



# **REQUEST FOR PROPOSALS**

## **FOR**

### **CalWORKs Home Visiting Initiative**

**REQUEST FOR PROPOSALS (RFP)  
FOR  
CalWORKs HOME VISITING INITIATIVE  
COUNTY OF SACRAMENTO  
DEPARTMENT OF HUMAN ASSISTANCE**

Included in this Request for Proposal (RFP):

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**INSTRUCTIONS FOR PROPOSERS**

Review all sections carefully and follow all instructions in this packet. Submit RFP package in accordance with instructions in this packet to:

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

**PROPOSALS MUST BE RECEIVED AT THE ABOVE ADDRESS  
NO LATER THAN 3:00 P.M., THURSDAY, SEPTEMBER 6, 2018**

**LATE PROPOSALS WILL NOT BE ACCEPTED**  
**POSTMARKS WILL NOT BE ACCEPTED**  
**FAX SUBMISSIONS AND E-MAILS WILL NOT BE ACCEPTED**  
**DELIVERY TO ANY OTHER OFFICE WILL NOT BE ACCEPTED**  
**PROPOSALS THAT ARE NOT SEALED WILL NOT BE ACCEPTED**

**REQUEST FOR PROPOSALS (RFP)  
FOR  
CALWORKS HOME VISITING INITIATIVE  
COUNTY OF SACRAMENTO  
DEPARTMENT OF HUMAN ASSISTANCE**

**I. GENERAL INFORMATION**

- A. **ANTICIPATED FUNDING CYCLE:** Available from January 1, 2019 through June 30, 2020, with the possibility of two additional one year terms, contingent on federal and state funding.
- B. **QUALIFIED APPLICANTS:** Public agencies, private for profit businesses, private nonprofit agencies
- C. **ANTICIPATED AMOUNT OF FUNDS:** Approximately **\$3,211,302 per year**, contingent upon year-to-year funding.
- D. **MANDATORY PROPOSER'S CONFERENCE:**

A mandatory proposer's conference is scheduled for **Tuesday, August 28, 2018** at the **Department of Human Assistance**. This conference will be held from **10:30 a.m. to 12:00 a.m. at 1825 Bell Street, Suite 200, Sacramento, California 95825, Conference Room 257**. Proposals will be accepted only from those entities with representatives attending the conference. For further information, please contact **Kim Mack at (916) 876-6241 or [mackk@SacCounty.net](mailto:mackk@SacCounty.net)**.

Secure your reservation and confirm your attendance by **Monday, August 27, 2018 by 5:00 p.m.**, email your company name and the name(s) and number of people attending to:

[DHA-RFP-RESERVATIONS@SACCOUNTY.NET](mailto:DHA-RFP-RESERVATIONS@SACCOUNTY.NET).

- a. **Purpose:**

The purpose of the conference will be to discuss the requirements and objectives of the RFP and to answer questions and provide needed clarification relating to this RFP for questions submitted in advance as outlined below.

  - i. *Meeting doors will close to additional attendees 15 minutes after the start time.*
- b. **Submission of Questions:**

Proposers are strongly encouraged to submit any questions or requests for clarification in writing before the proposer's conference.

**NOTE:** No questions can be answered outside of the Proposer's Conference, so you are strongly encouraged to email questions prior to the conference.

Please e-mail questions to [DHA-RFP-Reservations@saccounty.net](mailto:DHA-RFP-Reservations@saccounty.net).
- c. **Follow-up to Proposer's Conference:**

If any question or need for clarification should arise from the Proposer's Conference and cannot be readily answered during the conference; all attendees will receive an e-mail with answer(s) or explanation by close of Wednesday, August 29, 2018.
- d. **71-J Provision:**

This contract may be subject to Section 71-J of the County Charter, which allows the County to contract for services that county employees perform for reasons of economy and efficiency if the contract does not cause the displacement of county employees, the county meets and confers with any organization that represents employees who perform the type of services to be contracted, and the 71-J bidding process is followed. If any county employee is scheduled to be laid off, demoted, or involuntarily transferred to a new qualification, the like position in the 71-J contract and the related dollars for that position must first be eliminated.

