



**REQUEST FOR PROPOSAL
(RFP)**

**MATHER COMMUNITY CAMPUS
SINGLE ADULTS
EMERGENCY SHELTER SERVICES**

**COUNTY OF SACRAMENTO
DEPARTMENT OF HUMAN ASSISTANCE
REQUEST FOR PROPOSAL
MATHER COMMUNITY CAMPUS
SINGLE ADULTS EMERGENCY SHELTER SERVICES**

Included in this Request for Proposal (RFP):

- Section I Instructions
- Section II Overview of the Request for Proposal
- Section III Administrative Rules and Requirements
- Section IV Proposal Content and Proposer Qualification Requirements
- Section V Exhibits
 1. RFP Checklist (Exhibit A)
 2. RFP Cover Letter (Exhibit B)
 3. Budget Forms and Instructions (Exhibit C)
 4. Insurance Requirements (Exhibit D)
 5. Child Support Ordinance/Certificate of Compliance/Contractor Identification Form (Exhibit E)
 6. Nondiscrimination Clause/Statement of Compliance (Exhibit F)
 7. Debarment and Suspension Certification (Exhibit G)
 8. Five or More Employees (Exhibit H)

I. INSTRUCTIONS

Review all sections carefully and follow all instructions in this packet. Submit proposal package in accordance with instructions in this packet to:

Contracts Manager
Sacramento County Department of Human Assistance
1825 Bell Street, Suite 200
Sacramento, CA 95825

**PROPOSALS MUST BE RECEIVED AT THE ABOVE ADDRESS
NO LATER THAN 3:00 PM, JANUARY 24, 2022.**

EMAIL SUBMISSIONS WILL BE ACCEPTED

Please email proposal to **DHA-RFP-Reservations@saccounty.net**. Attachment cannot be any larger than 25MB. PDF format is preferred. Email MUST be received no later than the in person submission cutoff date and time of 3:00 PM, January 24, 2022. You will receive an automated confirmation of receipt of email that will serve as your date and time stamp. If you receive an email indicating that your file is too large and your email was rejected, you must submit your proposal in person by the cutoff time and date.

LATE PROPOSALS WILL NOT BE ACCEPTED
POSTMARKS WILL NOT BE ACCEPTED
FAX SUBMISSIONS WILL NOT BE ACCEPTED
DELIVERY TO ANY OTHER OFFICE WILL NOT BE
ACCEPTED
PROPOSALS THAT ARE NOT SEALED WILL NOT BE
ACCEPTED

FUNDING CYCLE

The contract will begin July 1, 2022 and term on June 30, 2023, with the option for two one-year renewals.

QUALIFIED APPLICANTS

Public agencies, private for profit businesses and private nonprofit agencies.

AMOUNT OF FUNDS

The funding amount for these services will include the following:

- Fiscal Year (FY) 2022-23 - \$2,234,695
- Options for renewal FY2023-24 and FY2024-25, \$2,234,695
- Funding will be a combination of County General Fund, Emergency Solutions Grant (ESG) and Community Development Block Grant (CDBG)

MANDATORY PROPOSER’S CONFERENCE

The Department of Human Assistance (DHA) will host a Mandatory Proposer’s Conference. It will be held on **January 6, 2022**, from **1:00PM – 3:00PM** in person, for a limited number of persons, and via ZOOM. The in person conference is limited to eight (8) people. Due to limited in person space, please limit attendees to one person per entity. You are required to attend the Proposer’s Conference to submit a proposal. You can attend either virtually or in person.

The purpose of this conference is to discuss the requirements and objectives of the RFP and to answer questions. No questions will be answered outside of the Proposer’s Conference. To register for the Proposer’s Conference, please contact **DHA-RFP-Reservations@saccounty.net** by **5:00pm, January 5, 2022**. Reservations are required to receive the ZOOM link and location for in person attendance.

Submission of Questions

- Proposers are strongly encouraged to submit any questions or requests for clarification in writing before the Proposer’s Conference to DHA-RFP-Reservations@saccounty.net.
- Questions are to be received by DHA no later than 5:00 PM, Wednesday, January 5, 2022 or can be presented at the Proposer’s Conference.
- Please note that questions will **ONLY** be answered during the Proposer’s Conference unless they require research by staff. No questions can be asked after conclusion of the Proposer’s Conference.

Follow-up to Proposer’s Conference

If any questions or need for clarification should arise from the Proposer’s Conference that cannot be answered during the Conference, all attendees will receive an email answer or explanation by **5:00 PM, Tuesday, January 11, 2022**.

71J Provision

This contract may be subject to Section 71-J of the County Charter, which allows the County to contract for services that County employees perform for reasons of economy and efficiency if the contract does not cause the displacement of County employees, the County meets and confers with any organization that represents employees who perform the type of services to be contracted, and the 71-J bidding process is followed. If any County employee is scheduled to be laid off, demoted, or involuntarily transferred to a new qualification, the like position in the 71-J contract and the related dollars for that position must first be eliminated.

MATHER SINGLES RFP TIMETABLE

DATE	ACTIVITY	CONTACT	LOCATION
Monday, December 27, 2022	RFP released	Kim Mack (916) 876-6241 Mackk@saccounty.net	DHA online at: ha.saccounty.gov
Wednesday, January 5, 2022 5:00 PM	RSVP for Proposer's Conference	DHA-RFP- Reservations@saccounty.net	
Thursday, January 6, 2022 1:00 PM	Mandatory Proposer's Conference	Kim Mack Alondra Neira	Zoom or DHA, 1825 Bell Street, Suite 200, Sacramento, CA 95825
Monday, January 24, 2022 3:00 PM	Final time and date to submit packet	Kim Mack	DHA, 1825 Bell Street, Suite 200, Sacramento, CA 95825 or DHA-RFP- Reservations@saccounty.net
Thursday, February 10, 2022 3:00 PM	Notice of proposed award posted		Online at: ha.saccounty.gov
Thursday, February 17, 2022 3:00 PM	Final Date to submit written Protest of Award	Ethan Dye, DHA Director	DHA 1825 Bell Street, Suite 200 Sacramento, CA 95825
Thursday, February 24, 2022 3:00 PM	Director's Decision on protests	Ethan Dye, DHA Director	DHA 1825 Bell Street, Suite 200 Sacramento, CA 95825
Tuesday, May 10, 2022	Present recommended award to the Board of Supervisors *	Ethan Dye, DHA Director	Board of Supervisors' Chambers 700 H Street, Sacramento, CA 95814
Friday, July 1, 2022	Contract Begins**		

* Contingent on resolution of protests.

** Contingent on Board approval and execution of contract.

II. OVERVIEW

A. BACKGROUND

The Mather Community Campus (MCC) Emergency Shelter and Transitional Housing Programs are part of the County's response to meet the sheltering and housing needs of people experiencing homelessness. . In 2017, the Board of Supervisors voted to preserve this campus and approved County General Funds to continue to shelter and provide supportive services for those experiencing homelessness. MCC is a unique County-owned property on the site of a former military base in Rancho Cordova.

The additional programs on the campus (not included in this RFP) and the current administrators of those programs include:

- Transitional housing for former foster youth ages 18-24 years old and their children. The "Adolfo" program is administered with funding through DHA.
- The Family Transitional Housing Program provides transitional housing and services for up to 25 families with at least one child age 0-18 years old. This program is administered with funding through DHA.
- Options for Recovery (perinatal program) is a Department of Health Services (DHS) recovery program for women with children ages 0-18. This program is administered with funding through DHS.
- Family Recovery Transitional Housing is a DHS recovery program for women with children on CalWORKs in need of sober living supportive housing. The program is administered with funding through DHS.
- The Veterans Grant Per Diem Program is the Transitional Housing and Services Program for Veterans and is contracted with Federal funding through the Veterans Administration.

B. STATEMENT OF NEED

DHA is seeking to collaborate with one (1) qualified agency to provide emergency shelter and case management services for homeless adults on the MCC. Agencies must operate consistently with core program principles as outlined in this RFP. The funding shall not be used to supplant funding and/or existing services currently in place.

Through this funding, the County is seeking to fund proposals that will provide the following:

- Emergency shelter anticipated to serve a minimum of 150 adults experiencing homelessness.
 - Including utility costs of the facility.
- Three (3) meals per day.
 - Proposer has the option to utilize the kitchen facilities on site (must cover the cost of utilities), or
 - Describe how meals would be provided.
- Monitoring of the shelter guests 24 hours a day, seven (7) days a week.
- Maintenance of the facility, which includes but is not limited to: landscaping, minor unit repairs, and janitorial services of the units.
- Supportive case management that will eliminate barriers to securing and/or maintaining housing to 110 of the anticipated 150 adults serviced in the program. The remaining participants will receive services through the County's Flexible Housing Program.
 - Supportive services include, but are not limited to:
 - Trauma informed assessment upon entry and quarterly check ins/reassessments.
 - Trauma informed case management.
 - Development of an individual case plan outlining specific interventions to barriers, including:
 - Employment assessment
 - Housing assessment
 - Needs assessment

- Medical assessment and/or connection to medical resources if applicable
- Document procurement- birth certificate, social security card, CA ID, etc.
- Job training, development, and placement or referral connection, if resident is open to this service.
- Homeless Certification- including document procurement.
- Assistance resolving legal issues- including expungement resources.
- Assistance identifying resource connections for persons with learning disabilities.
- Assistance identifying resource connections for persons experiencing behavioral health/ mental health challenges.
- Assistance identifying resources for persons with substance use disorders.
- Housing Assistance- including Ready to Rent classes, budgeting and finance, assistance with deposits, assistance in completing rental agreements, etc.
- Housing navigation and support with housing placements
- Collaborate with community agencies and service providers to meet the needs of each resident.
- Credit repair assistance
- Storage
- Transportation
- Laundry services
- Mail services

C. POPULATION TO BE SERVED AND GEOGRAPHIC AREA

DHA serves diverse populations across Sacramento County. MCC programs and services will offer shelter and support to qualifying Sacramento County residents. The chosen provider will accommodate persons with complex needs, such as substance use disorders, domestic violence backgrounds, or behavioral health/mental health challenges (excluding 290 status). While the program will prioritize literally homeless persons as defined by the U.S. Department of Housing and Urban Development (HUD), it may also serve some at-risk adults who cannot be diverted from homelessness.

