



REQUEST FOR QUALIFICATIONS (RFQ)

HOMELESS AND HOUSING SERVICES FISCAL YEARS 2021-2024

NOTE: This is a continuous filing RFQ.

**COUNTY OF SACRAMENTO
DEPARTMENT OF HUMAN ASSISTANCE
REQUEST FOR QUALIFICATIONS
HOMELESS AND HOUSING SERVICES
FISCAL YEARS 2021-2024**

Included in this Request for Qualifications (RFQ):

- Section 1 Overview
- Section 2 Packet Content Requirements
- Section 3 Administrative Rules and Requirements
- Exhibits
 - A. RFQ Checklist
 - B. RFQ Service Categories Check Sheet
 - C. Budget Forms and Instructions
 - D. Insurance Requirements
 - E. Child Support Ordinance/Certificate of Compliance/Contractor Identification Form
 - F. Nondiscrimination Clause/Statement of Compliance
 - G. Debarment and Suspension Certification

I. INSTRUCTIONS FOR QUALIFICATIONS PACKETS

Review all sections carefully and follow all instructions in this packet. Submit package in accordance with instructions in this packet via email to DHA-RFP-Reservations@saccounty.net or in person to:

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

**THIS IS A CONTINUOUS FILING RFQ THAT CAN BE SUBMITTED AT ANY TIME FOR
CONSIDERATION VIA US MAIL OR EMAIL. THE COUNTY MAY TAKE UP TO 90 DAYS
FOLLOWING A SUBMISSION TO REPORT AN UPDATED POOL INCLUSION NOTICE.**

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 cut off dates and time in the table on page three (3). 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, you must submit in person by the cut off time and date.

PROPOSER'S CONFERENCE

When this RFQ was initially released a Proposers' Conference was held. The recording of the Proposers' Conference and associated documents are located at ha.saccounty.net under the Community Engagements Section, sub-header titled "RFQ 2022-006 Homeless & Housing Services".

RFQ CONTACT

Please send any questions or comments to DHA-RFP-Reservations@saccounty.gov. This email address will serve as your point of contact through this process. All emails should be answered within the maximum of 3 business days of receipt.

SECTION 1 OVERVIEW

I. REQUEST FOR QUALIFICATIONS SUMMARY

This RFQ is issued by the County of Sacramento, Department of Human Assistance (DHA) seeking qualified agencies to provide homeless and housing services. DHA will accept RFQ responses on a continuous basis to ensure a quick response to any current and future homelessness and housing funding opportunities. A Proposer can submit an application at any time but must submit by 3:00PM on the initial and quarterly cut-off dates to be considered for potential contracts that may be awarded in the following quarter.

This RFQ will establish and maintain a list of qualified candidates who can implement, operate and administer programs and/or services for the homeless and housing Service Categories specified in this RFQ. The term for qualifications approved through this RFQ process will conclude on June 30, 2024.

A County review and selection process will determine whether a proposal meets qualifications and service requirements. No Proposer shall have any legal or equitable right or obligation to enter into a contract or to perform the work as a result of being deemed qualified. **This is not a promise of minimum usage but one that Proposers who meet outlined qualifications will be placed in a pool and considered for future funding opportunities.**

As funding allows, DHA intends to enter into one or more “as needed” contracts to provide the programs and/or services outlined below. The Proposer must identify the specific program/service(s) they are applying to administer utilizing the “RFQ Service Categories Check Sheet (Exhibit B)” and provide a narrative, budget (Exhibit C) and other qualifying information for each Service Category.

II. FUNDING

Funding for services sought through this RFQ process is subject to the availability of funds distributed by the County of Sacramento. These funds may be renewable annually, depending on the availability of funds and successful performance of contractual obligations. Based on programmatic needs, contracts may be limited to a partial year of services or a specified service period.

Proposers who are awarded contracts may be renewed for up to two additional fiscal years contingent on DHA’s evaluation of program performance toward meeting County objectives and approval of ongoing funding by the Board of Supervisors. Approval of the request for additional funds and contract term is at the discretion of the Board of Supervisors. Proposers should not rely on program funding for purposes of organizational planning unless and until a contract has been awarded and executed.

