *(Attach supporting documentation.)*

Request submitted by:

_____ *(Name)*

_____ *(Title)*

For County use only

Date Transmittal Received by County: _____ Date Solicitation Released: _____

Reviewed by: _____

ATTACHMENT B PROPOSED COST SCHEDULE

Project Title: 2024 Domestic Violence Support Services Reimbursement Rates Study

	2024		
	Hourly Rate	Hours	Cost
Labor Costs:			
Position: Name			
Name			
Position: Name			
Name			
Position: Name			
Name			
Name			
Sub-total Hours/Labor Costs			
Other Expenses:			
Sub-total Other Expenses			
Less: Discount			
Maximum Total Cost to Complete the Project			

PROJECT REFERENCES

Vendor’s Name:

Instructions: Provide two references to validate the Agency’s experience and dates of service listed in response to the Request For Services (RFS) in Attachment H, Response to Requested Information, that satisfy Section 4.0 Vendor’s Minimum Requirements. Use additional pages as necessary. It is each Vendor’s sole responsibility to ensure that the reference contact names, phone numbers, and e-mail addresses are accurate and that all fields are completed. Misleading, incomplete, or deceptively unresponsive statements in connection with this Response may result as being deemed non-responsive as indicated in RFS, Section 15.0 - DISQUALIFICATION REVIEW.

The County of Los Angeles (County) may disqualify a Vendor if:

- The References fail to substantiate that the Vendor, as an entity, provided the services; or
- The Reference fails to substantiate the Vendor’s description of the services provided; or
- The Reference fails to substantiate the Vendor’s years of service provided; or
- The Reference fails to support that the Vendor has a continuing pattern of providing capable, productive, and skilled personnel; or
- The County is unable to reach the point of contact with reasonable effort. It is the Vendor’s responsibility to inform the references’ point of contact of County’s normal working hours: Monday through Friday, 8 a.m. – 5 p.m., local time.

Reference 1:

Name of Firm:	Firm has been notified about this Reference Check: <input type="checkbox"/>
Address of Firm:	
Contact Person:	
Telephone #: - -	
E-mail Address:	
Project Name or Contract No.	Specific Date of Contract – From - To - - - - -
Type of Service:	Annual Dollar Amount: \$

PROJECT REFERENCES

Reference 2:

Name of Firm:	Firm has been notified about this Reference Check: <input type="checkbox"/>
Address of Firm:	
Contact Person:	
Telephone #: - -	
E-mail Address:	
Project Name or Contract No.	Specific Date of Contract – From - To - - - - -
Type of Service:	Annual Dollar Amount: \$

ATTACHMENT D

SERVICE COMPONENTS

Domestic Violence Support Services Case Management Services Pricing Schedule

Below are the rates of domestic violence services by service type.

<u>Service Description</u>	<u>Service Unit</u>	<u>Rates</u>
Assessment/Reassessment	Per Assessment	\$120.03
Service Plan	Per Plan	\$87.30
Safety Plan	Per Plan	\$74.14
Case Management <i>*excludes Assessment, Service and Safety plans</i>	Per Hour	\$81.84
Counseling Services (Individual)	Per Hour	\$92.75
Counseling Services (Family)	Per Hour	\$120.03
Licensed Therapy Services - Including Child Art Therapy	Per Hour	\$136.40
Support Group Services	Per Participant/Per Hour	\$54.56
Life Skills Education-Individual	Per Hour	\$81.84
Life Skills Education-Group	Per Participant/Per Hour	\$54.56
Child Focused Educational Sessions	Per Child/Per Hour	\$54.56
DV Educational Class	Per Participant/Per Hour	\$54.56
DV Education Individual Session	Per Participant/Per Hour	\$81.84
Court Accompaniment & Restraining Order Support Services	Per Hour	\$75.00
Shelter Bed Night (DV Shelter)	Per Night Maximum of 45 nights per client per FY	\$81.84
Shelter Bed Night – (DV Shelter) Additional Family Member Maximum of 45 nights per additional client per FY	Per Night per Family Member	\$16.37
Hotel Shelter Bed Night Services for CalWORKs participants only	Per Night (Maximum of 45 nights per client per FY)	\$160.00
Hotel Shelter Bed – Additional Family Member** Per Night per Family Member (Maximum of CalWORKs participants only - 45 nights per client per FY)		\$35.00
Childcare/Youth Activity Services	Per Hour	\$19.64
Translator/Translation Services	Per Hour	Actual Cost
GAIN Orientation/Job Club Presentation	Per Presentation	\$81.84
Outreach Services	Per Session/Presentation	\$81.84