D. LOCATION

The Mather Community Campus provides shelter and/or interim housing for several programs which assist formerly homeless individuals and families to successfully transition to housing stability. The Campus is located in Rancho Cordova and this proposal seeks to utilize 140 units that are anticipated to serve a minimum of 150 adults in two (2) buildings for emergency shelter and share administrative office space with other programs and providers on campus.

E. DEFINITIONS

Case Management: A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet individual needs. Case management should be trauma-informed and client-centered with the goal of identifying strengths, client directed goals, and support networks. All services should focus on eliminating barriers to obtaining permanent housing and should focus on a holistic view of the client. Case management should facilitate connection to mainstream and community-based services, including public benefits and/or entitlements; treatment resources for ongoing recovery and health needs; and other services such as credit repair and expungement services.

Client Centered: Approaching the care and goals of, and interventions for, a client based on his or her identified need for services.

Culturally Responsive: Ability to honor, understand and respect beliefs, lifestyles, attitudes and behaviors demonstrated by diverse groups of people, and to diligently act on that understanding. It includes knowledge of one's own cultural values and ability to consistently function with members of other cultural groups. Services should be accessible through language, location and delivery style.

Low Barrier Practices: An approach to entry and services where a minimum number of rules are placed on people who wish to enter as a guest or engage in ongoing services. The aim is to have as few barriers as possible to allow more people access to services and to continually engage guests using best practices. Guests are afforded consumer choice and self-determination for voluntary supportive services.

On Site Services: 24 hour monitoring, three meals per resident per day, and property/unit maintenance.

Supportive Services: A range of services that includes, but is not limited to, case management, housing services, credit repair, employment assistance, mental health support (either by a licensed clinician or referral to an appropriate agency), alcohol and drug treatment support, rental assistance, or other community services that would address the complex needs of identified individuals in the program. Assistance with securing permanent housing prior to their exit from emergency shelter and/or when the person requests to be exited from the program is a priority.

Trauma Informed Care: A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, while emphasizing physical, psychological, and emotional safety for providers and survivors. This approach creates opportunities for survivors to rebuild a sense of control and empowerment.

F. PROVIDER QUALIFICATIONS

This RFP is open to non-profit agencies as well as for-profit businesses that can design and implement a program for emergency shelter at MCC. The successful proposer will provide emergency shelter operations, three (3) meals a day, 24-hour monitoring staff for an anticipated minimum of 150 residents and case management services to approximately 110 of the 150 residents on the campus. Proposers may include additional programmatic elements that address the needs of the target population mentioned in this RFP.

Key Qualifications and Staffing Levels

Proposers must demonstrate that proposed program staff has the knowledge, skills, abilities, training and experience in all pertinent areas required to provide the services proposed in the manner described and to achieve the expected outcomes. Proposers must have the resources necessary to fulfill the scope of this RFP.

The successful proposer must meet minimum eligibility requirements and demonstrate the organizational capacity and experience to successfully implement the outlined services. In addition, the successful proposer shall respond in detail to RFP questions and include a fully developed program model and line item budget that is mathematically sound.

Description of Key Qualifications and Staffing Levels

- At least three (3) years of experience in the last ten (10) years providing shelter, coordinating services for a diverse population with complex needs, and property management. Knowledge of how to serve the target population addressed in the program model described as evidenced by prior or current operations of successful program(s) and service provision to the target population.
- Demonstrated ability to provide shelter services outlined above.
- Knowledge and understanding of substance abuse disorder, substance use recovery, mental health challenges, and trauma-informed/client-centered service provisions.
- The resources and expertise to meet all administrative and fiscal requirements. This includes the proposer's fiscal auditing, technological management, and administrative staff capabilities.
- Staffing capacity necessary to operate the program in accordance with the program model's timeline, design, and outcomes.

- The ability to honor, understand, and respect beliefs, lifestyles, attitudes, and behaviors demonstrated by diverse groups of people, and the ability to function effectively in the midst of cultural differences.
- The ability to address the needs of diverse populations whose models of engagement or cultural standards differ from mainstream practices, who speak another language, and the ability to function effectively in the midst of wide cultural variances.
- Commitment and experience of the agency reflects effective, mutually beneficial relationships with other organizations that are reflective of the populations being served, and ongoing staff training on relevant community resources and social service programs.

G. CORE PROGRAM PRINCIPLES

Based on best practices in the field of homeless services, the following core principles and elements are required of all programs and system components funded under this RFP.

Program Entry and Accessibility

- Prioritized for persons experiencing literal homelessness that are unsheltered and living in a place not meant for human habitation or persons exiting homeless sheltering programs as identified by HUD.
- Use a standardized entry and assessment tool. All funded programs will adhere to a County approved entry process.
- Do not discriminate or refuse services on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, military status or any other protected class.
- Employ low barrier practices where a minimum of rules are placed on persons who wish to participate in the program and receive services. This includes not excluding participants because of lack of income, active or past history of substance abuse and/or behavioral/mental health issues, or past involvement with the criminal justice system (except 290 PC status).

Housing Focused Supportive Services

- Employ housing-centric services that transition participants quickly into permanent housing and supports long-term housing stability.
- Offer case management services that facilitate stabilization, health and personal growth by connecting participants to mainstream and community based services, treatment resources for ongoing recovery and health needs; and other services that may be continued once the client is in permanent housing.
- Improve long-term stability by improving income, connecting participants to employment or benefit programs, including, but not limited to: employment training and occupational support, State Disability Insurance (SDI), Social Security Income (SSI), Veterans benefits, and Supplemental Nutrition Assistance Program (SNAP).

Staff Competencies

- Client-Centered: Approach the care, goals, and interventions of a client based on his or her identified need for services. Recognize participants as partners in the development of case plans, re-housing plans and service delivery about their treatment and care.
- Culturally Responsive: Honor, understand, and respect beliefs, lifestyles, attitudes, and behaviors demonstrated by diverse groups of people, and diligently act on that understanding. Services should be accessible through language, location and delivery style.
- Employ evidence-based practices such as:
 - Motivational interviewing;
 - Trauma informed care which recognizes the impact of trauma, emphasizing physical, psychological and emotional safety for survivors; and
 - Harm reduction aimed at reducing risk and harmful effects associated with substance use and addictive behaviors, without requiring abstinence.

- Treat all homeless community members, care professionals and colleagues with respect, and resolve all identified issues efficiently and effectively.
- Respect participant rights including privacy, religious freedom, and the ability to present complaints and grievances.

Collaboration

- Partner with County departments to improve program services, individual outcomes and to maximize system level resources.
- Partner with mainstream services, community members, property owners (when applicable) and providers of homeless services to ensure that all persons/families served receive needed support to obtain services and remain stably housed.
- Maximize community-based services and leverage other funding and/or community resources for the program that is proposed.

H. TERM

This RFP is for a contract period commencing July 1, 2022 through June 20, 2023, with the possibility of two one-year renewals, contingent on funding availability. DHA reserves the right to initiate a new RFP at any time during this period if DHA deems it necessary.

DHA may terminate any contract within thirty days of notice without cause. DHA may terminate for cause immediately upon giving written notice if:

- Contractor materially fails to perform any of the covenants contained in the contract in the time and/or manner specified, or
- DHA is advised that funding is not available.

I. CRITERIA

MCC residents must be verified Sacramento County residents, 18 years and older, who meet the definition of literal homelessness as defined by HUD and are referred to the MCC campus program through Sacramento County DHA, DHS, Outreach Teams, or another County identified referral contacts which will include consultation with the provider and DHA staff. Residents will be individuals who may have barriers to employment and/or accessing housing services, or are exiting a 90-day treatment recovery housing program and are in need of further support while transitioning to permanent housing.

J. REQUIRED PROGRAM AND SERVICE COMPONENTS

The successful proposer will work with DHA to fully develop trauma-informed standardized policies, protocols and procedures that are consistent with the residents' needs and the County requirements of MCC.

Policies must include: case management, emergency procedures, re-housing procedures, standardized approach to needs assessment, safety planning and service provision at a minimum.

Successful applications will identify how the provider will provide housing navigation services to the persons residing in emergency shelter at MCC. This could include, but is not limited to, the following:

- Connect residents to needed housing resources.
- Assist with completing housing applications.
- Connect with housing resources, including vouchers.
- Assist with rental deposits at a capped amount.
- Assist in negotiating rental agreements.
- Provide Ready to Rent classes.
- Assist resident in understanding lease agreements.
- Seek out all housing options including shared housing options for residents.
- Establish relationships with landlords, public and private owners and rental agencies.