## ANTICIPATED RFP TIMETABLE

DATE	ACTIVITY	CONTACT/ PHONE	LOCATION
<b>Monday, August 27, 2018 10:00 A.M.</b>	RFP available to prospective proposers	<b>Kim Mack (916) 876-6241 <a href="mailto:mackk@SacCounty.net">mackk@SacCounty.net</a></b>	Online at: <a href="http://www.DHA.SacCounty.net">www.DHA.SacCounty.net</a>
<b>Monday, August 27, 2018 5:00 P.M.</b>	Reservations for mandatory conference	<b>DHA-RFP- Reservations@saccounty .net</b>	
<b>Tuesday, August 28, 2018 10:30 – 12:00</b>	MANDATORY Proposer's conference	<b><u>DHA-RFP- Reservations@SacCounty .net</u></b>	Department of Human Assistance (DHA) Conference Room 257 1825 Bell Street, Suite 200, Sacramento, CA 95825
<b>Thursday, Sept 6, 2018 3:00 p.m.</b>	Final date and time to submit proposals	<b>Kim Mack (916) 876-6241 <a href="mailto:mackk@SacCounty.net">mackk@SacCounty.net</a></b>	Department of Human Assistance (DHA) 1825 Bell Street, Suite 200, Sacramento, CA 95825
<b>Friday, September 14, 2018</b>	Notice of proposed awards posted in DHA administrative office.		Online at: <a href="http://www.DHA.SacCounty.net">www.DHA.SacCounty.net</a>
<b>Friday, September 21, 2018 3pm</b>	Final Date to submit written Protest of Awards	Ann Edwards, Director	Department of Human Assistance (DHA) 1825 Bell Street, Suite 200 Sacramento, CA 95825
<b>Friday, September 28, 2018</b>	Director's decision on protests	Ann Edwards, Director	Department of Human Assistance (DHA) 1825 Bell Street, Suite 200 Sacramento, CA 95825
<b>TBD</b>	Present recommended award to the Board of Supervisors	Ann Edwards, Director	
<b>January 1, 2019</b>	<b>Contract Begins</b>		

\* Contingent on resolution of protests

\*\* Contingent on Board approval

COUNTY OF SACRAMENTO  
DEPARTMENT OF HUMAN ASSISTANCE  
REQUEST FOR PROPOSALS

FOR

LEARNING DISABILITIES EVALUATIONS

II. **DEFINITIONS**

The following are definitions as they pertain to this Request for Proposal:

- A. **Proposer** – the agency which is applying for the funding under this RFP.
- B. **CalWORKs** – California Work Opportunity and Responsibility to Kids Program
- C. **CalWORKs Volunteer** – A CalWORKs applicant or recipient who is not required to participate in Welfare-to-Work activities as a condition of eligibility for aid (Manual of Policies and Procedures, Section 42-701 (e) (3))
- D. **Caretaker Relative** – Related by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child (Manual of Policies and Procedures, Sections 82-808.1 and .11)
- E. **Welfare-to-Work (WTW)** – California Work Opportunity and Responsibility To Kids (CalWORKs) Welfare-To-Work Program
- F. **CDSS** – California Department of Social Services
- G. **DHA** – Sacramento County Department of Human Assistance
- H. **Early Learning Setting** – An environment that provides high-quality developmentally appropriate instruction and activities that engage children during their early years. (California Department of Education)
- I. **Evidence-Based Home Visiting Model** – A home visiting model approved by the Department of Health and Human Services for evidence-based home visiting (See HomVEE)
- J. **HomVEE** – Home Visiting Evidence of Effectiveness – Mathematica Policy Research reviewed the evidence of effectiveness for specific home visiting models to determine if the models meet the HHS criteria for an evidence base. (<https://homevee.acf.hhs.gov/>)
- K. **HSS** – United States Department of Health and Human Services
- L. **HVI** – CalWORKs Home Visiting Initiative
- M. **Outcome Domain** – A group of related outcomes that measure the same or similar constructs (HomVEE)

**COUNTY OF SACRAMENTO  
DEPARTMENT OF HUMAN ASSISTANCE  
REQUEST FOR PROPOSALS  
FOR  
LEARNING DISABILITIES EVALUATIONS**

**III. OVERVIEW OF THE REQUEST FOR PROPOSAL**

**A. BACKGROUND**

The purpose of the Home Visiting Initiative (HVI) is to support positive health, development, and well-being outcomes for pregnant and parenting women, families, and infants born into poverty, expanding their future educational, economic, and financial capability opportunities, and improving the likelihood that they will exit poverty.

Home visiting is an evidence-based, voluntary program model that pairs new parents with a nurse, social workers, or other persons who are culturally and linguistically appropriate to make regular visits in the participant's home to provide guidance, coaching, access to prenatal and postnatal care, and other health and social services. The pairing of home visiting with CalWORKs provides an opportunity to connect parents with necessary resources, improve their parenting skills and household order, and ensure that their children have a safe and nurturing environment that allows them to thrive and grow.

Funding for the HVI will be used to provide counties with resources to offer home visiting services to a member of the CalWORKs Assistance Unit including pregnant women, parents or caretaker relatives, and children for 24 months or until the child's second birthday, whichever is later.

County may serve additional eligible CalWORKs participants as long as the county continues to offer and provide home visiting services to the target population noted above.

**B. STATEMENT OF NEED**

This Request for Proposal (RFP) seeks proposer(s) currently using a Home Visiting Model, which has been approved by the Department of Health and Human Service's Evidence of Effectiveness (HomVEE) review, to provide home visitations to voluntary participants who are members of a CalWORKs Assistance Unit including pregnant women, parents or caretaker relatives, and children for 24 months or until the child's second birthday, whichever is later.