Domestic Violence Supportive Services
Legal Services Pricing Schedule

Below are the rates for domestic violence legal services by service type and by personnel.

<u>Service Description</u>	<u>Service Unit</u>	<u>Paraprofessional Hourly Rates</u>	<u>Attorney Hourly Rates</u>	<u>Flat Rate</u>
Assessment and Development of Service Plan	Per Participant	---	---	\$218.24
Family Law	Per Hour	\$87.30	\$147.31	---
Restraining Order	Per Hour	\$87.30	\$147.31	---
Immigration Law	Per Hour	\$87.30	\$147.31	---
Benefits Access Assistance (BAA) Services/ Advocacy	Per Hour	\$87.30	\$147.31	---
Other Legal Assistance	Per Hour	\$87.30	\$147.31	---
Translator/ Translation Services	Per Participant	Actual Cost		
Legal Services Workshop	Per Hour	---	---	\$54.56

STATEMENT OF WORK

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STATEMENT OF WORK

I. PROJECT BACKGROUND

The Office of Womens Health (OWH), operating under State law and County of Los Angeles (County) ordinance as part of the County Department of Public Health (Public Health), was established in 1998 to protect, preserve, and advance the health of women in Los Angeles County (LAC). A key component of OWH services includes administering the use of County funding sources to provide services to survivors of domestic violence (DV), including a variety of support services (e.g., case management, therapy/support groups, shelter, education) and legal services (e.g., restraining orders, advocacy, immigration assistance, benefits assistance), collectively Domestic Violence Support Services (DVSS). These funds are paid by the OWH to contracted agencies with expertise in providing these services in LAC. In Fiscal Year (FY) 2023-2024, OWH managed a budget of over \$20 million to provide DVSS. Reimbursement for these services are made to these agencies by the OWH based on a fee schedule last revised in 2012.

OWH seeks to revise the DVSS fee schedule to reflect changes in the cost of providing these services to clients in LAC.

II. SCOPE OF WORK

- A. The Contractor will conduct a comprehensive study to determine a range of actual costs associated with providing DVSS in LAC. The “support services” of interest are described in Attachment D, Service Components.
- B. The Contractor will develop a realistic and sound DVSS reimbursement rates for OWH to use in contracting with DVSS providers. These rates will reflect information obtained from current OWH DVSS providers, industry standards, and regional data from other similar government funded DV service programs.

III. OBJECTIVES

The Contractor will review the Work Plan submitted in response to the Request for Services with OWH and update as needed. The Work Plan must show when and the relevant findings of how the Contractor met each of the objectives as listed herein:

- A. The Contractor will survey at least 40 existing OWH DVSS contractors to gather data regarding the cost of providing DVSS. This data will be used, in addition to data from other sources, to develop a revised fee schedule. Cost data gathered from contracted DVSS providers must include:
 - 1. Staff salaries and wages,
 - 2. Employee benefits,
 - 3. Services and supplies, and