Successful proposers will thoroughly describe how they will provide case management services that will support housing efforts. The description could include how the proposer would:

- Conduct a trauma informed and culturally responsive comprehensive needs assessment.
- Connect the resident to community-based services that will address identified barriers.
- Ensure the resident is engaging in services.
- Identify community resources that may benefit the resident and encourage the resident to engage in those resources.
- Meet with the resident at a minimum of weekly.

K. EXPECTED OUTCOMES (if awarded contract)

- Contractor will have no more than 5% vacancy rate per month.
- A minimum of 280 new participants will be served annually.
- In accordance to new shelter standards, 35% of the participants each year will exit into permanent housing.
- 45% of participants exited into permanent housing will maintain housing six (6) months from exit, based on Homeless Management Information System (HMIS) data.
- 100% of participants will be offered the opportunity to complete a survey to capture the circumstance around their exit. These surveys will be uploaded into HMIS under participant profile and provided to DHA staff upon request.
- All negative exits will have an exit conference prior to the resident exiting that will include DHA staff (exceptions may apply).
- Contractor to create an ongoing data plan that captures the data elements outlined in the contract and report that data on a monthly basis to DHA staff. DHA staff to review report and provide feedback prior to first submission.
- Contractor will provide monthly reports to DHA staff that will include:
 - Total number of individuals participating in the program.
 - Date each resident entered into the program and projected exit date.
 - Average length of stay for individuals.
 - Number of mental health assessments made with confidential tracking.
 - Number of substance use treatment referrals made by confidential tracking.
 - Number of substance use disorder assessments completed by resident name and unique identifier.
 - Number of completed case service plans by resident name and unique identifier.
 - Number of persons employed by resident name and date of birth.
 - Number of persons legal issues that were resolved by resident name and date of birth.
 - Number of persons who exited to permanent housing by resident name and date of birth.
 - Number of persons who had a negative exit, with an explanation of the exit, by resident name and date of birth.
 - Staff training that was completed that includes the training provided, name of staff who received the training, role of the staff, and date(s) training provided.

L. CLIENT DATA AND PROGRAM REPORTING REQUIREMENTS

As a condition of funding, the successful proposer will be required to input data into HMIS and/or the designated County database. The successful proposer will be responsible for the input of client-level data, program services/activities, unduplicated numbers of individuals assisted and program outcomes into the designated County database. Ongoing reports to DHA staff regarding data collection and outcome measures will be a feature of the MCC Singles Scope of Work. This may include reports on permanent housing placement and other exits, financial assistance, case management activity, housing information, etc., which will be produced by HMIS or the designated County database.

III. ADMINISTRATIVE RULES AND REQUIREMENTS

A. PROPOSAL SUBMISSION

1. The packet **MUST** be submitted in the legal entity name of the proposer or an authorized representative. If the packet is submitted by a corporation, the packet must be signed by a corporate officer or a representative authorized by the organization. If such authorization is other than a corporate document, a copy of such authorization must be submitted to DHA with the packet.
2. All proposals and attached information must be typed and submitted on **standard white paper, 8 1/2 inches by 11 inches in size, DOUBLE SPACED, one-sided, in print no smaller than 11 point font**, with each page clearly and consecutively numbered, starting with the Table of Contents which is the first piece of paper of your proposal.
3. Staple each copy of the proposal in the upper left corner or secure the proposal with ordinary spiral binding. If proposal packet is too large to staple or spiral bind, secure packet by whatever means possible. Elaborate artwork and expensive paper and bindings, expensive visual or other presentations are neither necessary nor desired.
4. All proposals must be submitted in the order specified in Section IV of this RFP.
5. An original and five (5) copies of the proposal must be enclosed in a sealed envelope or box bearing the name and address of the proposer clearly visible, and plainly marked: **"SEALED BID – RFP 2023-003 MATHER COMMUNITY CAMPUS SINGLE ADULTS EMERGENCY SHELTER SERVICES"**. Copies as required by the Exhibit A- RFP Checklist of the proposal must be enclosed. Proposals that are not sealed will not be accepted.
6. If any information contained in the response is considered confidential or proprietary by the Proposer, it must be clearly labeled as such and presented in a sealed envelope within the Proposer's sealed response package. In order to assert the confidentiality of any such information if a Public Records Act is received, the Proposer must request, execute and submit a County-prepared written agreement to defend and indemnify the County for any liability, costs and expenses incurred in asserting such confidentiality as part of the proposal. The agreement is available upon request via DHA-RFP-Reservations@saccounty.net and must be submitted with the proposal.
7. Additional material submitted with the proposal that has not specifically been requested in this RFP, **WILL NOT** be forwarded to the Evaluation Committee. Please see page 12 for the Technical Review Checklist used to ensure the technical aspects of this RFP have been met by the Proposer.
8. Proposals can be submitted either by email to **DHA-RFP-Reservations@saccounty.net**, by mail or personal delivery to:

Contracts Manager
Sacramento County Department of Human Assistance
1825 Bell Street, Suite 200
Sacramento, CA 95825

Packets not received on January 24, 2022 by 3:00PM at the above address will be rejected. Packets submitted to any other office will not be accepted. It is the responsibility of the PROPOSER to submit the packet by the time and date to the address specified above. Postmarks will not be accepted. Fax submissions will not be accepted.

DHA will reject any packet not meeting this RFQ requirement.

TECHNICAL REVIEW CHECKLIST

	Item
1	Attend Mandatory Proposer's Conference on 01/06/2022.
2	Submit Proposal by 3:00 p.m. on 01/24/2022.
3	If proposal is delivered in person, it must be submitted in a sealed envelope/package, and plainly marked, "Sealed Bid - RFP 2023-003 Mather Community Campus Single Adults Emergency Shelter Services".
4	If proposal is delivered in person, submit Original and 5 copies of RFP Response, if in person submittal.
5	Staple each copy of the proposal in the upper left hand corner or secure with ordinary spiral binding. If unavailable, secure in a manner that can easily be taken apart.
6	All pages clearly and consecutively numbered (regardless of page content).
7	Narrative submitted on standard white paper, 8 1/2" x 11", one-sided in print no smaller than 11 point font.
8	Table of Contents (Page 1 of Proposal).
9	Submit RFP Checklist (Exhibit A).
10	Submit RFP Cover Letter (Exhibit B).
11	Submit Proposal Narrative.
12	Submit Budget (Exhibit C).
13	Submit 3 References.
14	Submit Insurance (Exhibit D).
15	Submit proof of Non-Profit Status/Articles of Incorporation.
16	Submit Child Support Ordinance Form (Exhibit E).
17	Submit Nondiscrimination Clause/Statement of Compliance (Exhibit F).
18	Submit Debarment and Suspension Certificate (Exhibit G).
19	Submit Five or More Employees (Exhibit H).
20	Submit Technical Review Checklist (Exhibit I).
21	Submit Proof of Signature Authority.
22	Submit most recent Financial Statement.
23	Submit Cost Allocation Plan.
24	Submit in order as stated on lines 8 through 23.
25	Submit DUNS Number.
26	Submit proposal in the legal entity name of the proposer or an authorized representative. If submitting by a corporation, proposal must be signed in blue ink by a corporate officer or representative of the organization.

B. RULES GOVERNING RFP COMPETITION**1. Proposer's Cost for Developing Proposal**

Costs for developing and submitting proposals are the responsibility of the Proposer and shall not be chargeable in any way to the County of Sacramento or DHA.

2. Addenda and Supplement to RFP
If revisions or additional data to the RFP become necessary, DHA will provide addenda or supplements.
3. Property of the County
All proposals submitted become the property of the County and will not be returned. As part of the review and selection process, the proposals may be reviewed and evaluated by County staff and representatives from other public agencies and/or individuals from the private sector.
4. Confidentiality
All proposals shall remain confidential until the evaluation process is completed, proposed awards have been posted, and the Board of Supervisors has awarded the contract(s) for this service.
5. False or Misleading Statements
Proposals which contain false or misleading statements, or which provide reference which do not support an attribute or condition contended by the vendor, may be rejected. If, in the opinion of the County, such information was intended to mislead the County in its evaluation of the proposal and the attribute, condition or capability is a requirement of the RFP, the bid shall be rejected.
6. Proposer Responsibility
The Proposer is expected to be thoroughly familiar with all specifications and requirements of this RFP. Failure or omission to examine any relevant aspect of this RFP will not relieve you, as a Proposer, from any obligation regarding this RFP. By submitting a response, the Proposer is presumed to concur with all terms, conditions, and specifications of this RFP.
7. Reference Check
Submittal of a response to this RFP authorizes DHA to investigate without limitation the background and current performance of your agency. Input of references regarding your capacity to perform in relation to all aspects of this RFP will be used.
8. Right of the County
The County reserves the right to:
 - a. Negotiate changes to proposals.
 - b. Request additional written or oral information from Proposers in order to obtain clarification of their responses.
 - c. Reject any or all responses. Minor irregularities or informalities in any response which are immaterial or inconsequential in nature, and are neither affected by law nor a substantial variance with RFP conditions, may be waived at the County's discretion whenever it is determined to be in the County's best interest.
 - d. Make awards of contracts for all the services offered in a proposal or for any portion thereof.
 - e. Recommend and/or award an amount less than stated in the RFP, if an amount is stated, and negotiate a reduction or increase in service levels commensurate with funds availability.
 - f. Enter into negotiations with the proposer who submitted the next highest-rated proposal, or issue a new RFP, if the proposer, who is selected through this RFP, fails to accept and meet the terms of the standard County contract.
9. Rejection of Proposals
 - a. Issuance of this RFP in no way constitutes a commitment by the County to award a contract. The County reserves the right to reject any or all proposals received in response to this RFP, or to cancel this RFP if it is deemed to be in the best interest of the County to do so.