Proposer(s) who currently use a Home Visiting Model which has not been approved by HomVEE will need to provide an evaluation of efficacy with outcomes in the following Home Visiting Initiative Domains:

- Prenatal, infant, and toddler care
- Infant and child nutrition
- Developmental screening and assessments
- Parent education, parent and child interaction, child development, and child care,
- Job readiness and barrier removal
- Domestic violence and sexual assault, mental health, and substance abuse treatment as applicable

**C. TERM**

The RFP is for a contract period commencing **January 1, 2019** through **June 30, 2020**. The first application cycle will operate **January 1, 2019** to **June 30, 2020** (18 months). There will be an opportunity for two one year extensions contingent upon funding. State funding is subject to an appropriation in the annual Budget Act.

**IV. ADMINISTRATIVE RULES AND REQUIREMENTS**

**A. PROPOSAL SUBMISSION**

1. All proposal narratives must be typed and submitted on **standard white paper, 8 1/2 inches by 11 inches in size, DOUBLE SPACED, one-sided, in print no smaller than 11 point font**, with each page clearly and consecutively numbered.
2. Staple each copy of the proposal in the upper left corner or secure the proposal with ordinary spiral binding. If proposal packet is too large to staple or spiral bind, 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.
3. All proposals must be submitted in the order specified in Sections V & VI of this RFP.
4. The proposal must be submitted in the legal entity name of the proposer or an authorized representative. If the proposal is submitted by a corporation, the proposal 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 the DHA with the proposal. **SIGNATURE FACSIMILE STAMPS WILL NOT BE ACCEPTED.**
5. An original with original signatures in blue ink, and five (5) copies as required (RFP Checklist, Exhibit A) 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 – LEARNING DISABILITIES EVALUATIONS"**. Proposals that are not sealed will not be accepted.
6. If any information contained in the 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 proposal. The agreement is available upon request and must be submitted with the proposal.
7. Proposals must be submitted to:  
Contracts Manager  
Sacramento County Department of Human Assistance  
1825 Bell Street, Suite 200  
Sacramento, CA 95825

**Proposals not received by 3:00 P.M., THURSDAY, SEPTEMBER 6, 2018 at the above address will be rejected.**

**Proposals submitted to any other office will not be accepted. It is the responsibility of the proposer to submit the proposal by the time and date to the address specified above.**

**Postmarks will not be accepted. Fax submissions will not be accepted. Email submissions will not be accepted.**

**DHA will reject any proposal not meeting this RFP requirement.**

**B. RULES GOVERNING RFP COMPETITION**

1. **Proposer's Cost for Developing Proposal**  
Costs for developing and submitting proposals are 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 RFP**  
If revisions or additional data to the RFP become necessary, DHA will provide addenda or supplements.
3. **Property of the County**  
All proposals submitted become the property of the County and will not be returned. As part of the review and selection process, the proposals may be reviewed and evaluated by County staff and representatives from other public agencies and/or individuals from the private sector.
4. **Confidentiality**  
All proposals shall remain confidential until the evaluation process is completed, proposed awards have been posted, and the Board of Supervisors has awarded the contracts for this service.
5. **False or Misleading Statements**  
Proposals which contain false or misleading statements, or which provide reference which do not support an attribute or condition contended by the vendor, may be rejected. If, in the opinion of the County, such information was intended to mislead the County in its evaluation of the proposal and the attribute, condition, or capability is a requirement of the RFP, the bid shall be rejected.
6. **Proposer Responsibility**  
The proposer is expected to be thoroughly familiar with all specifications and requirements of this RFP. Failure or omission to examine any relevant any aspect of this RFP will not relieve you, as a proposer, from any obligation regarding this RFP. By submitting a response, the proposer is presumed to concur with all terms, conditions, and specifications of this RFP.
7. **Reference Check:**  
Submittal of a response authorizes DHA to investigate without limitation the background and current performance of your agency. Input of references regarding your capacity to perform in relation to all aspects of this RFP will be used.
8. **Right of the County**  
The County reserves the right to:
  - a. Negotiate changes to proposals.
  - b. Request additional written or oral information from proposers in order to obtain clarification of their responses.
  - c. Reject any or all responses. Minor irregularities or informalities in any response which are immaterial or inconsequential in nature, and are neither affected by law nor a substantial variance with RFP conditions, may be waived at the County's discretion whenever it is determined to be in the County's best interest.
  - d. Make awards of contracts for all the services offered in a proposal or for any portion thereof.
  - e. Recommend and/or award an amount less than stated in the RFP, if an amount is stated, and negotiate a reduction or increase in service levels commensurate with funds availability.



- f. Enter into negotiations with the competitor who submitted the next highest-rated proposal, or issue a new RFP, if the competitor, who is selected through this RFP, fails to accept and meet the terms of the standard County contract.

**9. Rejection of Proposals**

- a. Issuance of this RFP in no way constitutes a commitment by the County to award a contract. The County reserves the right to reject any or all proposals received in response to this RFP, or to cancel this RFP if it is deemed to be in the best interest of the County to do so.
- b. Failure to furnish all information required in this RFP or to follow the proposal format requested shall disqualify the proposal. Any exceptions to the scope of work required by this RFP must be justified in the proposal.

