



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY, DOWNEY, CALIFORNIA 90242

(562) 940-2728



ADOLFO GONZALES
Chief Probation Officer

January 11, 2022

TO: Each Prospective Contractor

FROM: Tasha Howard, Director *Tasha Howard*
Contracts and Grants Management Division

SUBJECT: **ADDENDUM TO REQUEST FOR PROPOSALS (RFP) #6402109 FOR FISCAL INTERMEDIARY SERVICES**

The following addendum is made to the Request for Proposals dated December 16, 2021 to provide Fiscal Intermediary Services for the County of Los Angeles Probation Department. For ease of reading, stricken text indicates deleted language and bold and underlined text indicates added language to the RFP.

1. Request for Proposals, page 3, Section 3, Proposer's Minimum Mandatory Qualifications Subsection 3.1.6.

3.1.6 The Proposer must have an administrative business office located within the County of Los Angeles. The address of the administrative business office must be included in Exhibit 1 (Proposer's Organization Questionnaire/Affidavit) of Appendix D (Required Forms).

2. Exhibit 1, Proposer's Organization Questionnaire/Affidavit of Appendix D (Required Forms), is deleted and replaced in its entirety as attached.

This Addendum is posted in the following websites:

Los Angeles County Solicitations:
<http://camisvr.co.la.ca.us/lacobids>

Los Angeles County Probation Department:
<https://probation.lacounty.gov/current-solicitations/>

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

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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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:

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

PAGE 2 OF 3

The Proposer acknowledges and certifies that firm meets and will comply with the Proposer's Minimum Mandatory Qualifications as stated in Paragraph 3 of this Request for Proposal, as listed below.

Check the appropriate boxes:

- Yes** **No** Subparagraph 3.1.1 The Proposer must attend the Virtual Mandatory Proposers' Conference scheduled for **January 11, 2022, 10:00 a.m., PT.**
- Yes** **No** Subparagraph 3.1.2 The Proposer must submit a proposal by **February 8, 2022, 12:00 p.m., PT.**
- Yes** **No** Subparagraph 3.1.3 The Proposer must demonstrate a minimum of three (3) years' experience within the past five (5) years in the administration of fiscal intermediary services for programs for youth.
- Yes** **No** Subparagraph 3.1.4 The Proposer must demonstrate a minimum of two (2) years experience within the past three (3) years in administering Federal, State or City Contracts.
- Yes** **No** Subparagraph 3.1.5 The Proposer 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.

**REQUIRED FORMS - EXHIBIT 1
PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Yes No Subparagraph 3.1.6

The Proposer must have an administrative business office located within the County of Los Angeles. The address to the administrative business office must be included below.

The address to the administrative business office located within the County of Los Angeles must be listed here:

Address: _____

City: _____

Zip Code: _____

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 Chief Probation Officer'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