- b. Failure to furnish all information required in this RFP or to follow the required proposal format shall disqualify the Proposer, including agencies that would otherwise qualify for the funding. Any exceptions to the scope of work required by this RFP must be justified in the proposal.

10. News Releases

News releases pertaining to this RFP and its award will not be made without prior approval of the County.

C. SELECTION PROCESS AND AWARD CRITERIA

Evaluation of proposals and recommendation for contract(s) award(s) are conducted as follows:

1. The sole purpose of the evaluation process is to determine from among the proposals received which one is best suited to meet the County's needs. Any final analysis or weighted point score does not imply that one proposer is superior to another, but simply that in our judgment that the selected proposer appears to offer the best overall solution for our current and anticipated needs. This RFP will be awarded to the proposer(s) whose offer(s) provides the greatest value to the County from the standpoint of suitability to purpose, quality, service, previous experience, price, life cycle cost, ability to deliver, or for any other reason deemed to be in the best interest of the County.
2. All proposals shall be reviewed to determine whether they meet the content and format requirement specified in the RFP. Incomplete proposals will not be forwarded to the evaluation committee; they will be rejected prior to review. Rejected proposals will not be returned, but proposers will be notified in writing that the proposal was rejected in the initial screening process.
3. All proposals meeting the content and format requirements shall be submitted to an evaluation committee, which shall evaluate the proposals based on specific award criteria. The evaluation committee members will independently rank each proposal, and the separate rankings will be accumulated for an overall ranking of all proposals.
4. Recommended awards will be made for one or more proposers who are responsive to the requirements of this RFP and have demonstrated knowledge and experience that meet the requirements described.
5. In the event that fewer than three (3) proposals are submitted, the County has the right to make a selection from among the proposals that are submitted, to reissue the RFP in order to obtain sufficient responsible proposals or to cancel the RFP and either negotiate a sole-source contract or elect to provide the services within the Department.
6. Proposers may be requested to give oral presentations to the Evaluation Committee before the final recommendations are made. The oral interview will consist of standard questions asked of each of the proposers and specific questions regarding the specific proposal.
7. Attempts by a proposer to contact and/or influence members of the Evaluation Committee will result in disqualification of the proposer.

D. NOTICE OF AWARD AND OPPORTUNITY TO PROTEST

1. A notice of the proposed award(s) will be posted at ha.saccounty.gov for five (5) working days beginning **February 10, 2022**.

2. Any respondent wishing to protest to proposed award must submit a written letter of protest by 3:00 PM, February 17, 2022. Submit this correspondence to:

Director
Department of Human Assistance
1825 Bell Street, Suite 200
Sacramento, CA 95825

Note that you can mail your protest letter but postmarks are not accepted, it must be received in office no later than referenced time and date.

3. *Protests are limited to the following grounds:*
 - Procedural irregularities (for example, one or more proposer was treated differently than other proposers by allowing them to submit additional information after the deadline).
 - Conflict of interest (for example a member of the Evaluation Committee is a member of the board of an organization submitting a proposal).
 - County is proposing to award the contract to a proposer other than proposer deemed to be qualified by the Evaluation Committee.
4. The protest letter must contain a complete statement for the basis of the protest.
5. The protest letter must include the name, title, address, e-mail address and telephone number of the person representing the protesting party.
6. County shall investigate all written protests and a response shall be sent by the DHA Director to the Proposer no later than **February 24, 2022**.
7. **Awards are not final until approved by the Sacramento County Board of Supervisors.**

IV. **PROPOSAL CONTENT REQUIREMENTS AND PROPOSER QUALIFICATION REQUIREMENTS**

Proposers **MUST** prepare a proposal which includes the items specified below **in the order specified below**.

A. **TABLE OF CONTENTS**

Provide a table of contents which identifies all major sections of the proposal by page number. All exhibits and attachments must also be referenced by page number.

B. **RFP CHECKLIST** (Exhibit A)

C. **RFP COVER LETTER** (Exhibit B)

The RFP Cover Letter is included in this packet as Exhibit B. It must be fully completed and submitted with the proposal.

D. **PROPOSAL NARRATIVE (Includes Program Statement, Narrative, Scope of Service, Job Descriptions) (75 points)**

Sections to the Proposal Narrative as follows:

Organizational Experience (10 points)

- Describe and illustrate qualifications, experience, structure and ability to meet the requirements of this RFP to serve Sacramento County.

- If your organization is currently in, or has in the last three (3) years been in a contract with DHA, describe:
 - The services contracts for; and,
 - Whether the organization has any unresolved monitoring findings that pose a substantial risk to DHA.
 - If findings exist, discuss your organization's immediate plan to address these findings.
- Describe in detail your organization's experience, including the number of years and funding partners, providing shelter, housing and supportive services.
- Describe and identify your organizations experience collaborating with other agencies, including government agencies, community partners, faith-based organizations, law enforcement, etc. Please provide details on the outcomes of the collaborations.
- Briefly describe how organizational policies, procedures, program philosophies and mission statements reflect a value for cultural responsiveness and trauma informed care.
- Briefly describe what quality assurance systems are in place to assure continual improvements of service delivery.
- Briefly describe your organizational structure and how this will accomplish the needs of this request.

Program Design (35 points)

Clearly and concisely describe the proposed program. The description must: (a) specify how the services in the proposal response will meet or exceed the requirements of the County; (b) explain any special resources, procedures or approaches that make the services of proposer particularly advantageous to the County; and c) demonstrate the ability to implement this program in a timely manner consistent with the timeframe and start date proposed in this RFP.

The narrative must enable a selection committee to make an evaluation to determine whether the proposal meets County requirements. The proposal narrative should be specific, complete and clearly and fully demonstrate that the Proposer has an understanding of County requirements and the knowledge to meet those requirements.

- Describe your service delivery model (including information on how your organization will provide services).
- Briefly describe, with details, how your organization collaborates with all types of partners, including but not limited to various government agencies, community agencies, faith-based organizations, local businesses and property owners.
- Briefly describe how your organization will assess each person, identify needs and provide referrals to community services and are identified as needs for the person.
- Briefly describe how you will collect and report data that is required.
- Briefly describe your experience with re-housing homeless individuals into permanent housing.

Services Provided (20 points)

The core values of the Department of Human Assistance are compassion, integrity, trust and innovation. Describe how your organizational values align with DHA's and how you will ensure these values are integrated into your daily services. The Proposer recommended for funding shall provide basic onsite housing services for adults on Mather Community Campus. The Proposer ensures the facility is safe, sanitary, accessible and meets all applicable building, safety and health codes.

Housing services include studio-type apartments with sleeping and hygiene accommodations, three meals per day, laundry, mail service, storage facilities and access to facilities where services will be provided on campus. The Provider shall operate 24 hours a day and shall have at least three (3) staff on duty at all times who are trained in mental health, first aid, CPR and de-escalation tactics.

Required program components:

1. Housing Accommodations

- Housing units provided on the campus shall remain safe, sanitary and accessible 24 hours per day, seven days per week. Units are self-contained dormitory style with some personal privacy considerations.
- Briefly describe information relevant to providing services to residents that would ensure the ability to secure permanent housing and that would include factors such as client preferences and factors that directly relate to housing instability (e.g., factors that would cause a landlord to reject an individual's application for housing).
- Briefly describe how your organization will provide emergency shelter services to assist residents with obtaining permanent housing upon exit.

2. Hygiene Accommodations

- Sufficient supply of hot and cold running water.
- Provision of clean towels, sheets, soap and toilet paper.

3. Food

- Access to three (3) well balanced and hot meals per day, per person.
- Reasonable accommodations for persons with special dietary needs that are documented by a medical provider.

4. Laundry

- Regular access to laundry facilities.
- Clean linen upon entry to housing and at least once per week thereafter.

5. Access to Mail Service6. Transportation Services

- Assistance navigating public transportation as needed.
- Reasonable assistance with transportation to and from services that are off campus.

7. Storage Facilities

Onsite, secure storage must be made available to individuals to store their belongings while they remain in housing.

8. Needs Assessment

Upon entry all persons will receive a needs assessment relative to:

- Immediate health and safety needs pertinent to providing appropriate housing accommodations.
- Substance use recovery needs (if applicable).
- Mental health services (if applicable).
- Referral to continuum of care resources and link to community resources identified.

9. Eligibility and Referrals into the Program

MCC residents must be verified Sacramento County residents, 18 years and older, who meet the definition of literal homelessness and are referred to the MCC campus program through Sacramento County DHA, DHS, Outreach Teams or another County identified referral contact. All referrals will include consultation with the provider and DHA program planner. Residents will be individuals who have barriers to employment and accessing housing services, or are exiting a 90 day treatment recovery housing program and are in need of further support while transitioning to permanent housing.