**10. News Releases**

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

**C. SELECTION PROCESS AND AWARD CRITERIA**

Evaluation of proposals and recommendation for contract(s) award(s) are conducted as follows:

1. The sole purpose in the evaluation process is to determine from among the responses received which one is best suited to meet the County's needs. Any final analysis or weighted point score does not imply that one proposer is superior to another, but simply that in our judgment that the proposer that was selected appears to offer the best overall solution for our current and anticipated needs. This RFP will be awarded to the proposer(s) whose offer provides the greatest value to the County from the standpoint of suitability to purpose, quality, service, previous experience, price, life cycle cost, ability to deliver, or for any other reason deemed to be in the best interest of the County.
2. All proposals shall be reviewed to determine whether they meet the content and format requirement specified in the RFP. Incomplete proposals will not be forwarded to the evaluation committee; they will be rejected prior to review. Rejected proposals will not be returned, but proposers will be notified in writing that the proposal was rejected in the initial screening process.
3. All proposals meeting the content and format requirements shall then be submitted to an evaluation committee, which shall evaluate the proposals based on specific award criteria. The evaluation committee members will independently rank each proposal, and the separate rankings will be accumulated for an overall ranking of all proposals.
4. Recommended awards will be made for one or more proposers who are responsive to the requirements of the RFP and have demonstrated knowledge and experience that meet the requirements described.
5. In the event that fewer than three proposals are submitted, the County has the right to make a selection from among the proposals that are submitted, to reissue the RFP in order to obtain sufficient responsible proposals, or to cancel the RFP and either negotiate a sole source contract or elect to provide the services within the department.
6. Proposers may be requested to give oral presentations to the evaluation committee before the final recommendations are made. The oral interview will consist of standard questions asked of each of the proposers and specific questions regarding the specific proposal.

7. Attempts by Proposer to contact and/or influence members of the Evaluation Committee may result in disqualification of Proposer.

**D. NOTICE OF AWARD AND OPPORTUNITY TO PROTEST**

1. A list of all proposed awards shall be posted at [www.DHA.SacCounty.net](http://www.DHA.SacCounty.net) for five (5) working days, beginning **September 14, 2018 at 10:00 a.m.**
2. Any respondent wishing to appeal the proposed award must submit a written letter of protest by **3:00 p.m. Friday, September 21, 2018**. Submit this correspondence to:  
Director  
Department of Human Assistance  
1825 Bell Street, Suite 200  
Sacramento, CA 95825-4807
3. Protests shall be limited to the following grounds:
  - Procedural irregularities (for example, one or more proposer treated differently than other proposers by allowing them to submit additional information after the deadline).
  - Conflict of interest (for example, a member of the Selection Committee is a member of the Board of any bidder organization).
  - County is proposing to award the contract to a proposer other than the proposer judged to be qualified by the evaluation committee.
4. The protest letter must contain a complete statement of the basis for the protest.
5. The protest letter must include the name, title, address, e-mail address and telephone number of the person representing the protesting party.
6. County shall investigate all written protests and a response shall be sent by the Director to the proposer.
7. Awards are not final until approved by the Sacramento County Board of Supervisors.

**V. PROPOSAL NARRATIVE**

**A. PURPOSE – SCOPE OF WORK**

1. **Proposals may be submitted by proposers who are:**
  - Qualified home visiting providers currently using one the evidence-based home visiting models listed, and approved by the United States Department of Health and Human Services for evidence-based home visiting. HomVEE website: <https://homvee.acf.hhs.gov/>:
    - Early Head Start-Home Visiting (EHS-HV)
    - Healthy Beginnings
    - Healthy Families America (HFA)
    - Home Instruction for Parents of Preschool Youngsters (HIPPY)
    - Nurse Family Partnership (NFP)
    - Parents as Teachers (PAT)
    - Professional private/corporate contractors or providers
  - Proposers who are not using one of the evidence-based home visiting models listed above, but are using a different home visiting evidence-based model, must provide an evaluation of efficacy with outcomes in the HVI domains listed and shall include but not be limited to resources and referrals to all of the following:
    - Prenatal, infant, and toddler care

- Infant and child nutrition
- Developmental screening and assessments
- Parent education, parent and child interaction, child development, and child care
- Job readiness and barrier removal
- Domestic violence and sexual assault, mental health, and substance abuse treatment as applicable

Note: CalWORKs participants electing to participate in the HVI will receive coaching and guidance through regular, planned home visits. Home visitors will provide resources directly and refer families to services so that families can receive the support they need. Home visitors shall encourage participants to enroll their child in a high-quality, early learning setting, or participate in playgroups, or other child enrichment activities, as appropriate, and parent participation in this early learning setting shall count towards allowable activities under a Welfare-to-Work plan developed by the parent or caretaker relative. Members of the AU do not need to be eligible for, nor are required to participate in, the Welfare-to-Work program in order to receive home visiting services.

