

DVSBP SOQ APPLICATION

PART I

DVSBP SOQ APPLICATION PART I

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Proposer's Legal Name

DOMESTIC VIOLENCE SHELTER-BASED PROGRAM SERVICES

Supervisorial District ____

SOQ Part I

EXHIBITS		PAGE
	SOQ CHECKLIST/TABLE OF CONTENTS	____ to ____
1.	PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT	____ to ____
2.	DESCRIPTION OF CURRENT OPERATIONS	____ to ____
3.	PROPOSER'S REFERENCES	____ to ____
4.	PROPOSER'S LIST OF CONTRACTS	____ to ____
5.	PROPOSER'S LIST OF TERMINATED CONTRACTS	____ to ____
6.	ESTIMATED NUMBER OF PARTICIPANTS TO BE SERVED PER YEAR PER SHELTER	____ to ____
7.	ANNUAL CONTRACT BUDGET	____ to ____
8.	SIGNATURE PAGE OF DOMESTIC VIOLENCE SHELTER-BASED PROGRAM CONTRACT	____ to ____
 ATTACHMENTS		
1.	COPY OF MINUTES OF BOARD OF DIRECTORS MEETING OR RESOLUTION GRANTING AUTHORITY TO SUBMIT THE SOQ AND EXECUTE THE CONTRACT TO THE PERSON SIGNING	____ to ____
2.	PROOF OF INSURANCE OR INSURABILITY	____ to ____
3.	LICENSES HELD BY PROPOSER	____ to ____

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT
For Domestic Violence Shelter-Based Program Services

Please complete, date and sign this form and include it in Part I of the SOQ. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the Proposer to the DVSBP Contract.

1. a. Proposer is:

a public entity

a nonprofit corporation

b. State Proposer's legal name (as found in your Articles of Incorporation) and State of Incorporation:

_____	_____	_____
Name	State	Year Inc.

2. Shelter Designation (if applicable): _____

3. Check the Supervisorial District(s) to be served:

First Second Third Fourth Fifth

4. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

5. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

Name of parent firm: _____

State of Incorporation or registration of parent firm: _____

6. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

7. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. Please include pending or potential bankruptcy. If not applicable, please indicate below. Please note, should a pending/potential bankruptcy occurs after submission of the SOQ, Proposer shall notify the Department within 5 business days of bankruptcy filing.
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8. Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Paragraph 1.4 - Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), including but not limited to:
- a. Proposer must be either (1) a public entity, or (2) a non-profit corporation qualified to do business in the State of California.
 - b. Proposer must have the financial capacity to provide services throughout the term of the Contract.
 - c. Proposer has operated a domestic violence shelter for victims of domestic violence for two of the past five years.
 - d. Proposer's Contractor Project Manager has a minimum of two years' experience supervising and overseeing staff providing DVSBP services and has completed or will have completed the DV 40-hour training when contract is awarded.
 - e. Proposer provides proof of insurance or insurability that meets the requirements specified in Appendix D, DVSBP Sample Contract, Section 8.0, Standard Terms and Conditions, Sub-sections 8.24 and 8.25.
 - f. Proposer's primary function is to administer DVSBP services as required by the California W&IC 18293(d).
 - g. Proposer has a confidential shelter which serves residents of Los Angeles County who are victims of domestic violence. **Do not disclose the location of the shelter in the SOQ.**
 - h. Proposer demonstrates that all Proposer's staff providing services under the contract and/or having any direct interaction with Participants served under the contract are able to fluently read, write, speak, and understand English.
 - i. Proposer demonstrates that all Proposer's staff and volunteers providing services under the Contract and/or having any direct interaction with Participants served under the Contract have completed a Domestic Violence 40-hour training course that meets the requirements of California Evidence Code Section 1037.1.
 - j. Proposer has policies in place to immediately identify Participants or potential Participants in emergency situations and provide assistance as soon as possible.
 - k. Proposer is registered on the County WebVen prior to submitting an SOQ.
 - l. Proposer demonstrates the ability to receive and make use of any funds provided by governmental, voluntary, philanthropic, or other sources that may be used to augment any federal, State, or County funds.
 - m. Proposer provides the following basic DVSBP services as required by the California W&IC Section 18294, to victims of domestic violence and their children:

- Shelter on a 24 hour a day, seven days a week basis;
 - A 24 hours a day, seven days a week telephone hotline for crisis calls;
 - Temporary housing and food facilities;
 - Psychological support and peer counseling provided in accordance with the California Evidence Code Section 1037.1;
 - Referrals to existing services in the community;
 - A drop-in center that operates during normal business hours to assist victims of domestic violence who have a need for support services;
 - Arrangements for school age children to continue their education during their stay at the DVSBP; and
 - Emergency transportation as feasible.
- n. Proposer has a method for obtaining the following services for the victims of domestic violence, as required in the California W&IC Section 18295, to the extent possible, and in conjunction with already existing community services:
- Medical care.
 - Legal Assistance.
 - Psychological support and counseling.
 - Information regarding other available social services.
- o. Proposer works with social service agencies, schools and law enforcement agencies in an advocacy capacity for those served by the DVSBP.
- p. Proposer has a track record of achieving community support and acceptance of the program by advocating the program to community representatives and groups within the community.
- q. Proposer utilizes trained volunteers to the maximum capacity in the delivery of DVSBP services as required by California W&IC Section 18297.
- r. Proposer has:
- the ability to serve a variety of cultural backgrounds;
 - bilingual staff to serve the needs of the community; and
 - formerly battered persons as staff members.
- s. Proposer has no record of unsatisfactory performance, lack of integrity or poor business ethics, as required by California Operations Manual Section 23-601.243.

- t. Proposer accurately completed and submitted all of the documents, exhibits, attachments and other documents specified in Section 2.0 in the RFSQ.

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Proposer's Legal Name: _____

E-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Proposer's name), I _____
(Name of Proposer's authorized representative), certify that the information contained in this Proposer's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

D-U-N-S Number

Date

County WebVen Number

.....

REQUIRED FORMS - EXHIBIT 1
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

I. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify) _____						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

VENDOR NAME:		COUNTY WEBVEN NUMBER:	
ADDRESS:			
PHONE NUMBER:		E-MAIL:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:		CALIFORNIA BUSINESS LICENSE NUMBER:	
VENDOR OFFICIAL NAME AND TITLE (PRINT):			
SIGNATURE		DATE	

**DVSBP SOQ
PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS**

PROPOSER'S LEGAL NAME

Supervisory District: _____
Shelter Designation (if applicable): _____

Briefly describe the items below as they pertain to the Proposer's current operations. Please attach additional pages if more space is needed. Make sure to include Proposer's name, Exhibit number, and Question number on all pages:

a. Describe the geographic region and community served.

b. Provide a demographic description of the population served by the Proposer (such as ethnicity, languages spoken, economic status and special circumstances and/or barriers and challenges faced by the service population).

**DVSBP SOQ
PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS
(CONTINUED)**

PROPOSER'S LEGAL NAME

c. Describe the Proposer's current and past experience providing emergency shelter to victims of domestic violence. Indicate the number of years the Proposer has operated a domestic violence shelter.

d. Provide the Proposer's primary mission and a description of how shelter services are currently provided by the Proposer. Provide a description of how Proposer provides services as required by the Welfare and Institutions Code 18294 to victims of domestic violence and their children (e.g. shelter on a 24/7 basis, drop-in center, 24/7 telephone hotline, etc.)

