

June 18, 2020

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**WORK ORDER SOLICITATION No. SHSMA-WOS_IHS-003
FOR ENHANCED EMERGENCY SHELTER PROGRAM
ADDENDUM NO. 4**

This Addendum No. 4 to the Work Order Solicitation (WOS) for Enhanced Emergency Shelter Program (EESP) revises the WOS as indicated below. This Addendum No. 4 is posted on the Department of Health Services (DHS) Contracts and Grants' website at <http://dhs.lacounty.gov/wps/portal/dhs/cg/>.

1. WOS, Subsection 3.0 – Minimum Requirements is deleted in its entirety and replaced as follows:

“3.0 MINIMUM REQUIREMENTS

- 3.1 A)** Respondent(s) shall have current status as a Supportive and/or Housing Services Master Agreement (SHSMA) contractor.

OR

- B)** Respondent(s) that are not current SHSMA contractors may respond to this Work Order Solicitation (WOS) if they submit a Statement of Qualifications to DHS' Request for Statement of Qualifications (RFSQ) for Supportive and/or Housing Services and are issued a Master Agreement. Respondent(s) that fall into this category must respond to BOTH the RFSQ and this WOS. These Respondent(s) must meet the minimum requirements to be a SHSMA contractor in order for their Response to this WOS to be considered. The RFSQ can be found at <http://dhs.lacounty.gov/wps/portal/dhs/cg/>.

- 3.2** Respondent shall have three (3) years' experience, within the last five (5) years (as of the date of SOQ submission) providing equivalent or similar services stated in Exhibit 1, SOW to the population in Exhibit 1, SOW.

- 3.3** Respondent's proposed EESP site shall currently, and for the past two (2) years, be operating as a shelter site and shall meet all zoning codes as one of the following:

1.) a temporary emergency shelter; 2.) a transitional living facility; 3.) a sober living facility; 4.) a board and care facility; 5.) a substance abuse treatment facility; 6.) a supportive housing facility; OR 7.) a temporary shelter.”

2. WOS, Subsection 7.0 – Response Submission Requirements is deleted in its entirety and replaced as follows:

“5.0 RESPONDENT QUESTIONS

Questions **must be submitted by e-mail** to the contact person identified below. When submitting questions, be as specific as possible, indicating the area of the WOS that prompted the question. The County reserves the right to group similar questions when providing answers.

Questions should be emailed to the individual identified below:

ATTN: Kathryn Iwanaga
County of Los Angeles – Department of Health Services
Contracts and Grants Division
E-mail: Kiwanaaga@dhs.lacounty.gov”

3. WOS, Subsection 7.0 – Minimum Requirements is deleted in its entirety and replaced as follows:

“7.0 RESPONSE SUBMISSION REQUIREMENTS

The Respondent shall **email** one (1) Response by the Response Due Date and Time to the individual identified below:

ATTN: Kathryn Iwanaga
County of Los Angeles – Department of Health Services
Contracts and Grants Division
E-mail: Kiwanaaga@dhs.lacounty.gov”

All Respondents shall provide the name of their Agency and the title and number of the WOS on the subject line.”