**i. Case Management:**

The county and home visiting agency shall establish a collaborative case management plan. These activities include: assessing the family's needs, developing a case plan, monitoring progress in achieving case plan objectives, and ensuring the provision of all services specified in the case plan. The case plan should build on the strengths established during the home visiting period, and the family's associated connections to child care.

**ii. Coordination with County Staff:**

Home visitors shall coordinate closely with county CalWORKs staff. Close coordination and communication between home visitors and county staff is essential to ensure that families have access to services without adding any additional burdens to the participant or duplication of processes and services by the county or home visiting agency.

**iii. Enrollment in Early Learning Programs:**

High-quality early learning programs have demonstrated the ability to improve both short-term and long-term outcomes for children with unmet needs. The home visitors will encourage families to enroll their child(ren) in high-quality early learning settings, participate in playgroups, or engage in other child enrichment activities. Parents will have an opportunity to select from high-quality early learning settings that may provide developmental screenings and assessments, and offer a core curriculum that is developmentally, culturally, and linguistically appropriate. If a parent volunteers in the early learning setting, these hours shall count toward their allowable activities under their Welfare-to-Work (WTW) plan. Children enrolled in early learning setting through the HVI, may remain enrolled for 24-months regardless of the parent's participation in activities.

**iv. Home Visitor Criteria:**

- Home visiting services shall only be provided by registered nurses, nurse practitioners, social workers, or other persons able to provide culturally and linguistically appropriate services who are trained and certified, and have completed a background check. Evidence of home visitor qualifications will be needed.
- Proposer must have a minimum of three years of experience serving CalWORKs participants or CalWORKs - eligible participants.
- Proposer has the appropriate supervision and infrastructure to maintain fidelity to the model.
- Home visiting recruitment and outreach strategies are established.

- Proposer has a demonstrated capacity to provide services to the same participant at least monthly and multiple times per month as needed.
- Proposer has a plan to minimize attrition.
- Proposer has processes and procedures in place to ensure home visitors encourage CalWORKs participant to engage in high-quality early learning settings.
- Proposer's home visiting model has a comprehensive plan to ensure home visitors connect families with immigration services and resources.
- Proposer has an established procedure to allocate funds for health and safety related items.
- Proposer's agency may need to co-locate with the county or provide a feasible reason as to why they are unable to co-locate.
- Participation in a multi-disciplinary group that focuses on home visiting.
- Proposer has a strategic plan for sustainability of funding for home visiting services to the CalWORKs populations. (E.g. funding from local sources, leveraging or federal or other resources).

**2. Training:**

- i. Proposer's home visitors will complete required training in the following areas:
  - CalWORKs
  - Medi-Cal
  - Welfare-To-Work
  - Child Care
  - CalFresh
  - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
  - Other programs, with county-specific information about how the home visiting professionals can help a parent access additional services for which he or she may be eligible and troubleshoot problems with benefits or eligibility that would impact his or her access to services
  - Cultural competency and implicit bias,
  - Strengths based practices for working with families with unmet needs.

**3. Data Collection:**

Proposer and county shall provide, as a condition of funding, data necessary to administer the program and also related to the outcomes of participants and children, including by race, ethnicity, national origin, primary and secondary language, and county. The data shall include program outcomes for the parents and children served in the program. Proposer shall protect the personal information of individuals and families collected or maintained against loss, unauthorized access, and illegal use or disclosure, consistent with applicable state and federal laws.

**B. DELIVERABLES**

County and proposer are required to collect data for the purpose of informing a longitudinal study and evaluation. The information must include but is not limited to:

- Rates of children receiving regular well-child check-ups and if available, immunization rates according to American Academy of Pediatrics Bright Futures guidelines
- Rates of children receiving developmental screening and referrals for further assessment
- Rates of participation in early learning programs
- Services referrals by type
- Services accessed by type

- Number of home visits completed, including data on duration of families' enrollment in home visiting services
- Parental satisfaction with their gains in parenting skills and knowledge
- Food and housing stability
- Workforce training, employment and financial stability
- Participation in education programs or English as a Second Language programs, or both, if applicable
- Access to immigration services and remedies
- Indicators of home visiting program workforce capacity, including demographics, characteristics, composition, including employer and certification status, and future training needs of the home visiting workforce
- Child welfare referrals and outcomes
- Additional descriptive and outcome indicators, as appropriate

**C. POPULATION TO BE SERVED AND GEOGRAPHIC AREA**

The Department of Human Assistance serves a low-income, multi-lingual, multi-cultural population. The Department is seeking proposals that will provide a home visiting program to voluntary participants who are a member of a CalWORKs Assistance Unit, who is pregnant with no other children at the time of enrollment, or a first-time parent, or caretaker relative of a child less than twenty-four months at the time he or she enrolls in the HVI program.

Geographic area is Sacramento County.