**DVSBP SOQ
PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS
(CONTINUED)**

PROPOSER'S LEGAL NAME

e. Describe Proposer's staff and their experiences in providing services to clients. Please indicate the Project Manager's years of experience in supervising/overseeing staff providing DVSBP services. Describe also that staff and volunteers providing direct services to clients and/or having direct interaction with clients have completed or will have completed a 40 hour DV training course that meets the requirements of the California Evidence Code Section 1037.1 and are able to fluently read, write, speak and understand English.

f. Describe Proposer's method for obtaining medical care, legal assistance, psychological support and counseling, and information regarding other available social services, as required in Welfare and Institutions Code 18295, to the extent possible, and in conjunction with already existing community services:

[Empty rectangular box]

**DVSBP SOQ
PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS
(CONTINUED)**

PROPOSER'S LEGAL NAME

g. Describe your other sources of funding, and how those funds are used to augment federal, State, or County funds.

h. Describe how Proposer works with social service agencies, schools and law enforcement agencies in an advocacy capacity for those served by the DVSBP.

**DVSBP SOQ
PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS
(CONTINUED)**

PROPOSER'S LEGAL NAME

i. Describe Proposer's track record of achieving community support and acceptance of the program by advocating the program to community representatives and groups within the community.

j. Describe how Proposer utilizes trained volunteers to the maximum capacity in the delivery of Domestic Violence Shelter-Based Program services as required by the California W&IC Section 18297.

**DVSBP SOQ
PROPOSER'S DESCRIPTION OF CURRENT OPERATIONS
(CONTINUED)**

PROPOSER'S LEGAL NAME

k. Describe each of the following: i) Proposer's ability to serve a variety of cultural backgrounds; ii) capacity to provide services in languages other than English, and iii) utilize formerly battered persons as staff members. Describe each of the above.

l. Describe the procedure on how Proposer's staff can immediately identify DV clients in an emergency situation and provide assistance as soon as possible.

PROPOSER’S REFERENCES

Proposer’s Legal Name: _____

List a minimum of five references, up to a maximum of 10 references, where the same or similar scope of services were provided in order to meet the Minimum Qualifications stated in this solicitation. References are preferably from public or governmental agencies.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

PROPOSER'S LIST OF CONTRACTS

Proposer's Legal Name: _____

List of all entities for which the Contractor has provided service within the last five years. The list must include all contracts with public/governmental entities (if any). Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

PROPOSER'S LIST OF TERMINATED CONTRACTS

Proposer's Legal Name: _____

List all contracts that have been terminated with the past ten years. Do not include contracts that expired.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		

**DVSBP SOQ
ESTIMATED NUMBER OF PARTICIPANTS TO BE SERVED PER YEAR
PER SHELTER**

PROPOSER'S LEGAL NAME

Shelter Designation (if applicable): _____

Please indicate the estimated number of participants to be served per year by this shelter for each Supervisorial District:

Supervisorial District						
	1st	2nd	3rd	4th	5th	Total
Estimated Number to be Served Per Year						

DVSBP SOQ ANNUAL CONTRACT BUDGET

ANNUAL LINE ITEM BUDGET			
PROJECT NAME:	DOMESTIC VIOLENCE SHELTER-BASED PROGRAM		
CONTRACTOR:			
FISCAL YEAR:			
CONTRACT PERIOD:	July 1, 2018 - June 30, 2023		
Supervisory District:		Shelter Designation (If Applicable):	
DIRECT COSTS ¹			12-Month Cost
Staff (Personnel Schedule A)			
Salaries	a		
Benefits	b		
Total	c = a + b		
Operating Costs			
Computer, Printer & Software ²	f		
Equipment	g		
Maintenance	h		
Mileage (\$0.51 per mile x estimated mileage) ³	i		
Office Supplies	j		
Postage	k		
Printing	l		
Legal Fees	m		
Rent	n		
Utilities	o		
Telephone	p		
Dues & Memberships	q		
Licenses/Permits/Fees	r		
Consultants/Professional fees	s		
Liability & other insurance	t		
Rent/storage	u		
Personnel Advertising	v		
Conferences/Meetings	w		
Staff Training	x		
Total	y = add f thru x		
Total Direct Costs	aa = c + y		
INDIRECT COSTS			
Indirect Costs (rate = _____%)			
(If the rate is 10% or higher, attach a current approval letter for the Indirect Cost Rate Proposal. Indirect Costs shall not exceed 15%)			
TOTAL			
Footnotes			
¹ All costs must be necessary, reasonable, and justifiable. Include only costs that apply to Domestic Violence Shelter-Based Prog.			
² Attach EDP Equipment Schedule and Justification Form.			
³ Maximum mileage is the County's rate. Excludes driving between home and primary work location.			