4. Overhead costs.
- B. The Contractor will review a minimum of three governmental or non-profit fee-for-service program models for DVSS that are comparable to OWH's service area and demographics and provide a summary of recommendations on how these models can be applied to determining rates for DVSS in LAC.
- C. The Contractor must conduct a comprehensive review of applicable Federal, State and local laws, regulations, and directives governing the establishment and methodology for determining County reimbursement rates to ensure that all proposed rates are in accordance with and adhere to the law.
- D. The Contractor must conduct an in-depth cost analysis for each of the service components identified in Attachment D, Service Components, to determine the cost for providing each service component.
- E. The Contractor must utilize a cost analysis to establish and provide detailed rate development methodologies as allowable by law for reimbursement for DVSS, and analyze the pros and cons of each methodology, including per capita rates, percent of use rates, flat rates, and other methodologies that may be identified.
- F. The Contractor will develop billing rates for the service components in Attachment – D, Service Components using each of the recommended billing methodologies and submit the developed billing rates for review to OWH. After OWH has selected a preferred methodology and approved the billing rates, the rates will be presented by the Contractor to DVSS providers.
- G. The Contractor will develop a report format for OWH to use to present findings, recommendations, and impact to DVSS providers, with appropriate justification, and be available to meet with DVSS contracted agencies to present findings and justification on an as-needed basis.
- H. The Contractor will present DVSS billing rates to the DVSS providers in a final written report and virtual presentation to DVSS providers and stakeholders (at least once) with tables showing OWH how a recommended range of rates was arrived at (showing the data that was collected (from County's DVSS contractors, industry standards, study methodologies, and other appropriate regional providers.)

IV. FIELDWORK DELIVERABLES

- A. OWH will schedule an Entrance Conference with the Contractor and the OWH no later than one week after the Beginning Date of the Work Order.
- B. The Contractor must provide a practical work schedule identifying anticipated accomplishments for the first month of the project at the Entrance Conference.
- C. The Contractor must provide a detailed work schedule no later than one month after the beginning date of the Work Order, and must include:

- a. The detailed list of project tasks, deliverables, services, responsible person(s), and completion date for each objective outlined in Section III - Objectives, for the total project period.
 - b. Any changes to the work schedule and related documents (i.e., list of services) throughout the total project period must be approved by the County's Contract Administrator.
- D. The Contractor must submit monthly written progress reports to the County's Project Manager, or designees for the duration of the project. Each report must be submitted on the third workday of the following month that is being reported. The County's Project Manager or designees will monitor the progress reports to ensure successful completion of the Work Order within the schedule. The reports must contain the following information:
1. Overview of the reporting period.
 2. Summary of project status as of the reporting date.
 3. Tasks, deliverables, services and other work scheduled for the reporting period that were completed.
 4. Tasks, deliverables, services and other work scheduled for the reporting period that were not completed.
 5. Tasks, deliverables, services and other work to be completed in the next reporting period.
 6. Issues to be resolved.
 7. Issues resolved.
 8. Any difficulties encountered by the Contractor that could jeopardize the completion of the Work Order or milestones or deliverables within the schedule.
 9. Updated milestone chart.
 10. A statement regarding whether or not 75% of the Maximum Total Cost has been incurred.
 11. Any other information that the County may periodically require.
- E. Oral briefings between the Contractor and County's Project Manager or designee may be held, as requested by either party, especially during the preliminary stages of the project.
- F. The Contractor must properly document the reviews in the work papers. The work papers must be made available to County's Project Manager or designee, upon request.
- G. Contractor will submit a draft report with supporting documents to Project Manager or designee for approval.

V. REPORT DELIVERABLES

- A. The final draft report, including supporting documents indicating the methodology for calculating costs of DVSS and recommended OWH reimbursement rates for providing these services must be submitted in either a Microsoft Word file format or an Adobe Portable Document File (PDF) with no security provisions, by August 30, 2025, to the County's Project Manager.
- B. After receipt of County's approval of the final draft report, the Contractor will submit the final report and an electronic copy, (in a PDF format with no security provisions), to County's Project Manager as indicated in Section VI.B, no later than the Final Report Due Date indicated in the Work Order.
- C. The report will be written in a narrative style, be results/improvement oriented, not problem oriented, and must include:
 - 1. The study's scope and objectives, the methodologies used to develop DVSS rates for each of the service components identified in Attachment D, Service Components, and the pros and cons of each methodology.
 - 2. A schedule of the recommended rates for each of the service components using the various identified methodologies.
 - 3. A narrative that explains, in detail, how the methodologies were applied to determine each of the rates for the service components and all applicable calculations used to arrive at the rates.
 - 6. A narrative describing the projected impact of proposed new rates on OWH's expenditures.
 - 7. Recommendations and next steps for implementing findings of the rate study, including any recommendations regarding a timeline for the implementation of any resulting cost increases across contractual periods.
 - 8. A report format for the department to use to present findings, recommendations, and impact to DVSS contractors, with appropriate justification. As noted under Section III, Objectives, the Contractor must also be available to meet with DVSS contractors (in person or virtually) to present findings and justification on an as-needed basis.
 - 9. Narrative describing an appropriate methodology for future changes to rates.

