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July 26, 2018

ADDENDUM ONE
TO THE REQUEST FOR PROPOSALS
FOR ANONYMOUS WELFARE FRAUD REFERRALS AND REWARD SERVICES
RFP CMD #18-01

This is Addendum One to the Anonymous Welfare Fraud Referrals and Reward Services Request for Proposals (RFP CMD #18-01), which was released on June 21, 2018.

Part One of this Addendum contains the answers to the questions that were submitted during the Proposer's Conference held on July 11, 2018. Part Two of the Addendum contains portions of the RFP that have been revised.

The information contained in this Addendum One supersedes any related information previously provided.

The Addendum will be posted on the following websites:

<http://dpss.lacounty.gov/wps/portal/dpss/main/business/contract-opportunities>

and

http://doingbusiness.lacounty.gov/main_db.htm

Proposals are due and must be received by DPSS no later than 12:00 P.M. local time, August 7, 2018. No late proposals will be accepted.

Please continue to access the above-mentioned website for updates.

"To Enrich Lives Through Effective And Caring Service"

ADDENDUM ONE

PART ONE

TO THE REQUEST FOR PROPOSALS
FOR ANONYMOUS WELFARE FRAUD REFERRALS AND REWARD SERVICES
RFP CMD #18-01

Questions and Answers

SOQ Format and Submission Requirements

1. Is there a specific font and font size requirement for the proposal?

Answer: The proposal must be typed in Arial 12-point font.

2. The proposal submission requirements state that each proposal shall be submitted in a 3-ring binder. Is the use of a binding machine acceptable?

Answer: No. The original and each copy of the proposals must be submitted in a 3-ring binder.

3. Will the addendum be posted on the same websites that the RFP is posted on?

Answer: Yes. The addendum will be posted on both the DPSS and County Contracting websites.

ADDENDUM ONE

PART TWO

**TO THE REQUEST FOR RPROPOSALS
FOR ANONYMOUS WELFARE FRAUD REFERRALS AND REWARD SERVICES
RFP CMD #18-01**

Addendum One, Part Two to the Request for Proposals CMD #18-01 shall cause the following revisions.

1. RFP, Section 3.0 Proposer's Minimum Qualifications, Subsection 3.6 is deleted in its entirety and replaced as follows:

3.6 Provide trained multilingual staff experienced in questioning information to elicit sufficient details of reported instances of suspected welfare fraud crimes.

2. RFP, Section 7.0 Proposal Submission Requirements, Subsection 7.3 RFP Timetable, Paragraph 7.3.1 is deleted in its entirety and replaced as follows:

7.3.1 The timetable for this RFP is as follows:

- Release of RFP06/21/2018
- Request for a Solicitation Requirements Review Due.....07/09/2018
- Written Questions Due by 12:00 P.M.....07/09/2018
- Mandatory Proposers' Conference.....07/11/2018
- Questions and Answers Released.....07/26/2018
- **Proposals Due by** August 7, 2018, 12:00 P.M. (local time)...08/07/2018

Proposers are advised that updates, including addendum/addenda, will be posted at the DPSS Request for Proposals website at:

<http://dpss.lacounty.gov/wps/portal/dpss/main/business/contract-opportunities/>

and at the following County contracting website:

http://doingbusiness.lacounty.gov/main_db.htm.

3. RFP, Section 7.0 Proposal Submission Requirements, Subsection 7.5 Proposers' Questions, Paragraph 7.5.1 is deleted in its entirety and replaced as follows:

7.5.1 Proposers may submit written questions regarding this RFP by mail or e-mail to the individual identified below. All questions for consideration at the Proposer's Conference, Wednesday, July 11, 2018 at 9:30 a.m., must be received by 48 hours prior to the

Proposer's Conference. All questions **must be received** by July 9, 2018, 12:00 p.m. All questions, without identifying the submitting company, will be compiled with the appropriate answers and issued as an addendum to the RFP.

4. RFP, Appendix A Statement of Work, Section 1.0 Statement of Work (SOW), Subsection 1.1 Overview is deleted in its entirety and replaced as follows:

- 1.1 Overview

Under the Contract, a toll-free telephone line is to be accessible 24 hours per day, 365 days per year. This telephone line is to be adequately staffed by experienced multilingual operators at a minimum of eight (8) hours per day, Monday through Friday, from 8:00 A.M. – 5:00 P.M., and an answering service shall be provided to receive calls when the office is closed.

The Contractor shall be required to provide to County appropriate reports of suspected neglect/abuse and welfare fraud, and have an established system of distributing rewards when authorized and funded by County without compromising the caller's identity.

5. RFP, Appendix A Statement of Work, Section 1.0 Statement of Work (SOW), Subsection 1.2 Scope of Work, Paragraph 1.2.2 is deleted in its entirety and replaced as follows:

- 1.2.2 Provide all, except for those items listed in SOW, Paragraph 1.4.1 County Furnished Items, personnel, equipment, material, and other items or services necessary to ensure the performance of the required services.

6. RFP, Appendix A Statement of Work, Section 1.0 Statement of Work (SOW), Subsection 1.3 Specific Tasks, Paragraph 1.3.1 Fraud Referral Services, Subparagraph 1.3.1.1 Telephone Calls, Article a), is deleted in its entirety and replaced as follows:

- 1.3.1.1 Telephone Calls

- a) Provide a toll-free telephone line to be use by the public to anonymously report suspected cases of welfare fraud occurring in Los Angeles County. This telephone line is to be adequately staffed by trained operators at a minimum of eight (8) hours per day, Monday through Friday, from 8:00 A.M. – 5:00 P.M., and an answering service shall be provided to receive calls when the office is closed.
 - i. Contractor shall use reasonable business efforts to answer calls within the first five (5) rings.