III. BACKGROUND

On any given night, more than 5,500 individuals experience homelessness in Sacramento County. For those individuals experiencing homelessness, approximately 70% (3,900 individuals) experience unsheltered homelessness. According to the most recent Homeless Point-in-Time Count, this represents a 19% increase in homelessness in the County since 2017.

Rising rents and limited access to affordable housing have generated a rent burdened community with increased stays of homelessness for many unsheltered residents. According to the California Housing Partnership Corporation, 55,578 low-income renter households in the County do not have access to an affordable home. Through increased investments and a strategic coordination of resources, the County will support unsheltered residents and those currently at-risk of homelessness with resources that result in: less time spent on the streets; shorter shelter stays; successful exits to housing; and overall reductions in, and preventions of, unsheltered homelessness.

In recent years, new funding has become available from a variety of sources, including one-time funding allocations from federal and state governmental agencies to help reduce unsheltered homelessness. As these and other sources become available, DHA will partner with qualified organizations to provide programs, services and support in such areas as: the operation of sanctioned encampment sites; safe parking sites; sheltering programs; transitional housing facilities; street outreach services; mobile showers and laundry services; and housing support services.

The projects described in this RFQ are broken into Service Categories. Proposers may apply for one or more of these Service Categories by highlighting their qualifications, staffing, estimated expenses and experience in delivering the specified service.

IV. PROVIDER QUALIFICATIONS

This RFQ is open to non-profit agencies, community agencies and for-profit businesses that can design, implement and deliver services to Sacramento County residents experiencing homelessness or who are at risk of homelessness. While no direct experience working with this population is required, Proposers must demonstrate the organizational capacity, financial stability, and experience of their agency and staff to deliver the program and/or service(s) described within the applicable Service Category.

KEY QUALIFICATIONS AND STAFFING LEVELS

Successful qualifying proposers will maintain an adequate number of experienced staff to perform the required program service components consistent with the Core Program Principles (detailed below). Agencies must ensure that program managers and staff have the necessary experience and training to provide quality services throughout the term of the contract. At minimum, the Proposer must demonstrate the following organizational capacity.

- At least three (3) years of experience in the last ten (10) years implementing a similar program or service.
- Knowledge of how to serve highly vulnerable populations, evidenced by prior or current operation of a successful program serving vulnerable populations or providing similar services that can be expanded to effectively serve vulnerable populations.
- The resources and expertise to meet all administrative and fiscal requirements. This includes the proposer's fiscal, technological, managerial, and administrative capabilities.
- Staffing capacity necessary to operate the program in accordance with the program's timeline, design, and projected outcomes.
- The ability to address the needs of diverse populations whose models of engagement, or cultural standards, differ from mainstream practices. In addition, actively engage with those 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 best practices; relevant community resources; and social service programs.

V. 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 RFQ.

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.
- 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 classes.
- 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 accepting a client-defined household unit, the inclusion of pets in the service/housing plan, and not excluding participants because of lack of income, active or past history of substance abuse and/or mental health issues, or current or past involvement with the criminal justice system.

Housing-Focused Supportive Services

- Employ housing-centric services that transition participants quickly into emergency/interim shelter and/or permanent housing and support long-term housing stability.
- Offer voluntary 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: Social Security Income; Social Security Disability Income; Veteran's benefits; CalFresh; and Medi-Cal.

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 of 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 must 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 and providers of homeless services to ensure that all persons/families served receive needed support to obtain services and maintain housing stability.
- Maximize community-based services and leverage other funding and/or community resources for the program that is proposed.

VI. POPULATIONS TO BE SERVED

These programs and services will support persons experiencing homelessness and, at times, those that are at risk of becoming homeless. The subpopulation(s) served (single adults, families, seniors, transitional age youth, etc.) may be specific to the Service Category and may vary based on the needs of the agency and project. Programs will be expected to support populations who: may have limited

or no income; are multi-lingual and/or multi-cultural; may reside in remote geographical areas; have physical and/or mental health conditions; or those who have been involved with the criminal justice system.