VI. SUBMISSION OF DELIVERABLES

- A. The Contractor will submit an electronic copy of the of the report in an Adobe Portable Format (PDF) with no security provisions.
- B. The Contractor will deliver all progress report(s) and any other deliverables to County's Project Manager.

LIST OF PUBLIC ENTITY CONTRACTS

VENDOR'S NAME:

Instructions: Complete Attachment F, List of Public Entity Contracts for each contract awarded to your agency by a public entity within the last 5 years (active and/or expired), as referenced in Attachment H, Response to Requested Information, Section 3.1.C.

<p>Please indicate if your Agency has a Public Entity Contract(s). If yes, complete the information below for each Contract awarded. For explanation of any of the questions below, please use Attachment F-A. Use additional pages as necessary.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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1. Name of Public Entity:	1- Does your agency have any non-compliance issues under this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address of Public Entity:	2- Has your agency been subject to any investigation related to financial mismanagement/impropriety conducted by a public agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, were findings of financial mismanagement or impropriety determined by the reviewing agency? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contract Title:	3- Has your agency experienced financial issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contract Number:	4- Has your agency experienced administrative issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Service (Provide Description of Service):	5- Has your agency experienced legal issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contract Amount:	6- Has your agency experienced programmatic issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contract Term: From: To:	7- Has your agency experienced a debarment that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person:	8- Has your agency been imposed with any contractual remedies for non-compliance under this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact's Title:	9- Has your agency been terminated for default or terminated for convenience under this contract? If yes, please complete Attachment F-A this document explaining why your agency was terminated for default or terminated for convenience. Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone No.:	
E-mail Address:	

LIST OF PUBLIC ENTITY CONTRACTS

VENDOR'S NAME:

2. Name of Public Entity:	
Address of Public Entity:	
Contract Title:	Contract Number:
Type of Service (Provide Description of Service):	
Contract Amount:	Contract Term: From: To:
Contact Person:	Contact's Title:
Telephone No.:	E-mail Address:

1- Does your agency have any non-compliance issues under this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
2- Has your agency been subject to any investigation related to financial mismanagement/impropriety conducted by a public agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, were findings of financial mismanagement or impropriety determined by the reviewing agency? Yes <input type="checkbox"/> No <input type="checkbox"/>
3- Has your agency experienced financial issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
4- Has your agency experienced administrative issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
5- Has your agency experienced legal issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
6- Has your agency experienced programmatic issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
7- Has your agency experienced a debarment that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
8- Has your agency been imposed with any contractual remedies for non-compliance under this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
9- Has your agency been terminated for default or terminated for convenience under this contract? If yes, please complete Attachment F-A to this document explaining why your agency was terminated for default or terminated for convenience. Yes <input type="checkbox"/> No <input type="checkbox"/>

LIST OF PUBLIC ENTITY CONTRACTS

VENDOR'S NAME:

3. Name of Public Entity:	
Address of Public Entity:	
Contract Title:	Contract Number:
Type of Service (Provide Description of Service):	
Contract Amount:	Contract Term: From: To:
Contact Person:	Contact's Title:
Telephone No.:	E-mail Address:

1- Does your agency have any non-compliance issues under this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
2- Has your agency been subject to any investigation related to financial mismanagement/impropriety conducted by a public agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, were findings of financial mismanagement or impropriety determined by the reviewing agency? Yes <input type="checkbox"/> No <input type="checkbox"/>
3- Has your agency experienced financial issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
4- Has your agency experienced administrative issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
5- Has your agency experienced legal issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
6- Has your agency experienced programmatic issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
7- Has your agency experienced a debarment that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
8- Has your agency been imposed with any contractual remedies for non-compliance under this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
9- Has your agency been terminated for default or terminated for convenience under this contract? If yes, please complete Attachment F-A to this document explaining why your agency was terminated for default or terminated for convenience. Yes <input type="checkbox"/> No <input type="checkbox"/>

LIST OF PUBLIC ENTITY CONTRACTS

VENDOR'S NAME:

4. Name of Public Entity:	
Address of Public Entity:	
Contract Title:	Contract Number:
Type of Service (Provide Description of Service):	
Contract Amount:	Contract Term: From: To:
Contact Person:	Contact's Title:
Telephone No.:	E-mail Address:

1- Does your agency have any non-compliance issues under this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
2- Has your agency been subject to any investigation related to financial mismanagement/impropriety conducted by a public agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, were findings of financial mismanagement or impropriety determined by the reviewing agency? Yes <input type="checkbox"/> No <input type="checkbox"/>
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6- Has your agency experienced programmatic issues that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
7- Has your agency experienced a debarment that affected your ability to comply with this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
8- Has your agency been imposed with any contractual remedies for non-compliance under this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
9- Has your agency been terminated for default or terminated for convenience under this contract? If yes, please complete Attachment F-A to this document explaining why your agency was terminated for default or terminated for convenience. Yes <input type="checkbox"/> No <input type="checkbox"/>

LIST OF PUBLIC ENTITY CONTRACTS
(Explanation of question in Attachment F)

VENDOR'S NAME:

Name of Public Entity:	Contract number:
Explain why your Agency was terminated for default or terminated for convenience or any other explanations from Attachment F.	

ATTACHMENT G

ADDRESS:	
PHONE NUMBER:	EMAIL:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:
RESPONDENT OFFICIAL NAME AND TITLE (PRINT):	
SIGNATURE	DATE

RESPONSE TO REQUESTED INFORMATION

1.0 INSTRUCTIONS

Vendor must provide a detailed narrative for each section below. Any additional supporting documentation/attachments must be referenced in the narrative. Responses to this Attachment will be reviewed as indicated in the Request for Services (RFS), Section 14.0 - REVIEW AND SELECTION PROCESS). Any supporting documentation/attachments not referenced in the narrative will not be included in the review and selection process. **MISLEADING, INCOMPLETE OR DECEPTIVELY UNRESPONSIVE STATEMENTS IN CONNECTION WITH THIS RESPONSE MAY RESULT AS NON-RESPONSIVE AS INDICATED IN RFS, SECTION 15.0, DISQUALIFICATION REVIEW.**

2.0 VENDOR CONTACT

Vendor must identify a primary point of contact as part of its Response as follows:

Vendor Name Click or tap here to enter text.

Headquarters Address: Click or tap here to enter text.

Vendor Website: Click or tap here to enter text.

Primary Point of Contact:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

3.0 RESPONSE QUESTIONS

3.1 Vendor’s Minimum Requirements

- A. Provide your agency’s current Professional and Technical Services Master Agreement Number (PAT SMA) or indicate the **DATE** your agency submitted a response to the Request for Qualifications (RFQ) for PAT SMA.

Enter Master Agreement Number (PAT SMA) or submission date of response to the RFQ for PAT SMA here.

- B. Provide a narrative that demonstrates your firm meets the minimum requirements as described in RFS, Section 4.0 - MINIMUM REQUIREMENTS, sub-section 4.2. Your response must include all relevant contracted experience and background information with **contract start and end dates** which must include the **month, day, and year**. Please indicate if the service is currently ongoing; enter today's date as the end date.

Start Date:Click or tap to enter a date.	End Date:Click or tap to enter a date.
<input type="checkbox"/> Please check this box if service is current.	
Narrative: Click or tap here to enter text.	