10. Low Barrier

Given the need to accommodate individuals with complex conditions, DHA strongly encourages low barrier entry and continued stay requirements and easily accessible assistance to all individuals meeting the above criteria, including, but not limited to, people who have:

- no income/employment or income/employment history,
- active or past history of substance use disorder and/or mental health issues, or
- past involvement with the criminal justice system.

Exits to other homeless situations should be avoided, even when program rules are violated. For example, the Provider should have policies and procedures for working with clients who relapse. People who pose an imminent risk of harm to themselves or others may be exited to more appropriate locations such as those where providers offer programs that are more intensive.

11. Other Requirements

The awarded provider will:

- Provide monthly and quarterly reports regarding the metrics identified under the Expected Outcomes of this RFP and other requested information relative to shelter compliance and performance.
- Enter and update their statistics in HMIS.
- Designate staff to meet with DHA's supervisory and/or management staff monthly to discuss and review homeless services, case conferencing, trends and performance outcomes.
- Provide all DHA staff with 24-hour access to the program facility and ability to meet with and offer resources to individuals participating in the program.
- Guarantee client rights and confidentiality.
- Ensure that no portion of the contract budget is spent on recruitment or ongoing staff training, depreciation, organizational costs (advertisements, pamphlets about the organization, surveys), entertainment, conferences, fundraising, public relations, bad debt, mortgage payments or lobbying activities.
- Be responsible for all program facility and utility costs.
- Ensure program staff and hired volunteer staff who will have direct contact with shelter children (if applicable) will be cleared at contractor's expense through the Department of Justice fingerprinting system prior to providing services to ensure that each staff member has no past conviction involving crimes against children or who pose a potential risk to the well-being of children.
- Maintain the facility, including all related janitorial, kitchen and general up keep of the facility.

Job Descriptions (10 points)

Include job descriptions for each position that will be included as part of this contract. Also include resumes or biographical information on the key program staff and management for this proposed project.

Describe in detail the key staff qualifications that identify they have the ability to implement the proposed program and services. Include resumes for key staff who will work in this program and job descriptions of those yet to be hired.

E. BUDGET (25 points) (Exhibit C)

Use Exhibit C from this packet to provide information for your proposed budget. Proposers must also submit a complete organizational operating budget, as well as a complete budget for the proposed program along with the provided budget forms.

Describe what is included in each line item on the budget. For example, if your line item is for office supplies fully describe what that encompasses.

Show how calculations were completed to arrive at each budget item in a narrative form. For example, .5 FTE for program manager is necessary due to the oversight and supervisory needs of the program staff.

If your proposal includes funding from an outside source, such as private donations or in-kind services, they must be clearly identified and described and include the dollar amount associated with each outside funding source.

F. REFERENCES

Proposers must submit at least three (3) references. All references given must have had services rendered by you at the present time or within the last two (2) years. References must be satisfactory as deemed solely by the County. References must be for services similar in scope, volume and requirements to those given in these specifications, terms and conditions. Reference information to include:

- Company/Agency Name
- Contact person, name and title
- Complete street address
- Telephone number
- Type of business
- Type of service provided
- Dates of service

The County may contact some or all of the references provided to determine the Proposer's performance record for similar services. The County reserves the right to contact references other than those provided and to use the information gained from them in the evaluation process.

G. INSURANCE REQUIREMENTS (Exhibit D)

The successful Proposer(s) shall be required to obtain and maintain insurance according to County requirements, described in Exhibit D of this packet. Proposer must sign the Proposer's Statement Regarding Insurance Coverage located on the last page of Exhibit D. If a Proposer currently does not have insurance in the amounts specified in Exhibit D, do not obtain increased coverage before a contract is offered by the County.

After proposals are evaluated and a contractor(s) is selected, the proposed contractor(s) must provide an original current certificate of insurance within five (5) working days of the notification of selection and offer of a contract. The certificate of insurance must provide proof of coverage in compliance with standard County insurance requirements, as specified in Exhibit D of this RFP packet. Failure to conform to insurance requirements within this time period shall constitute grounds for termination of contract negotiations.

H. NONPROFIT STATUS/ARTICLES OF INCORPORATION

Nonprofit organizations must provide documentation of tax-exempt status from either the Internal Revenue Service or the State of California Franchise Tax Board.

A copy of the organization's Articles of Incorporation and an authorization from the governing board allowing submission of the proposal must be included. If an organization is in the process of being incorporated by the California Secretary of State's Office, a proposal may be submitted contingent upon providing proof of the incorporation process, when completed.

Corporations must complete this process prior to execution of a contract.

- I. CHILD SUPPORT ORDINANCE** (Exhibit E)
Proposers are required to read, complete, sign and date the County of Sacramento Contractor Certification of Compliance Form for those with Court-Ordered Child, Family and Spousal Support and complete the Contractor Identification Form, including the Company Name, Company Address and Completed by sections.
- J. NONDISCRIMINATION CLAUSE/STATEMENT OF COMPLIANCE** (Exhibit F)
Proposers must read the Statement of Compliance and Nondiscrimination Clause and sign the form. The Statement of Compliance form must accompany each proposal to comply with Government Code Section 12990 and California Administrative Code Title II, Division 4 and Chapter 5.
- K. DEBARMENT AND SUSPENSION CERTIFICATION** (Exhibit G)
Proposers must read and sign the Debarment and Suspension Certification. This certification must accompany each proposal to comply with Code of Federal Regulations 45 CFR, Part 76.100. County shall verify that the proposer is not listed in the System for Award Management as debarred per Executive Order 12549, 7 CFR Part 3017, 45 CFR Part 76 and 44 CFR Part 17.
- L. FIVE OR MORE EMPLOYEES** (Exhibit H)
Proposers must read and sign the Five or More Employees Statement.
- M. PROOF OF SIGNATURE AUTHORITY**
Proposer must provide documentation that the person who signs this proposal is authorized to negotiate on behalf of the corporation and that the signatures recorded are the true and correct signatures of the designated individual. Samples of acceptable proof are a resolution by the Board of Directors or Letter of Delegated Authority stating those with signature authority which includes the printed name and signature.
- N. FINANCIAL STATEMENT AND ACCOUNTING SYSTEM**
Submit your latest audited financial report, completed by an independent certified public accountant, for the most recently completed fiscal year. If the audit is of a parent firm, the parent firm shall be party to the contract. Evidence of solvency and acceptable accounting practices is required. Governmental agencies are exempt from this requirement.
- Proposer's audited financial statements must be satisfactory, as deemed solely by County, to be considered for contract award.
- If an audited financial statement is not available please submit:
- a Federal Income Tax Return for the most recently completed calendar year; or,
 - an internally prepared annual financial statement for the most recently completed calendar year.
- O. COST ALLOCATION PLAN**
Provide a description of your cost allocation plan. This description should be limited to no more than two pages of narrative and include how your organization allocates administrative or overhead costs over multiple contracts. Sample forms or charts may be included. Proposer's cost allocation plan must be satisfactory, as deemed solely by County, to be considered for contract award.
- P. ADDITIONAL INFORMATION**
Any additional information that you provide, that has not been explicitly required in this RFP and attached to appropriate section of RFP, will be rejected and will not be used in the review, scoring or ranking of your proposal. It is the proposer's responsibility to ensure that all pertinent information is contained in the response areas listed above.

V. EXHIBITS

Read, complete, sign and return all required documents.

- 1) Table of Contents – provided by applicant
- 2) RFP Checklist – Exhibit A (begin Page 1 of complete Proposal)
- 3) RFP Cover Letter – Exhibit B
- 4) Proposal Narrative – provided by applicant
- 5) Budget Forms and Instructions – Exhibit C
- 6) References – provided by applicant
- 7) Insurance Requirements – Exhibit D
- 8) Non-Profit Status/Articles of Incorporation – provided by applicant
- 9) Child Support Ordinance/Certificate of Compliance/Contractor Identification Form – Exhibit E
- 10) Nondiscrimination Clause/Statement of Compliance – Exhibit F
- 11) Debarment and Suspension Certification – Exhibit G
- 12) 5 or More Employees Statement – Exhibit H
- 13) Proof of Signature Authority – provided by applicant
- 14) Financial Statement of Accounting System – provided by applicant
- 15) Cost Allocation Plan – provided by applicant
- 16) Additional Information – DHA Provided Information ONLY, no additional information supplied by proposer in this section will be included in the review, scoring, or ranking of submitted proposal.

NOTE:

- All RFP requirements and exhibits contained in this packet from this page forward **MUST** be included in your submitted proposal packet.
- The completed proposal is due to DHA no later than:

3:00 PM

Monday, January 24, 2022

To:

County of Sacramento Department of Human Assistance
1825 Bell Street, Suite 200
Sacramento, CA 95825

OR

DHA-RFP-Reservations@saccounty.net

EXHIBIT A
RFP CHECKLIST

The following list identifies all items that must be submitted in packet. Space for check marks is provided in the left margin for your convenience. Signatures can be in ink or electronic.