**D. QUALIFICATIONS, EXPERIENCE AND KNOWLEDGE**

Proposers must have the knowledge, training and experience in all pertinent areas required to provide the requested services. The evaluation shall be performed by a professional who, by training, is qualified to determine whether the participant is unable to successfully complete or benefit from a current proposed activity assignment.

**E. PROPOSER'S ORGANIZATIONAL STRUCTURE**

Proposers must have the resources necessary to complete this contract.

**VI. PROPOSAL CONTENT REQUIREMENTS AND PROPOSER QUALIFICATION REQUIREMENTS**

**Proposers must prepare a proposal, which includes the items specified below in the order specified below.**

**A. RFP CHECKLIST (Exhibit A)**

Use this checklist to ensure you have provided all necessary documentation and submit with your packet.

**B. COVER LETTER (Exhibit B, 5 Points)**

1. The RFP cover letter is included in this packet as Exhibit B. It must be fully completed and submitted with the proposal. You may type directly on this Exhibit OR you may prepare your own statement cover letter using a typewriter or word processor. If Exhibit B from this packet is not used, it is the proposer's responsibility to be sure that the format exactly follows Exhibit B and no information is omitted.
2. A signed statement of intent to meet the requirements specified in this RFP and to abide by the administrative rules of this RFP must be submitted. Any exception must be stated. By signing Exhibit B, proposer specifies intent to meet and abide by RFP requirements and rules.

**C. TABLE OF CONTENTS**

Provide a table of contents, which identifies all major sections of the proposal by page number. All exhibits/attachments must also be referenced by page number.

**D. PROPOSAL NARRATIVE (Includes Program Statement, Narrative, Scope of Service)**

These are the sections to the Proposal Narrative as follows:

1. **Program Narrative (45 Points Total) – (Not to exceed 4 pages)**

Clearly and concisely describe the proposed program as specified in Section IV. A., Program Narrative. The description must:

- (a) (15 points) specify how the services in the proposal response will meet or exceed the requirements of the County;
- (b) (15 points) explain any special resources, procedures or approaches that make the services of Proposer particularly advantageous to the County; and
- (c) (15 points) identify any limitations or restrictions of Proposer in providing the services that the County should be aware of in evaluating its response to this RFP. Please be as brief as possible, but include all necessary information.

The narrative must enable a selection committee to make an evaluation to determine whether the proposal meets County requirements. The proposal narrative should be specific, complete and clearly and fully demonstrate that the proposer has an understanding of County requirements and the knowledge to meet those requirements. The proposal narrative must respond to the requirements as described in Section IV.A., the Program Narrative.

2. **Deliverables (10 Points) (Not to exceed 2 pages)**

Describe how you will meet the deliverables for this program.

3. **Population/Geographic Target Area (5 Points) (Not to exceed 1 page)**

Describe the population to be served and geographic area as required in Section IV.C.

4. **Qualifications, Experience and Knowledge (15 Points) (Not to exceed 2 pages)**

Describe the knowledge, training and experience that staff has in all pertinent areas required to provide the services proposed. Include job descriptions.

List any relevant certifications of all staff.

Briefly describe your knowledge, experience, and ability to administer a program that satisfies the scope of service described in your proposal. In discussing experience, include the types of services you have provided and the length of time you have provided them.

If you are currently providing services to the COUNTY or have provided services to the COUNTY in the past, include a description of those services.

5. **Proposer's Organization Structure (5 Points) (Not to exceed 2 pages)** - The content of this section must describe how the proposer plans to organize the resources necessary to complete this contract. The content must demonstrate the proposer's appropriateness, readiness, and ability to provide the services set forth in the proposal.

- Consultants/Subcontractors Qualifications - If use of consultants or subcontractors is contemplated, identify the number of consultants/subcontractors, their names and titles, and describe the services each will provide.
- COUNTY considers the prime contractor to be the sole point of contact. However, any consultant/subcontractor must conform to all requirements of the RFP, and any resultant contract, and must be approved by COUNTY in advance.

**E. BUDGET (Exhibit C, 15 Points)**

Use Exhibit C from this packet to provide information on your proposed costs.

**F. REFERENCES**

Proposers must submit at least three references. All references given must have had services rendered by you at the present time or within the last two years. References must be satisfactory as deemed

solely by the County. References must be for services similar in scope, volume and requirements to those given in these specifications, terms and conditions. Information to include:

- Company/Agency name
- Contact person (name and title), must be a person directly involved with the services provided
- Complete street address
- Telephone number
- Type of business and type of service provided
- Dates of service

The County may contact some or all of the references provided to determine the Proposers performance record for similar services. The County reserves the right to contact references other than those provided and to use the information gained from them in the evaluation process.

**G. INSURANCE REQUIREMENTS (Exhibit D)**

The successful proposer(s) 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.

After proposals are evaluated and a contractor(s) is selected, the proposed contractor(s) 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 RFP packet. Failure to conform to insurance requirements within this time period shall constitute grounds for termination of contract negotiations.