- ii. Contractor shall have a system in place to take messages for calls that are unanswered after five (5) rings.
- iii. Contractor shall not leave the customer on hold for more than five (5) minutes.
- iv. Contractor shall have a system in place to take messages outside of Contractor's office hours (see 1.4.11 Hours/Days of Work).

7. RFP, Appendix C Sample Contract, RECITALS are deleted in their entirety and replaced as follows:

WHEREAS, the County may contract with private businesses for Anonymous Welfare Fraud Referrals and Reward Services when certain requirements are met; and

WHEREAS, the Contractor is a private firm specializing in providing Anonymous Welfare Fraud Referrals and Reward Services; and

WHEREAS, Contractor, is qualified to provide a toll-free hotline for the public to anonymously report suspected fraud, abuse, and other crimes, and is located at _____.; and

WHEREAS, Contractor is able to operate a toll-free hotline, 24 hours daily, seven days a week, with trained multilingual staff available during normal business hours experienced in questioning informants to elicit sufficient details for governmental agencies to investigate the reported instances of suspected crimes; and

WHEREAS, Contractor is able to provide rewards to welfare fraud informants without compromising welfare fraud informants' anonymity; and

WHEREAS, Contractor has been involved in and has developed expertise in delivering these services; and

WHEREAS, these services cannot be performed adequately by County employees and it is impossible to recruit and train such personnel to perform such services for the period of time such services are needed by County; and

WHEREAS, this Contract is therefore authorized under Section 44.7 of the Los Angeles County Charter and Los Angeles County Codes Section 2.121.250; and

NOW THEREFORE, in consideration of the mutual covenants contained herein, and for good and valuable consideration, the parties agree to the following:

8. RFP, Appendix C Sample Contract, Section 2.0 Definitions, Paragraph 2.1.11 is deleted in its entirety and replaced as follows:

2.1.11 County Supervising Contract Administrator: Person designated by County's CCD to oversee overall management of this contract.

9. RFP, Appendix C Sample Contract, Section 4.0 TERM OF CONTRACT, Subsection 4.4 Completion of Contract is deleted in its entirety.

10. RFP, Appendix C Sample Contract, Section 5.0 Contract Sum, Subsection 5.5 Invoices and Payments, Paragraph 5.5.5 is deleted in its entirety and replaced as follows:

5.5.5 All original invoices under this Contract and a copy shall be submitted to the CCA listed in Exhibit E.

11. RFP, Appendix C Sample Contract, Section 6.0 Administration of Contract – County, Subsection 6.3 County's Contract Administrator (CCA) is deleted in its entirety and replaced as follows:

The role of the CCA includes:

- Meeting with the Contractor's Project Manager on a regular basis;
- Inspecting any and all tasks, deliverables, goods, services, or other work provided by or on behalf of the Contractor; however, in no event shall Contractor's obligation to fully satisfy all of the requirements of this Contract be relieved, excused or limited thereby;
- Overseeing the day-to-day administration of this Contract;
- Ensuring that the objectives of this Contract are met; and
- Providing direction to the Contractor in the areas relating to Contract information, invoicing, and procedural requirements

The CCA is not authorized to make any changes in any of the terms and conditions of this Contract and is not authorized to further obligate County in any respect whatsoever.

12. RFP, Appendix D Required Forms, Exhibit 1 Proposers Organization Questionnaire/Affidavit and CBE Information is revised and is attached to this addendum.

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

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. Is your firm a corporation or limited liability company (LLC)? Yes No

If yes, complete:

Legal Name (found in Articles of Incorporation) _____

State _____ Year Inc. _____

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. Is your firm doing business under one or more DBA's? Yes No

If yes, complete:

Name	County of Registration	Year became DBA
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_____	_____	_____
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_____	_____	_____
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4. Is your firm wholly/majority owned by, or a subsidiary of another firm? Yes No

If yes, complete:

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Has your firm done business as other names within last five (5) years? Yes No

If yes, complete:

Name _____ Year of Name Change _____

Name _____ Year of Name Change _____

6. Is your firm involved in any pending acquisition or mergers, including the associated company name?

Yes No If yes, provide information:

Proposer acknowledges and certifies that firm meets and will comply with the Proposer's Minimum Qualifications as stated in Paragraph 3.0, of this Request for Proposal, as listed below.

Check the appropriate boxes:

- Yes No Has 5 years' experience within the last 10 years handling calls and distributing rewards anonymously.
- Yes No Has 5 years' experience promoting public awareness.
- Yes No Has 5 years' experience providing referrals to the appropriate investigating agency on suspected crimes.
- Yes No Is a corporation qualified to provide services in the State of California.

REQUIRED FORMS - EXHIBIT 1

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

- Yes No Has operated a comprehensive 24-hours per day, seven-days a week, toll-free fraud hotline for at least 5 years within the last 10 years.
- Yes No Has trained multilingual staff in questioning informants to elicit sufficient details of reported instances of suspected welfare fraud.
- Yes No Has a system to distribute informant rewards anonymously.
- Yes No Has business office in Los Angeles County or adjacent counties. List address:

- Yes No Does not have unresolved questioned cost, as identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the County department, and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.
- Yes No Completed and submitted the Proposal in the format and requirements set forth in Section 7.0 Proposal Submission Requirements, of this RFP.
- Yes No Has registered on the County's WEBVEN.

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal 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 Name: _____

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						
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						

II. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

III. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Other

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal 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.

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