- _____ 1. **Table of Contents** (Must include page numbers – provided by Proposer)
- _____ 2. **RFP Checklist** Proposer must sign the Checklist (Exhibit A – this page)
- _____ 3. **RFP Cover Letter/Intent to Meet RFP Requirements/Proposers Statements** (Exhibit B in this packet)
- _____ 4. **Proposal Narrative** (Provided by Proposer)
- _____ 5. **Budget** (Exhibit C in this packet)
- _____ 6. **References** (Provided by Proposer – References will be verified)
- _____ 7. **Insurance Requirements** Proposer must **sign** the Proposers Statement Regarding Insurance Coverage (Exhibit D - "Insurance Requirements" in this packet)
- _____ 8. **Nonprofit Organization Status/Articles of Incorporation** Provided by Proposer – must submit:
- Evidence of their tax exemption status as defined by the Internal Revenue Service and the Franchise Tax Board, and
 - All corporations must show evidence of incorporation by the California Secretary of State.
- _____ 9. **Child Support Ordinance** Proposer must read the Child Support Ordinance, **complete and sign** the Contractor Certification of Compliance form, and **complete and sign** the Contractor Identification Form (Exhibit E in this packet).
- _____ 10. **Nondiscrimination Clause/Statement of Compliance** Proposer must read the Nondiscrimination Clause and **complete and sign** the Nondiscrimination Statement of Compliance. (Exhibit F in this packet)
- _____ 11. **Debarment and Suspension Certification** Proposers must read, **complete and sign** the Debarment and Suspension Certification (Exhibit G in this packet). County shall verify that Proposer is not listed on the Excluded Parties Listing System (EPLS) at: www.epls.gov. Executive Order 12549, 7 CFR Part 3017, 45 CFR Part 76, and 44 CFR Part 17.
- _____ 12. **Five or More Employees Statement** Proposer must sign (Exhibit H in this packet)
- _____ 13. **Proof of Signature Authority** Provide proof that the person who signs this proposal is authorized to negotiate on behalf of this corporation.
- _____ 14. **Financial Statement** Provided by Proposer (Government agencies are exempt) All Proposers must submit an audited financial statement for the most recently completed fiscal year by an independent, certified public accountant. You must show evidence of solvency and adequacy of accounting practices. If an audited financial statement is not available please submit:
- A Federal Income Tax Return for the most recently completed calendar year; or
 - An internally prepared annual financial statement for the most recently completed calendar year
- _____ 15. **Cost Allocation Plan**
Provide a description of your cost allocation plan. This description should be limited to no more than two pages of narrative and include how your organization allocates administrative or overhead costs over multiple contracts. Sample forms or charts may be included.
- _____ 16. **DUNS Number** Proposer must possess a valid DUNS (Data Universal Number System) Number.
Please enter DUNS Number here: _____

Signature of Proposer's Authorized Representative

Date

MATHER COMMUNITY CAMPUS SINGLE ADULTS EMERGENCY SHELTER SERVICES

RFP NO. 2023-003

EXHIBIT B

RFP COVER LETTER AND PROPOSER'S STATEMENTS

INTENT TO MEET RFP REQUIREMENTS

TO: COUNTY OF SACRAMENTO
DEPARTMENT OF HUMAN ASSISTANCE
1825 Bell Street, Suite 200
Sacramento, CA 95825

Attention: Contracts Manager

**SUBJECT: MATHER COMMUNITY CAMPUS SINGLE ADULTS EMERGENCY
SHELTER SERVICES**

TYPE OF BUSINESS/AGENCY: (CHECK ONE)

Public Corporation Private Nonprofit Private for Profit Individual Owner Partnership

Name of Proposer (Legal Entity)

Name, Parent Corporation (if applicable)

Address of Proposer (Street, City, Zip Code)

Proposer's Federal Tax Identification Number

Contact Person (Please Print) (NAME, TITLE, PHONE NUMBER)

Fax Number of Proposer

E-Mail Address of Proposer

Name and title of person(s) authorized to sign for agency, Phone Number, Fax Number and E-Mail address

Certification

I certify that all statements in this Exhibit B, Proposers Statements, are true. This certification constitutes a warranty, the falsity of which shall entitle the County to pursue any remedy authorized by law, which shall include the right, at the option of the County, of declaring any contract made as a result hereof to be void. I agree to provide the County with any other information the County determines is necessary for the accurate determination of the agency's qualification to provide services.

I certify that _____ will comply with requirements specified in the
(Agency's name)
RFP which are applicable to the services which we wish to provide. I agree to the right of the County, State, and

Federal government to audit _____ financial and other records.
(Agency's name)

Print Name of Proposer or Authorized Agent

Signature of Proposer or Authorized Agent

Date

Proposal responses must include evidence that the person or persons signing the proposal is/are authorized to execute the proposal on behalf of the Proposer.

MATHER COMMUNITY CAMPUS SINGLE ADULTS EMERGENCY SHELTER SERVICES

EXHIBIT C

PROGRAM BUDGET

Name of organization: _____

The budget must be prepared on a cash accounting basis. Complete the forms for a full year.

PERSONNEL EXPENSE FORM

To complete the Personnel Costs form in:

- **Column 1** (Positions) insert any positions not already identified on the form.
- **Column A** (Annual Salary), insert the Annual Salary cost for each position at full time.
- **Columns B through D** (Benefits) insert the annual employer paid benefits.
- **Column E** (Total Salary & Benefits) add **Columns A through D**, place the total in **Column E**.
- **Column F** (FTE) insert the percentage of time of each position to be worked on this contract.
- **Column G** (Total Cost Requested) Multiply Salary & Benefits (**Column E**), times FTE for this contract (**Column F**), to equal **Column G**.
- Add all the cost of each position and place that total at bottom of the page.

ADMINISTRATION AND OVERHEAD EXPENSE FORM

To complete the Expense form:

- List expense items in the **Column A**. Include the total for Administrative staff on the first line.
- List the cost for each item in **Column B**.
- Add all of the amounts in **Column B**. This will reflect your total program costs.

EXHIBIT C

PERSONNEL COSTS

SALARY AND BENEFITS EXPENSES							
1. POSITION	A. ANNUAL SALARY	B. EMPLOYER'S FICA CONTRIBUTION	C. EMPLOYER'S RETIREMENT CONTRIBUTION	D. EMPLOYER'S INSURANCE CONTRIBUTION	E. SALARY & BENEFITS	F. FTE THIS CONTRACT	G. TOTAL COST REQUESTED
24 HR SHELTER SUPPORT STAFF							\$
COOK							\$
MAINTENANCE STAFF							\$
PROGRAM MANAGER							\$
CASE MANAGER							\$
HOUSING SPECIALIST							\$
DATA SPECIALIST							\$
LICENSED MENTAL HEALTH PROFESSIONAL							\$
							\$
							\$
							\$
							\$
							\$
TOTAL COSTS PER POSITION							\$

PLACE THE TOTAL FROM BOX 1 ABOVE IN THE FIRST BOX ON THE NEXT PAGE

EXHIBIT C

ADMINISTRATIVE AND OVERHEAD EXPENSES

A ADMINISTRATIVE AND OVERHEAD EXPENSE DESCRIPTION List items	B TOTAL PROGRAM COST	COMMENTS
PERSONNEL COSTS (Box 1 from previous page)	\$	
INTERNET/COMMUNICATIONS	\$	
UTILITIES	\$	Estimated at \$24,000 per month
INSURANCE & LICENSE	\$	
BUILDING MAINTENANCE & REPAIRS	\$	
	\$	
	\$	
DIRECT SERVICES LIST BY CATEGORY BELOW:		
FOOD	\$	
TRANSPORTATION SERVICES	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL PROGRAM COSTS	\$	

EXHIBIT D

INSURANCE REQUIREMENTS

A sample of the insurance exhibit included in the standard Sacramento County agreement follows this page.

The types of insurance and minimum limits required for any agreement resulting from this Letter of Intent (LOI) are specified in this sample insurance exhibit. A contract negotiated following this LOI will include the attached insurance exhibit.

If your current insurance coverage does not conform to the requirements of the attached insurance exhibit, **do not obtain additional insurance unless and until a contract is offered.**

You must complete and sign the Statement Regarding Insurance Coverage, on the last page of this Exhibit. If the Statement Regarding Insurance Coverage is not included in your package, your packet will not be considered by the Department.

If your agency is chosen for contract award, and your current insurance does not meet the requirements specified in the attached insurance exhibit, you must provide proof of the required insurance coverage within five working days of the date a formal contract offer is made by the County.

Contact April E. Nelson, Contract Manager, (916) 875-3556 or nelsonap@saccounty.net, for any further information you may require regarding insurance coverage.

EXHIBIT D**INSURANCE REQUIREMENTS FOR CONTRACTORS**

Without limiting CONTRACTOR's indemnification, CONTRACTOR shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the Agreement by the CONTRACTOR, its agents, representatives or employees. COUNTY shall retain the right at any time to review the coverage, form, and amount of the insurance required hereby. If in the opinion of COUNTY Risk Manager, insurance provisions in these requirements do not provide adequate protection for COUNTY and for members of the public, COUNTY may require CONTRACTOR to obtain insurance sufficient in coverage, form, and amount to provide adequate protection. COUNTY's requirements shall be reasonable but shall be imposed to assure protection from and against the kind and extent of risks that exist at the time a change in insurance is required.

I. VERIFICATION OF COVERAGE

CONTRACTOR shall furnish COUNTY with certificates evidencing coverage required below. **Copies of required endorsements must be attached to certificates provided.** The COUNTY Risk Manager may approve self-insurance programs in lieu of required policies of insurance if, in the opinion of the Risk Manager, the interests of the COUNTY and the general public are adequately protected. All certificates, evidences of self-insurance, and additional insured endorsements are to be received and approved by COUNTY before performance commences. COUNTY reserves the right to require that CONTRACTOR provide complete, certified copies of any policy of insurance including endorsements offered in compliance with these specifications.