VII. SCOPE OF SERVICES

DHA is soliciting Proposers to share their qualifications to administer one or more of the Service Categories described below. All services are intended to serve persons who are experiencing homelessness. Proposers are asked to submit a plan, supporting the selected Service Category and defining the services to be delivered, the staffing plan, and the budget needed to meet the stated objectives.

Proposers must provide a narrative and budget (Exhibit C,) for each Service Category they elect to apply for, but only need to submit one set of Exhibits, which begin on page 17 of this document. Each Service Category narrative must have a header specific to that Service Category such as “Qualifications for Service Category #1A Module 1 – Emergency Shelter – Long-Term- Site”.

SERVICE CATEGORY #1

A. Emergency Shelter – Long-term

DHA is seeking qualified agencies to provide shelter and supportive services to persons experiencing homelessness. Currently, DHA funds shelter programs in a variety of indoor facilities including congregate emergency shelters, non-congregate emergency shelter in motels, and scattered-site shelters through the leasing of private residential homes. DHA is looking to expand existing shelter services through the development of new sheltering programs including but not limited to: sanctioned encampment sites, safe parking lots, motel sheltering, scattered site shelters and other sheltering models.

To meet the above objectives, the Proposer shall secure and/or manage and maintain interim shelter/housing locations throughout Sacramento County. Locations must be selected with consideration to the accessibility of public transit, amenities, ADA requirements, and neighborhood compatibility. Shelter services must be provided 24 hours a day and include specific service components. Long-term emergency shelter has two working modules: Site and Services. Sites will include but are not limited to large or small facilities, private residences to be used as scattered sites, tiny homes, parking lots or sanctioned encampment sites brought forth by the Proposer. Services would include 24-hour staffing and support for all shelter participants and could be offered in conjunction with a site brought forth by the Proposer or developed to support a County funded shelter facility or designated location. Proposers can apply for one or both of these modules.

Module 1. Emergency Shelter – Long-Term Site

Proposer shall provide the following required service components:

- A safe and sanitary facility or land for sheltering purposes that is accessible and meets all funded County requirements and is in accordance with County codes pertaining to sheltering.
 - The site will support low barriers to entry, be ADA accessible, and accommodate persons, their belongings, and their pets.
 - Fully furnished accommodations must be provided including community space/awake area, restrooms, and showers.
 - Showering facilities must be clean and allow for privacy with hot and cold running water that are accessible to persons with a disability.

Module 2. Emergency Shelter – Long-Term Shelter Services

Proposer shall provide the following required service components. Basic shelter services include all of the following but are not limited to:

- A safe and sanitary facility/area that is staffed 24 hours per day, seven days per week.

- Low barriers to entry and accommodation for persons, their belongings and their pets.
- Beds and any necessary clean linens for each guest.
- For sites with kitchen facilities: Participants shall have access to the food preparation area for meals and snacks, as well as accessible storage for personal food items. All necessary food and a minimum of one prepared meal daily will be provided. For sites with no kitchen: Three meals will be provided daily.
- Secure storage, refrigeration and retrieval of guest medications.
- No cost laundry and supplies available to all guests.
- Secure and accessible storage space for guest belongings.
- Mail service or access to receive mail.
- Access to a public or private telephone to make and receive calls.
- Transportation support for shelter guests.
- Pet crates and a pet relief area.

The successful Proposer shall be required to establish and implement a system of data collection and reporting.

The successful Proposer will be responsible to input client-level data, program services/activities, unduplicated numbers of individuals assisted and program outcomes in the Homeless Management Information System (HMIS) and/or County's designated database, the Sacramento Homeless Information Network Ecosystem (SHINE).

B. Emergency Shelter/Respite – Short Term

DHA is seeking qualified agencies to provide short term shelter and supportive services to persons experiencing homelessness during extreme weather events, seasonal highs and lows, or other unforeseen circumstances.

To meet this objective, the Proposer will secure and/or manage short term emergency shelter facilities throughout Sacramento County on an "as-needed basis" to provide safety and security to unsheltered county residents. Proposers must state whether they would provide a location in conjunction with their services or provide shelter services only.