**H. NONPROFIT STATUS and ARTICLES OF INCORPORATION**

Nonprofit organizations must provide documentation of tax-exempt status from either the Internal Revenue Service or the Franchise Tax Board.

A copy of the organization's Articles of Incorporation and an authorization from the governing board allowing submission of the proposal must be included. If an organization is in the process of being incorporated by the California Secretary of State's Office, a proposal may be submitted contingent upon providing proof of the incorporation process, when completed. Corporations must complete this process prior to the execution of a contract.

**I. CHILD SUPPORT ORDINANCE (Exhibit E)**

Proposers are required to read, complete, sign and date 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", including the Company Name, Company Address and Completed By sections.

**H. 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 proposal to comply with Government Code Section 12990 and California Administrative Code, Title II, Division 4, and Chapter 5.

**I. DEBARMENT AND SUSPENSION CERTIFICATION (Exhibit G)**

Proposers must read and sign the Debarment and Suspension Certification. This certification must accompany each proposal to comply with Code of Federal Regulations, 45 CFR, Part 76.100. County shall verify that Proposer is not listed on the System for Award Management site at: [www.sam.gov](http://www.sam.gov). Executive Order 12549, 7 CFR Part 3017, 45 CFR Part 76, and 44 CFR Part 17.

**J. FIVE OR MORE EMPLOYEES (Exhibit H)**

Submitters must read and sign the Five or More Employees Statement (Exhibit H)

**K. PROOF OF SIGNATURE AUTHORITY**

Proposer must provide documentation that the person who signs this proposal is authorized to negotiate on behalf of this corporation 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

**L. NONPROFIT STATUS and ARTICLES OF INCORPORATION**

Nonprofit organizations must provide documentation of tax-exempt status from either the Internal Revenue Service or the Franchise Tax Board.

A copy of the organization's Articles of Incorporation and an authorization from the governing board allowing submission of the proposal must be included. If an organization is in the process of being incorporated by the California Secretary of State's Office, a proposal may be submitted contingent upon providing proof of the incorporation process, when completed.

Corporations must complete this process prior to the execution of a contract.

**M. FINANCIAL STATEMENT AND ACCOUNTING SYSTEM**

Submit your latest audited financial report, completed by an independent certified public accountant, for the most recently completed fiscal year. If the audit is of a parent firm, the parent firm shall be party to the contract. Evidence of solvency and acceptable accounting practices is required. Governmental agencies are exempt from this requirement.

Proposers' audited financial statements must be satisfactory, as deemed solely by County, to be considered for contract award.

If an audited financial statement is not available please submit:

- A Federal Income Tax Return for the most recently completed calendar year, or
- An internally prepared annual financial statement for the most recently completed calendar year

**N. COST ALLOCATION PLAN**

Provide a description of your cost allocation plan. This description should be limited to no more than two pages of narrative and include how your organization allocates administrative or overhead costs over multiple contracts. Sample forms or charts may be included.

Proposers' cost allocation plan must be satisfactory, as deemed solely by County, to be considered for contract award.

**O. ADDITIONAL INFORMATION**

Proposers may provide exhibits or attachments that are needed to provide information or explanation about the proposal. Provide an original and copies as specified (see Exhibit A, RFP checklist) of such exhibits or attachments.



**VII. EXHIBITS AND RFP SUBMITTAL ORDER**

**Read, complete, sign and return all required documents**

- 1) RFP Checklist – Exhibit A
- 2) RFP Cover Letter – Exhibit B
- 3) Table of Contents – provided by submitter
- 4) Proposal Narrative – provided by submitter
- 5) Budget Forms and Instructions – Exhibit C
- 6) References – provided by submitter
- 7) Insurance Requirements – Exhibit D
- 8) Non-Profit Status/Articles of Incorporation – provided by Submitter
- 9) Child Support Ordinance/Certificate of Compliance/Contractor Identification Form – Exhibit E
- 10) Nondiscrimination Clause/Statement of Compliance – Exhibit F
- 11) Debarment and Suspension Certification – Exhibit G
- 12) 5 or More Employees Statement – Exhibit H
- 13) Proof of Signature Authority – provided by submitter
- 14) Financial Statement of Accounting System – provided by submitter
- 15) Cost Allocation Plan – provided by submitter
- 16) Additional Information

**NOTE:**

- All RFP requirements and exhibits contained in this packet from this page forward **MUST** be included in your submitted proposal packet.
- Be sure to sign all signature lines in **BLUE** ink.
- The completed proposal is due to DHA no later than:

**Thursday, September 6, 2018, No Later Than 3:00 P.M**  
1825 Bell Street, Suite 200, Sacramento CA 95825

**EXHIBIT A  
RFP CHECKLIST**

The following list identifies all **items that must be submitted in your proposal package**. Space for check marks is provided in the left margin for your convenience.

Signatures must be in **blue** ink. Your proposal packet must include one (1) original proposal with original signatures and all documents listed below, plus **five** copies of items 1 through 5.