II. MINIMUM SCOPE OF INSURANCE

Coverage shall be at least as broad as:

- A. **GENERAL LIABILITY:** Insurance Services Office's Commercial General Liability occurrence coverage form CG 0001. Including, but not limited to Premises/Operations, Products/Completed Operations, Contractual, and Personal & Advertising Injury, without additional exclusions or limitations unless approved by the County Risk Manager.
- B. **AUTOMOBILE LIABILITY:** Insurance Services Office's Commercial Automobile Liability coverage form CA 0001.
 1. Commercial Automobile Liability: auto coverage symbol "1" (any auto) for corporate/business owned vehicles. If there are no owned or leased vehicles, symbols 8 and 9 for non-owned and hired autos shall apply.
 2. Personal Lines automobile insurance shall apply if vehicles are individually owned.
- C. **WORKERS' COMPENSATION:** Statutory requirements of the State of California and Employer's Liability Insurance.
- D. **PROFESSIONAL LIABILITY** or Errors and Omissions Liability insurance appropriate to the CONTRACTOR's profession.
- E. **UMBRELLA** or Excess Liability policies are acceptable where the need for higher liability limits is noted in the Minimum Limits of Insurance and shall provide liability coverage that at least follow form over the underlying insurance requirements where necessary for Commercial General Liability, Commercial Automobile Liability, Employers' Liability, and any other liability coverage (other than Professional Liability) designated under the Minimum Scope of Insurance.

F. CYBER LIABILITY INCLUDING ERRORS AND OMISSIONS, IDENTIFY THEFT, INFORMATION SECURITY and PRIVACY INJURY LIABILITY. Coverage shall include but is not limited to:

1. Third party injury or damage (including loss or corruption of data) arising from a negligent act, error or omission or a data breach.
2. Defense, indemnity and legal costs associated with regulatory breach (including HIPAA), negligence or breach of contract.
3. Administrative expenses for forensic expenses and legal services.
4. Crisis management expenses for printing, advertising, mailing of materials and travel costs of crisis management firm, including notification expenses.
5. Identify event service expenses for identity theft education, assistance, credit file monitoring to mitigate effects of personal identity event, post event services.

III. MINIMUM LIMITS OF INSURANCE

CONTRACTOR shall maintain limits no less than:

A. General Liability shall be on an occurrence basis (as opposed to Claims Made basis). Minimum limits and structure shall be:

General Aggregate:	\$2,000,000
Products Comp/Op Aggregate:	\$2,000,000
Personal & Adv. Injury:	\$1,000,000
Each Occurrence:	\$1,000,000
Fire Damage:	\$ 100,000
Sexual Molestation & Abuse:	\$250,000/\$1,000,000

(Per person or occurrence/annual aggregate)

Building Trades Contractors and Contractors engaged in other projects of construction shall have their general liability Aggregate Limit of Insurance endorsed to apply separately to each job site or project, as provided for by Insurance Services Office form CG-2503 Amendment-Aggregate Limits of Insurance (Per Project).

B. Automobile Liability:

1. Commercial Automobile Liability for Corporate/business owned vehicles including non-owned and hired, \$1,000,000 Combined Single Limit.
2. Personal Lines Automobile Liability for Individually owned vehicles, \$250,000 per person, \$500,000 each accident, \$100,000 property damage.

C. Workers' Compensation: Statutory

D. Employer's Liability: \$1,000,000 per accident for bodily injury or disease

E. Professional Liability or Errors and Omissions Liability: \$1,000,000 per claim and aggregate, Including Sexual Molestation or Abuse (unless coverage provided by Commercial General Liability Policy.) Sexual Molestation or Abuse may be included under Professional Liability with a sublimit not less than \$250,000 per person or occurrence and \$1,000,000 annual aggregate.

F. Cyber Liability including Identity Theft, Information Security and Privacy Injury Liability; \$1,000,000 per claim or incident and \$1,000,000 aggregate.

IV. DEDUCTIBLES AND SELF-INSURED RETENTION

Any deductibles or self-insured retention that apply to any insurance required by this Agreement must be declared and approved by COUNTY.

V. CLAIMS MADE PROFESSIONAL LIABILITY INSURANCE

If professional liability coverage is written on a Claims Made form:

- A. The "Retro Date" must be shown, and must be on or before the date of the Agreement or the beginning of Agreement performance by CONTRACTOR.
- B. Insurance must be maintained and evidence of insurance must be provided for at least one (1) year after completion of the Agreement.
- C. If coverage is cancelled or non-renewed, and not replaced with another claims made policy form with a "Retro Date" prior to the contract effective date, CONTRACTOR must purchase "extended reporting" coverage for a minimum of one (1) year after completion of the Agreement.

VI. OTHER INSURANCE PROVISIONS

The insurance policies required in this Agreement are to contain, or be endorsed to contain, as applicable, the following provisions:

ALL POLICIES:

A. Acceptability Of Insurers:

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than **A-VII**. The County Risk Manager may waive or alter this requirement, or accept self-insurance in lieu of any required policy of insurance if, in the opinion of the Risk Manager, the interest of the COUNTY and the general public are adequately protected.

B. Maintenance Of Insurance Coverage:

The CONTRACTOR shall maintain all insurance coverages and limits in place at all times and provide the COUNTY with evidence of each policy's renewal ten (10) days in advance of its anniversary date.

CONTRACTOR is required by this Agreement to immediately notify COUNTY if they receive a communication from their insurance carrier or agent that any required insurance is to be canceled, non-renewed, reduced in scope or limits or otherwise materially changed. CONTRACTOR shall provide evidence that such cancelled or non-renewed or otherwise materially changed insurance has been replaced or its cancellation notice withdrawn without any interruption in coverage, scope or limits. Failure to maintain required insurance in force shall be considered a material breach of the Agreement.

VII. COMMERCIAL GENERAL LIABILITY AND/OR COMMERCIAL AUTOMOBILE LIABILITY:

A. Additional Insured Status:

The COUNTY, its officers, directors, officials, employees, and volunteers are to be endorsed as additional insureds as respects: liability arising out of activities performed by or on behalf of the CONTRACTOR; products and completed operations of the CONTRACTOR; premises owned, occupied or used by the CONTRACTOR; or automobiles owned, leased, hired or borrowed by the CONTRACTOR. The coverage shall contain no endorsed limitations on the scope of protection afforded to the COUNTY, its officers, directors, officials, employees, or volunteers.

B. Civil Code Provision:

Coverage shall not extend to any indemnity coverage for the active negligence of the additional insured in any case where an agreement to indemnify the additional insured would be invalid under Subdivision (b) of Section 2782 of the Civil Code.

C. Primary Insurance:

For any claims related to this Agreement, the CONTRACTOR's insurance coverage shall be endorsed to be primary insurance as respects the COUNTY, its officers, officials, employees, and volunteers.

Any insurance or self-insurance maintained by the COUNTY, its officers, directors, officials, employees, or volunteers shall be excess of the CONTRACTOR's insurance and shall not contribute with it.

D. Severability Of Interest:

The CONTRACTOR's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

E. Subcontractors:

CONTRACTOR shall be responsible for the acts and omissions of all its subcontractors and additional insured endorsements as provided by CONTRACTOR's subcontractor.

VIII. PROFESSIONAL LIABILITY:

Professional Liability Provision:

Any professional liability or errors and omissions policy required hereunder shall apply to any claims, losses, liabilities, or damages, demands and actions arising out of or resulting from professional services provided under this Agreement.

IX. WORKERS' COMPENSATION:

Workers' Compensation Waiver of Subrogation:

The workers' compensation policy required hereunder shall be endorsed to state that the workers' compensation carrier waives its right of subrogation against the COUNTY, its officers, directors, officials, employees, agents or volunteers, which might arise by reason of payment under such policy in connection with performance under this Agreement by the CONTRACTOR. Should CONTRACTOR be self-insured for workers' compensation, CONTRACTOR hereby agrees to waive its right of subrogation against COUNTY, its officers, directors, officials, employees, agents or volunteers.

X. NOTIFICATION OF CLAIM:

If any claim for damages is filed with CONTRACTOR or if any lawsuit is instituted against CONTRACTOR, that arise out of or are in any way connected with CONTRACTOR's performance under this Agreement and that in any way, directly or indirectly, contingently or otherwise, affect or might reasonably affect COUNTY, CONTRACTOR shall give prompt and timely notice thereof to COUNTY. Notice shall be deemed prompt and timely if given within thirty (30) days following the date of receipt of a claim or ten (10) days following the date of service of process of a lawsuit.

EXHIBIT D

STATEMENT REGARDING INSURANCE COVERAGE

The successful agency shall be required to obtain and maintain insurance according to County requirements, described in this Exhibit. If agency currently does not have insurance in the amounts specified this Exhibit, agency should not obtain increased coverage before a contract is offered by the County.

AGENCY HEREBY CERTIFIES that Agency has reviewed and understands the insurance coverage requirements specified in Exhibit D of this packet. Should Agency be awarded a contract, Agency further certifies that Agency can meet the specified requirements for insurance, including insurance coverage of the subcontractors, and agrees to name the County of Sacramento as Additional Insured.