Basic shelter services include all of the following:

- A safe, sanitary and ADA accessible facility/area that is staffed 24 hours per day.
- Beds and any necessary clean linens for each guest.
- A sufficient quantity of clean bathing facilities that allow for privacy with hot and cold running water that are accessible to persons with a disability; and provision of towels, soap and toilet paper.
- Three meals daily.
- Secure storage, refrigeration and retrieval of guest medications.
- Secure and accessible storage space for a limited amount of participant belongings.
- Safe and secure place for pets and access to a pet relief area.

The successful Proposer will be responsible to input client-level data, program services/activities, unduplicated numbers of individuals assisted, and program outcomes in HMIS.

SERVICE CATEGORY #2

Outreach and Rehousing Navigation

DHA is seeking qualified agencies to provide outreach and rehousing navigation services to persons experiencing homelessness along the American River Parkway and within the unincorporated County.

Additionally, rehousing navigational support will be provided to those residing in County funded shelters to maximize housing outcomes and create a better flow within the emergency shelter system.

The Homeless Outreach and Rehousing Services Navigators (Navigators) will engage and serve persons experiencing homelessness through connections to supportive services, emergency shelter, interim housing, and permanent housing and establish a positive relationship with local community organizations, property managers, residents and businesses in order to foster a supportive coalition for homeless individuals and families. DHA has included Flexible Housing Funds (see Service Category #3) which could be used in conjunction with these efforts to ensure successful transitions into stable housing.

Proposer shall provide the following required program components. Navigators will be required to offer one or both of the following service components dependent upon program and agency need. Outreach and Rehousing Navigation services include, but are not limited to:

Outreach Navigation

- Assisting homeless individuals in environments not designed for human habitation and those residing in County funded emergency shelters. For those working with unsheltered populations, the Navigator will patrol designated encampments in the unincorporated County or the Regional Parks system on foot, by car and on bicycle.
- Building positive relationships with the homeless populations in an effort to connect individuals with supportive services including but not limited to services offered by County. The Navigators will connect individuals to emergency shelter, interim housing and permanent housing as well as support services such as Medi-Cal, CalFresh, General Assistance, etc.
- Providing on-call services, seven days a week, with extended hours on weekdays, weekends, and holidays to address immediate needs and assess for respite shelter.
- Ensuring that each individual and every encounter is entered into HMIS. Additionally, the Navigator will enter individual information in SHINE when applicable.
 - Conduct Coordinated Entry Assessment (CEA) surveys using the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) or other specified assessment tools to ensure that all homeless individuals encountered are entered into the Community Queue.
- Leveraging local community leadership and engaging at a neighborhood level to address the community's needs. Foster collaborations with faith based organizations, law enforcement, concerned citizens, businesses and community leadership to expand resources and solutions to positively impact unsheltered persons in the neighborhood.

Rehousing Navigation

- Working with each individual to develop housing acquisition and retention skills. Support the individual through processing applications, landlord engagement, and along the many steps to housing stability.
- Develop relationships with local property managers and owners to connect to prospective tenants and support a working relationship between renter and landlord.
- Ensuring that each individual and every encounter is entered into HMIS. Additionally, the Navigator will enter individual information in SHINE when applicable.

SERVICE CATEGORY #3

Flexible Housing Funds

DHA is seeking qualified agencies to administer a pool of Flexible Housing Funds (FHF) to provide financial assistance to persons residing unsheltered within the County who may be enrolled in County funded navigation services, residing in a County funded sheltering program, or residing in a County funded sanctioned encampment site. FHF provides one-time and time-limited resources that help

individuals experiencing homelessness overcome financial barriers to housing resulting in the transition from homelessness to housing stability

To meet these objectives, the Successful Proposer will maintain and administer FHF with low-barrier access ensuring the swift distribution of funds. The administrator of these funds will work directly with designated County funded partners and County staff to identify the amount of assistance to be provided based on available resources and allowable costs. Funds will be distributed on behalf of the individual or household in a time sensitive manner. The associated costs may include but are not limited to the following financial supports:

- Move in expenses
- Moving expenses
- Storage fees
- Security deposit
- First month's rent
- Rent and/or rental arrears
- Automobile repair, loans, insurance, and impound
- Transportation services related to housing search and stability
- Expungement services

The Successful Proposer will be responsible to input client-level data, program services/activities, unduplicated numbers of individuals assisted, and program outcomes in HMIS.