- C. Provide a narrative that demonstrates your firm meets the minimum requirements as described in RFS, Section 4.0 - MINIMUM REQUIREMENTS, sub-section 4.3. Your response must include all relevant contracted experience and background information with **contract start and end dates** which must include the **month, day, and year**. Please indicate if the service is currently ongoing; enter today's date as the end date.

Start Date:Click or tap to enter a date.	End Date:Click or tap to enter a date.
<input type="checkbox"/> Please check this box if service is current.	
Narrative: Click or tap here to enter text.	

- D. Complete Attachment F – List of Public Entity Contracts.
- E. If Respondent's compliance with a County of Los Angeles (County) contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Respondent must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six (6) months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.
 - Yes, I have been audited within the last 10 years and do not have over \$100,000 in disallowed costs.

- Yes, I have been audited within the last 10 years and have over \$100,000 in disallowed cost.
- Not applicable. I have not been audited by the County Department of the Auditor-Controller in the last 10 years.

3.2 Vendor’s Detailed Work Plan

A. Provide a **Detailed Work Plan** identifying the proposer's approach/methodology to be used to complete the Work Order project. Include the basic elements of a project (planning procedures, survey phase, fieldwork, etc.) and indicate flexibility to adjust as the project develops; also include the number of hours by person or by position for each of the basic elements in the Work Plan, as described in RFS, Section 13.0 – VENDOR’S RESPONSE, sub-section 13.4.1.

Click or tap here to enter text.

B. Provide a **Timetable or Chart** for completing the project, as described in RFS, Section 13.0 – VENDOR’S RESPONSE, sub-section 13.4.2.

Click or tap here to enter text.

C. Provide a **Personnel Section**, which includes:

C.1 A list/chart specifically identifying the Project Administrator, Project Manager, supervisory personnel, and other key individuals, as described in RFS, Section 13.0 – VENDOR’S RESPONSE, sub-section 13.4.3.1.

Click or tap here to enter text.

C.2 A Work Experience Summary (WES) and a résumé for each key individual identified above, including brief descriptions of projects that show the individual’s experiences that satisfy Section 13.0 - VENDOR’S RESPONSE, as described in RFS, Section 13.0 – VENDOR’S RESPONSE, sub-section 13.4.3.2. The required format for the WES is shown in Attachment F - List of Public Entity Contracts.

Click or tap here to enter text.

- C.3 A description of the minimum qualifications for other professional staff that will be working on the project, as described in RFS, Section 13.0 – VENDOR’S RESPONSE, sub-section 13.4.3.3.

Click or tap here to enter text.

- C.4 If subcontracted personnel are being proposed, the personnel must be specifically identified and included in the information requested above, as described in RFS, Section 13.0 – VENDOR’S RESPONSE, sub-section 13.4.3.4.

Click or tap here to enter text.

3.3 Vendor’s Experience/Capability

- A. Provide a list of all contracts with any government (other counties, cities, etc.) that the vendor has contracted with within the prior three years, as described in RFS, Section 13.0 – VENDOR’S RESPONSE, sub-section 13.5.1.

Click or tap here to enter text.

- B. Provide a list of all contracts within the prior three years that were cancelled or otherwise terminated prior to completion, or a declaration that none were cancelled or otherwise terminated prior to completion, as described in RFS, Section 13.0 – VENDOR’S RESPONSE, sub-section 13.5.2.

Click or tap here to enter text.

- C. Provide a statement that explains, with specificity, the proposer's ability to provide alternative or additional personnel (managers, supervisors, staff, etc.) should such actions become necessary to complete the project in a timely manner, as described in RFS, Section 13.0 – VENDOR’S RESPONSE, sub-section 13.5.3.

Click or tap here to enter text.

PENDING LITIGATIONS AND JUDGMENTS

VENDOR'S NAME:

Instructions: Complete Attachment I, Pending Litigations and Judgements, for any pending litigation in which Vendor is a party, or judgments against Vendor in the past five years.

Case Name:	Case No:	Court Jurisdiction:
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Provide a statement describing the nature and amount of claimed damages of any pending or threatened litigation.