Agency Name (Legal Entity)

Signature of Authorized Representative

Printed Name & Title of Authorized Representative

Date of Signing

EXHIBIT E

CHILD SUPPORT ORDINANCE

Contract Language:

CHILD SUPPORT COMPLIANCE CERTIFICATION:

- A. CONTRACTOR'S failure to comply with state and federal child, family and spousal support reporting requirements regarding a contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family and spousal support obligations shall constitute a default under this Agreement.
- B. CONTRACTOR'S failure to cure such default within 90 days of notice by COUNTY shall be grounds for termination of this Agreement.
- C. If CONTRACTOR has a Principal Owner, Contractor shall provide Principal Owner information to the COUNTY upon request. Principal Owner is defined for purposes of this Agreement as a person who owns an interest of 25% or more in the CONTRACTOR. Information required may include the Principal Owner's name, address, and social security number. Failure to provide requested information about a Principal Owner within 60 days of request shall be deemed a material breach of this contract and may be grounds for termination.

**COUNTY OF SACRAMENTO
CONTRACTOR CERTIFICATION OF COMPLIANCE FORM
FOR THOSE WITH COURT-ORDERED
CHILD, FAMILY AND SPOUSAL SUPPORT**

WHEREAS it is in the best interest of Sacramento County that those entities with whom the County does business, or proposes to do business, demonstrate financial responsibility, integrity and lawfulness, it is inequitable for those entities with whom the County does business to receive County funds while failing to pay court-ordered child, family and spousal support which shifts the support of their dependents onto the public treasury.

Therefore, in order to assist the Sacramento County Department of Child Support Services in its efforts to collect unpaid court-ordered child, family and spousal support orders, the following certification must be provided by all entities with whom the County does business or desire to do business with:

1) CONTRACTOR hereby certifies that either: (choose one of four)

- (a) the CONTRACTOR is a government or non-profit entity (exempt), Yes No
- (b) the CONTRACTOR has no Principal Owners (25% or more) (exempt), Yes No
- (c) each Principal Owner (25% or more), does not have any existing child support orders, Yes No
- (d) CONTRACTOR'S Principal Owners are currently in substantial compliance with any court-ordered child, family and spousal support order, including orders to provide current residence address, employment information, and whether dependent health insurance coverage is available. If not in compliance, Principal Owner has become current or has arranged a payment schedule with the Department of Child Support Services or the court. Yes No

2) CONTRACTOR shall certify that each of the following statements is true:

- a. CONTRACTOR has fully complied with all applicable state and federal reporting requirements relating to employment reporting for its employees; and
- b. CONTRACTOR has fully complied with all lawfully served wage and earnings assignment orders and notices of assignment and will continue to maintain compliance.

Note: Failure to comply with state and federal reporting requirements regarding a contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment constitutes a default under the contract; and failure to cure the default within 90 days of notice by the County shall be grounds for termination of the contract. Principal owners can contact the Sacramento Department of Child Support Services at (916) 875-7400 or (866) 901-3212, by writing to P. O. Box 269112, Sacramento, 95826-9112, or by E-mailing dcss-bidder-compliance@saccounty.net.

CONTRACTOR

DATE

Signed Name

Printed Name

CONTRACTOR IDENTIFICATION FORM

Contractor is exempt. Complete "Company Name", "Completed by" and "Date" areas only
If not exempt, CONTRACTOR TO COMPLETE FORM:

Company Name	_____		
Company Address	_____		
Taxpayer ID	_____	Company Telephone Number	_____
1. Do you or anyone else own 25% or more of this Contractor/ Company? (Sole Proprietors answer yes)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. If so, is dependent health insurance available to/or through Contractor/Company?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If YES to question #1, please complete the following as to each of these individuals:			
Principal Owner Name	_____		
Social Security #	_____	Residence Telephone #	_____
Residence Address	_____		
Principal Owner Name	_____		
Social Security #	_____	Residence Telephone #	_____
Residence Address	_____		
Principal Owner Name	_____		
Social Security #	_____	Residence Telephone #	_____
Residence Address	_____		
Principal Owner Name	_____		
Social Security #	_____	Residence Telephone #	_____
Residence Address	_____		

Completed by: _____ **Date:** _____

DEPARTMENT TO COMPLETE: (Note: This form does not need to be sent to DCSS if exempt but the County Contract Officer may want to keep for their records)

Contract/PO #	Amount Paid/Payable \$	Term
---------------	---------------------------	------

Department Submitting Information: _____
 Department Contact Person: _____
 Telephone Number: _____ E-mail Address: _____

Department to submit form to the Department of Child Support Services, Mail Code 38-001, attention Contractor Match or to FAX # 875-9696

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EXHIBIT F

NONDISCRIMINATION CLAUSE

- A. CONTRACTOR shall not discriminate against any employee or others for employment because of race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age, medical condition, or physical or mental disability. CONTRACTOR shall take affirmative action to provide that and that employees are treated during employment without regard to their race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age, medical condition, or physical or mental disability. Such action shall include but not be limited to the following: employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by CONTRACTOR setting forth the provisions of this Equal Opportunity Clause.
- B. CONTRACTOR agrees and assures COUNTY that it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended, California Government Code Section 12940 (c), (h) (1), (i), and (j); California Government Code, Section 4450; Title 22, California Code of Regulations 98000 - 98413, and other applicable federal and state laws as well as their implementing regulations (including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15 and 28 CFR Part 42), by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of distinctions based on race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age, medical condition, or physical or mental disability be excluded from participation in or be denied the benefits of , or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and hereby gives assurance that it will immediately take any measures necessary to effectuate this Agreement. For the purposes of this Agreement, discrimination based on race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age, medical condition, or physical or mental disability include but are not limited to the following: denying a participant any service or benefit; providing any service or benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this Agreement; subjecting a participant to segregation or separate treatment in any matter related to his/her receipt of any services; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; treating a participant differently from others in determining whether he/she satisfies any admission, enrollment quota, eligibility, membership, or other requirement or condition which individuals must meet in order to be provided any service or benefit; the assignment of times or places for the provision of service on the basis of race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age, medical condition, or physical or mental disability of the participants to be served. For the purposes of this Agreement, facility access for the disabled must comply with the Rehabilitation Act of 1973, Section 504. COUNTY and CONTRACTOR will take affirmative action to insure that intended beneficiaries are provided services without regard to race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age, medical condition, or physical or mental disability.

This assurance is given in consideration and for the purpose of obtaining any and all federal and state assistance; and CONTRACTOR hereby gives assurance that administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the CDSS Manual of Policies and Procedures (MPP) Chapter 21 will be prohibited.

By making this assurance, the CONTRACTOR agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized COUNTY, CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, COUNTY shall have the right to invoke all remedies available at law or equity, and specifically including fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

- C. CONTRACTOR shall provide an atmosphere free of sexual harassment for its employees, clients, volunteers, and employees.
- D. CONTRACTOR shall in all solicitations or advertisements for employees placed by or on behalf of CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age, medical condition, or physical or mental disability.
- E. CONTRACTOR shall send, to each labor union or representative of workers with which it has a collective bargaining agreement, a notice to be provided by CONTRACTOR, advising the labor union or worker's representative of CONTRACTOR'S commitment under this Equal Opportunity Clause and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- F. The Contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

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EXHIBIT F

NONDISCRIMINATION STATEMENT OF COMPLIANCE

_____, hereinafter referred to as
(Agency name)

“prospective contractor” hereby certifies, unless specifically exempted, compliance with Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5 in matters relating to the development, implementation, and maintenance of a nondiscrimination program. Prospective contractor agrees not to unlawfully discriminate against any employee or applications for employment because of race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age, medical condition, or physical or mental disability.

I _____ hereby swear that I am duly authorized to legally bind the prospective
(Name of official)

contractor to the above-described certification. I am fully aware that this certification executed on _____ in the
(Date)

County of _____ is made under the penalty of perjury under the laws of the state of California.
(County)

Print

Signature

Title

Date

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EXHIBIT G

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

CONTRACTOR agrees to comply with 45 CFR Part 76.100 (Code of Federal Regulations), which provides that federal funds may not be used for any contracted services, if CONTRACTOR is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.

I (We) certify, to the best of my (our) knowledge and belief, that CONTRACTOR named below and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
2. Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and
4. Have not within a three-year period preceding this application/proposal/agreement had one or more public transactions (federal, state, or local) terminated for cause or default.
5. Shall notify COUNTY within ten days of receipt of notification that CONTRACTOR is subject to any proposed or pending debarment, suspension, indictments or termination of a public transaction.
6. Shall obtain a certification from all its subcontractors funded through this Agreement that subcontractor is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
7. Hereby agree to terminate immediately, any subcontractor's services that will be/are funded through this Agreement, upon discovery that the subcontractor has become debarred or suspended or is otherwise ineligible or voluntarily excluded from covered transactions by any federal department or agency.

Print Name of Proposer (Legal Entity)

Signature of Proposer's Authorized Representative

Name & Title of Authorized Representative

Date of Signing

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EXHIBIT H

FIVE OR MORE

EMPLOYEES STATEMENT

Under Federal and State employment tax law, the County must resolve the basic question of whether to treat the service provider as an employee or as an independent contractor. This form was designed to simplify the process of resolving tax status determination as required under the Internal Revenue Service (IRS) rules. Please complete the following employee statement.

Contractor Name: _____

Contract No(s): _____

I certify that I have:

0 - 4 employees

5 or more employees

Date

Print Name

Signature

Title

Tax Identification Number

Phone Number