SERVICE CATEGORY #4:

Sanitation/Hygiene Services

Sanitation services for persons experiencing homelessness are vital and a necessary part of maintaining a safe and healthy community. DHA is seeking qualified agencies to provide sanitation services to persons residing unsheltered in the unincorporated county or in a County funded sheltering location such as a Sanctioned Encampment Site or a Safe Parking Lot.

To meet these objectives, the Proposer will provide sanitation and hygiene services for the unsheltered population as well as regular maintenance of equipment. The Proposer will describe how they will work with the community in which services are provided to reduce impacts to local neighborhoods and businesses, and how they will respond to requests for services in the instance that a site is damaged, there is excess debris, etc.

Program components could include all or one of the following:

- Mobile showers
- Mobile laundry trailers
- Port-a-Potties
- Handwashing stations

The Successful Proposer will maintain and report data on the locations of the sanitation equipment, utilization, and servicing schedules.

SERVICE CATEGORY #5:

Food Service

DHA is seeking Certified Food Handlers to provide meals for participants of County funded homeless programs and services.

The services to be procured include, but are not limited to:

- Site-delivered meals (a mix of frozen, chilled, or ready to eat meals) to the active homeless program participants. One, two or three meals per person, per day will be offered depending on the program or service.
 - The organizations that operate the homeless programs will be responsible for heating and distribution of meals to clients.
 - For hot, prepared foods, proposer should indicate the commercial kitchen facility used to prepare the food and what on-site food storage, heating or serving equipment will be needed and how food safety will be maintained in preparation and delivery.
- Meals will meet USDA dietary guidelines and offer a mix of proteins, carbohydrates, and vegetables, and will provide fresh fruit options and beverages (e.g. juices and milk).
- Proposer must demonstrate the ability to respond to special dietary needs and accommodations (e.g. low sodium, low sugar, etc.), as well as individual client dietary choices (vegetarian, etc.).
- Proposer must track and report the number of meals served and provide monthly menus.

VIII. COUNTY OBJECTIVES AND PERFORMANCE METRICS

Proposed programs must provide services that promote the health and well-being of unsheltered persons residing in Sacramento County, permanent housing placement, residential stability and/or increased income. Key metrics will be specific to each Service Category and will be provided in the scope of services for any contract opportunities that become available. Successful Proposers will be expected to accurately track key performance measures, evaluate practices to continuously improve performance, and submit reports and invoices on time. Successful Proposers will be required to participate in HMIS, SHINE and/or other data collection systems as necessary.

SECTION 2 PACKET CONTENT REQUIREMENTS

PACKET CONTENT REQUIREMENTS

Proposers must submit a packet which includes the items specified below put together in the order they are listed below. Proposers that do not meet these criteria will be rejected.

A. RFQ CHECKLIST (Exhibit A)

Use this checklist to ensure all necessary documentation is submitted with your packet.

B. RFQ SERVICE CATEGORIES CHECK SHEET (Exhibit B)

Complete this check sheet to indicate which Service Category(s) you are applying for in your proposal.

C. NARRATIVE

Utilize the narrative to demonstrate your organization's knowledge, skills, abilities, training, financial capacities, and experience in all pertinent areas of the Service Category(ies) you are applying for to provide the services proposed in the manner described in this RFQ. You must demonstrate that you have the resources necessary to fulfill the scope of services as outlined in this RFQ. Ensure that you provide a narrative for each Service Category you are applying for and clearly identify that Service Category in each narrative.

D. PROPOSED BUDGET (Exhibit C)

Use Exhibit C from this packet to provide detailed information on your proposed costs. *You must submit a completed Exhibit C for each Service Category for which you are submitting.* Label each Exhibit C – Budget accordingly.

E. INSURANCE REQUIREMENTS (Exhibit D)

The successful Proposer 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 based solely on your proposal.