ANNUAL PERSONNEL SCHEDULE

Schedule A, Page 1

CONTRACTOR:		CONTRACT PERIOD: July 1, 2018 - June 30, 2023
FISCAL YEAR:		

Employee ¹ (First Initial & Year of Birth)	Payroll Title	Classification (Full time, Part time)	Number of Positions	Monthly or Hourly Salary	% Time Allocation	Total Monthly Cost	12-Month Cost

SUBTOTAL SALARIES

MONTHLY EMPLOYEE BENEFITS BY CLASSIFICATION						From Other Personnel Schedules	12-Month Cost
Health Plan							
Dental Plan							
Retirement							
SUI							
Social Security							
Worker's Compensation:							
Long-Term Disability							
Holidays							
Sick Leave							
Vacation							
Life Insurance							
Fringe Benefits per Classification							
Subtotal	a						
Total # of Positions by Classification	b						
TOTAL EMPLOYEE BENEFITS	c = a X b						

Monthly 12-Month Cost

Footnotes

¹ Do not utilize Employee's full name. Utilize Employee's First Initial and Year of Birth. State expected filling date for a vacant position. Add more schedules if needed.

ANNUAL EDP EQUIPMENT SCHEDULE			
PROJECT NAME:	DOMESTIC VIOLENCE SHELTER-BASED PROGRAM		
CONTRACTOR:			
FISCAL YEAR:			
CONTRACT PERIOD:	July 1, 2018 - June 30, 2023		
Description¹	Quantity	Unit Cost	Total Cost
TOTAL			
DPSS Approval or Denial (Circle one)			
Name	_____		Remark
Signature	_____		
Title:	_____		
Date:	_____		
Footnotes			
¹ The cost must be reasonable and necessary for proper and efficient performance and administration of the project.			

ANNUAL EDP EQUIPMENT JUSTIFICATION FORM	
PROJECT NAME:	DOMESTIC VIOLENCE SHELTER-BASED PROGRAM
CONTRACTOR:	
FISCAL YEAR:	
CONTRACT PERIOD:	July 1, 2018 - June 30, 2023

Use additional sheets as needed.	

ANNUAL BUDGET NARRATIVE				
Complete a budget narrative for each separate line item in the budget.				
PROJECT NAME:	DOMESTIC VIOLENCE SHELTER-BASED PROGRAM SERVICES			
CONTRACTOR:				
FISCAL YEAR:				
CONTRACT PERIOD:	July 1, 2018 - June 30, 2023			
Administrative Staff Salaries				
Benefits				
Direct Staff Salaries				
Benefits				
Operating Costs				
EDP				
Equipment				
Maintenance				
Mileage				
Office Supplies				
Postage				
Printing				
Legal Fees				
Rent				
Utilities				
Telephone				
Dues and Memberships				
Licenses, permits, fees				
Consultants/Professional Fees				
Liability and other Insurance				
Rent/Storage				
Personnel Advertising				
Conferences/Meetings				
Staff Training				
Indirect Costs				
			Annual Total Operating Costs	

**SIGNATURE PAGE OF
DOMESTIC VIOLENCE SHELTER-BASED PROGRAM SERVICES CONTRACT**

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Contract to be executed by the Director, of the Department of Public Social Services or designee, and approved by the County Counsel, and Contractor has caused this Contract to be executed in its behalf by its duly authorized officer, this ____ day of _____, 2018.

COUNTY OF LOS ANGELES

By _____
Sheryl L. Spiller, Director
Department of Public Social Services

_____ Date

APPROVED AS TO FORM:

Mary C. Wickham
County Counsel

By _____
Deputy County Counsel

_____ Date

CONTRACTOR, _____
Name

By _____
Signature

_____ Date

_____ Print Name

_____ Title

By _____
Signature

_____ Date

_____ Print Name

_____ Title