After packets are reviewed and if Proposers are selected, the selected Proposers must provide an original current certificate of insurance within five 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 RFQ packet. Failure to conform to insurance requirements within this time period shall constitute grounds for termination of contract negotiations.

F. OTHER EXHIBITS

Proposers must read, complete and sign in either ink or electronically and return the following exhibits:

1. CHILD SUPPORT ORDINANCE (Exhibit E)

Proposers are required to read 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".

2. 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 packet to comply with Government Code Section 12990 and California Administrative Code, Title II, Division 4, and Chapter 5.

3. DEBARMENT AND SUSPENSION CERTIFICATION (Exhibit G)

Proposers must read and sign the Debarment and Suspension Certification. This certification must accompany each packet to comply with Code of Federal Regulations, 45 CFR, Part 76.100.

G. NONPROFIT STATUS AND ARTICLES OF INCORPORATION

Sacramento County requires nonprofit organizations to provide documentation of tax-exempt status from either the Internal Revenue Service or the Franchise Tax Board.

H. PROOF OF SIGNATURE AUTHORITY

Sacramento County requires Proposers provide documentation that the person who signs this packet is authorized to submit this packet to Sacramento County and that the signatures recorded are the true and correct signatures of the designated individuals. 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.

**SECTION 3
ADMINISTRATIVE RULES AND REQUIREMENTS**

ADMINISTRATIVE RULES AND REQUIREMENTS

The purpose of this RFQ is to determine whether Proposers meet the DHA requirements for desired services. Proposers must also be able to comply with Sacramento County's contract requirements.

A. PACKET 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. An original and two (2) 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 – HOMELESS AND HOUSING SERVICES**". Electronic submissions may be submitted to: **DHA-RFP-Reservations@saccounty.net**. Proposers who choose electronic submittals will receive an automated email confirmation of successful receipt. If a submission is not able to be transferred electronically due to size, Proposer will receive a rejection email and will need to submit in person. Attachment for electronic submittal can be no larger than 25mb. PDF is the preferred format for proposal submissions.
3. All proposals must be clearly and consecutively numbered - page one being the very first page of the proposal and the last number is on the last piece of paper on the proposal.
4. Staple each copy of the proposal in the upper left corner. If proposal packet is too large to staple, secure packet by whatever means possible, but preferably using a method that can be easily taken apart to allow it to be copied. Elaborate artwork and expensive paper and bindings, expensive visual or other presentations are neither necessary nor desired.
5. If any information contained in the RFQ 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 packet. The agreement is available upon request by emailing **DHA-RFP-Reservations@saccounty.net** and must be submitted with the packet.
6. Packets must be submitted either by mail or personal delivery to:
Contracts Manager
Sacramento County
Department of Human Assistance
1825 Bell Street, Suite 200
Sacramento, CA 95825

Or via email to **DHA-RFP-Reservations@saccounty.net**.

B. RULES GOVERNING RFQ COMPETITION

1. **Proposer's Cost for Developing The Proposal Packet**
Costs for developing and submitting proposal packet is 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 RFQ**
If revisions or additional data to the RFQ become necessary, DHA will provide addenda or supplements.

3. **Property of the County**

All packets submitted become the property of the County and will not be returned. As part of the review and selection process, the packets may be reviewed by County staff and representatives from other public agencies and/or individuals from the private sector.

4. **Confidentiality**

All packets shall remain confidential until the review process is completed, pool of qualified Proposer's has been posted, and the Board of Supervisors has awarded the contracts for this service.

5. **False or Misleading Statements**

Packets which contain false or misleading statements, or which provide references, which do not support an attribute or condition, contended by the Proposer, may be rejected. If, in the opinion of the County, such information was intended to mislead the County in its review of the Proposer's qualifications and the attribute, condition, or capability is a requirement of the RFQ, the submitted packet shall be rejected.

6. **Proposer Responsibility**

The Proposer is expected to be thoroughly familiar with all specifications and requirements of this RFQ. Failure or omission to examine any relevant aspect of this RFQ will not relieve you, as a Proposer, from any obligation regarding this RFQ. By submitting a response, the Proposer is presumed to concur with all terms, conditions, and specifications of this RFQ.

7. **Right of the County**

The County reserves the right to:

- a. Negotiate changes to contracts.
- b. Request additional written or oral information from Proposers in order to obtain clarification of their responses.
- c. Make awards of contracts for all the services offered in a qualified response or for any portion thereof.

8. **Rejection of Packets**

Failure to furnish all information required in this RFQ or to follow the format requested shall disqualify the Proposer, including agencies that would otherwise qualify. Any exceptions to the scope of work required by this RFQ must be justified in the response to this RFQ.

9. **News Releases**

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

C. **SELECTION PROCESS AND AWARD CRITERIA**

Submitting a successful proposal is not a promise of minimum usage but one that Proposers who meet outlined qualifications will be placed in a pool and considered for future funding opportunities. As funding allows, DHA will enter into "as needed" contracts to provide the services outlined in this RFQ selecting successful Proposers from the established pool.

VI. EXHIBITS

Read, complete, sign and return all required documents in Exhibits A through G.

- A.** RFQ Checklist
- B.** RFQ Service Categories Check Sheet
- C.** Budget Forms and Instructions
- D.** Insurance Requirements
- E.** Child Support Ordinance/Certificate of Compliance/Contractor Identification Form
- F.** Nondiscrimination Clause/Statement of Compliance
- G.** Debarment and Suspension Certification

EXHIBIT A

RFQ 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 either in ink or electronic.

- _____ 1. **RFQ Checklist** (Exhibit A)
- _____ 2. **RFQ Service Categories Check Sheet** (Exhibit B)
- _____ 3. **Narrative** (one for each Service Category for which applying)
- _____ 4. **Budget** (Exhibit C) (one for each Service Category for which applying)
- _____ 5. **Insurance Requirements** (Exhibit D)
- _____ 6. **Child Support Ordinance** (Exhibit E)
- _____ 7. **Nondiscrimination Clause/Statement of Compliance** (Exhibit F)
- _____ 8. **Debarment and Suspension Certification** (Exhibit G)
- _____ 9. **Nonprofit Status/Articles of Incorporation** Provide documentation of tax exempt status from either the Internal Revenue Service or Franchise Tax Board. If not applicable, state "N/A".
- _____ 10. **Proof of Legally Operating Business.** If a for profit business, provide documentation that supports business is a legally operating business. If not applicable, state "N/A".
- _____ 11. **Proof of Signature Authority** Provide proof that the person who submits this response is authorized to negotiate on behalf of this corporation.
- _____ 12. **References** Agencies must include three references from other contracts held.
- _____ 13. **DUNS Number** Proposer must possess a valid DUNS (Data Universal Numbering System) Number. Please enter DUNS Number here: _____
- _____ 14. I acknowledge that members of our organization either attended the Proposer's Conference or have reviewed the recording of the Proposer's Conference and reviewed the most up to date FAQs posted at ha.saccounty.net.

Signature of Authorized Representative

Date

EXHIBIT B

RFQ SERVICE CATEGORIES CHECK SHEET

Utilize the below table to indicate the Service Category(ies) that you are applying for by placing a “X” in the appropriate box. Submit a narrative and budget (Exhibit C) for each Service Category for which you are submitting a proposal.

Please sign and date.

| <u>Service Category</u> | <u>Applied For</u> (Please “X” if applying for this service) |
|---|--|
| Service Category #1 | |
| A. Module 1 Emergency Shelter – Long-Term site | |
| Module 2 Emergency Shelter – Long-Term services | |
| B. Emergency Shelter/Respite – Short Term | |
| | |
| Service Category #2 | |
| Outreach and Housing Navigation | |
| | |
| Service Category #3 | |
| Flexible Housing Funds | |
| | |
| Service Category #4 | |
| Sanitation/Hygiene Services | |
| | |
| Service Category #5 | |
| Food Service | |
| | |

Signature of Authorized Representative

Date

HOMELESS AND HOUSING SERVICES

EXHIBIT C

PROGRAM BUDGET

Instructions

The Program Budget consists of two forms for each year: the Personnel Costs and Subcontract Expenses and Operating Expense forms. The Personnel Costs and Subcontract Expenses form, page two, and the Operating Expense form, page three, of this exhibit are provided for the purpose of preparing a line item budget for the contract term.

Complete Program Budget for a County fiscal year which is July 1 to the following June 30. Some contracts may not start nor end in coordination with the fiscal year. For evaluation purposes, please submit an annual budget timeline denoting a July 1st start date. **The budget must be prepared on a cash accounting basis.**

To complete the Personnel Costs form:

- **Column (b)** Annual Salary is the Annual Salary cost for each position at full time or one Full Time Equivalent (FTE). Full Time is 1.0; half time is .5; etc.
- **Columns (c) through Column (e)** are the annual benefits.
- **Column (f)**, Salary & Benefits, is the total of the annual costs for **Columns (b) through Column (e)**.
- **Column (g)** is the FTE (percentage of time) to be worked on this contract.
- The total of **Column (f)** Salary & Benefits, times **Column (g)** FTE for This Contract, equals **Column (h) or (3)**, the Total County Cost Requested for this contract.

If the pages in this exhibit are insufficient to complete any section of the budget information, additional pages may be added.

The budget must be submitted on the forms included in this exhibit. **No other formats will be accepted.** However, if supplemental information is to be considered, it may be **added** in support of the completed forms.

Submit one budget form for each Service Category for which you are applying.

PROGRAM BUDGET
Fiscal Year

| PERSONNEL COSTS | | | | | | | |
|---|--------------------------|----------------------------|-----------------------|----------------------|----------------------------------|------------------------------|--|
| SALARY AND BENEFITS EXPENSE | | | | | | | |
| (A) POSITION | (B) ANNUAL SALARY | (C) EMPLOYERS' FICA | (D) RETIREMENT | (E) INSURANCE | (F) SALARY & BENEFITS | (G) FTE THIS CONTRACT | (H) (3) TOTAL COUNTY COST REQUESTED |
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| | | | | | | | |
| (A) TOTAL SALARY, BENEFITS AND (3) COUNTY COSTS | | \$ | \$ | \$ | \$ | | (3) \$ |
| (2) OTHER FUNDING SOURCE | | | | | | | \$ |
| (1) TOTAL PROGRAM COST | | | | | | | \$ |

| SUBCONTRACT EXPENSES | | | |
|---------------------------------------|-------------------------------|------------------------------------|----------------------------------|
| LIST SUBCONTRACTS | (1) TOTAL PROGRAM COST | (2) OTHER FUNDING SOURCE(S) | (3) COUNTY COST REQUESTED |
| | | | |
| | | | |
| | | | |
| (B) TOTAL SUBCONTRACT EXPENSES | | | |

OPERATING EXPENSES
Fiscal Year

| OPERATING EXPENSES | | | |
|--|---|---|--|
| OPERATING EXPENSE DESCRIPTION | (1) TOTAL PROGRAM COST | (2) OTHER FUNDING SOURCE | (3) COUNTY COST REQUESTED |
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| (C) TOTAL OPERATING EXPENSES | | | |
| | | | |
| (D) AUDIT | | | |
| | | | |
| (E) TOTAL PROGRAM COST AND MAXIMUM CONTRACT REIMBURSEMENT (COLUMN 1, A+B+C+D) | | | |
| | | | |
| | | | |
| (F) TOTAL OTHER FUNDING (COLUMN 2, A+B+C+D) | | | |
| | | | |
| (G) PERCENTAGE OTHER FUNDING (F/E) | | | |
| | | | |
| TOTAL COUNTY COST REQUEST | | | |

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 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.

Updated: December 16, 2022

- 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 and 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.

Updated: December 16, 2022

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,

Updated: December 16, 2022

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 ground 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) the CONTRACTOR has no Principal Owners (25% or more) (exempt), | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) each Principal Owner (25% or more), does not have any existing child support orders, | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (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 <input type="checkbox"/> | No <input type="checkbox"/> |

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

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.

RFQ NO. DHA 2022-006

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

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 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 (b) of this certification; and
4. Have not within a 3-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 (10) 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 Agency (Legal Entity)

Signature of Agency's Authorized Representative

Name & Title of Authorized Representative

Date of Signing