- \_\_\_\_\_ 1. **RFP Checklist** Proposer must sign the Checklist (Exhibit A)
- \_\_\_\_\_ 2. **RFP Cover Letter/Intent to Meet RFP Requirements/Proposers Statements** (Exhibit B in this packet. Must sign and return the Certification on page 5.)
- \_\_\_\_\_ 3. **Table of Contents** Include page numbers.
- \_\_\_\_\_ 4. **Proposal Narrative**
- \_\_\_\_\_ 5. **Budget** (Exhibit C in this packet)
- \_\_\_\_\_ 6. **References** Proposers must include three references from other contracts held.
- \_\_\_\_\_ 7. **Insurance Requirements** Proposers must **sign** the Proposers Statement Regarding Insurance Coverage (Exhibit D - "Insurance Requirements" in this packet)
- \_\_\_\_\_ 8. **Nonprofit Organization Status and Articles of Incorporation** Proposers must submit:
  - Evidence of their tax exemption status as defined by the Internal Revenue Service and the Franchise Tax Board, and
  - All corporations must show evidence of incorporation by the California Secretary of State.
- \_\_\_\_\_ 9. **Child Support Ordinance** Proposers must read the Child Support Ordinance, **complete and sign** the Contractor Certification of Compliance form, and **complete and sign** the Contractor Identification Form (Exhibit E in this packet).
- \_\_\_\_\_ 10. **Nondiscrimination Clause/Statement of Compliance** Proposers must read the Nondiscrimination Clause and **complete and sign** the Nondiscrimination Statement of Compliance. (Exhibit F in this packet)
- \_\_\_\_\_ 11. **Debarment and Suspension Certification** Proposers must read, **complete and sign** the Debarment and Suspension Certification (Exhibit G in this packet). County shall verify that Proposer is not listed on the Excluded Parties Listing System (EPLS) at: [www.epls.gov](http://www.epls.gov). Executive Order 12549, 7 CFR Part 3017, 45 CFR Part 76, and 44 CFR Part 17.
- \_\_\_\_\_ 12. **Five or More Employees Statement** Proposers must sign (Exhibit H)
- \_\_\_\_\_ 13. **Proof of Signature Authority** Provide proof that the person who signs this proposal is authorized to negotiate on behalf of this corporation.
- \_\_\_\_\_ 14. **Financial Statement** (Government agencies are exempt) All proposers must submit an audited financial statement for the most recently completed fiscal year by an independent, certified public accountant. You must show evidence of solvency and adequacy of accounting practices. If an audited financial statement is not available please submit:
  - A Federal Income Tax Return for the most recently completed calendar year; or
  - An internally prepared annual financial statement for the most recently completed calendar year
- \_\_\_\_\_ 15. **Cost Allocation Plan**  
Provide a description of your cost allocation plan. This description should be limited to no more than two pages of narrative and include how your organization allocates administrative or overhead costs over multiple contracts. Sample forms or charts may be included.
- \_\_\_\_\_ 16. **Additional Information** – provided by submitter

\_\_\_\_\_  
Signature of Proposer's Authorized Representative

\_\_\_\_\_  
Date

**SIGNATURES MUST BE IN BLUE INK**

CalWORKS HOME VISITING INITIATIVE

RFP NO. 2019-005

EXHIBIT B

RFP COVER LETTER AND PROPOSER'S STATEMENTS

TO: COUNTY OF SACRAMENTO  
DEPARTMENT OF HUMAN ASSISTANCE  
1825 Bell Street, Suite 200  
Sacramento, CA 95825

Attention: Contracts Manager

SUBJECT: **LEARNING DISABILITIES EVALUATIONS**

TYPE OF BUSINESS/AGENCY: (CHECK ONE)

Public  Corporation  Private Nonprofit  Private for Profit  Individual Owner  Partnership

\_\_\_\_\_  
Name of Proposer (Legal Entity)

\_\_\_\_\_  
Name, Parent Corporation (if applicable)

\_\_\_\_\_  
Address of Proposer (Street, City, Zip Code)

\_\_\_\_\_  
Proposer's Federal Tax Identification Number

\_\_\_\_\_  
Contact Person (Please Print) (NAME, TITLE, PHONE NUMBER)

\_\_\_\_\_  
Fax Number of Proposer

\_\_\_\_\_  
E-Mail Address of Proposer

\_\_\_\_\_  
Name and title of person(s) authorized to sign for agency, Phone Number, Fax Number and E-Mail address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSER'S STATEMENTS

- 1. Number of years prospective contractor has been in business under present business name, as well as prior or related business names: \_\_\_\_\_
- 2. Number of years prospective contractor has been licensed: \_\_\_\_\_
- 3. Number of years of experience prospective contractor has had in providing required, equivalent, or related services: \_\_\_\_\_
- 4. List contracts completed in last five years. If there are too many to list below, add an attachment.

<u>Year</u>	<u>Contracting Agency</u>	<u>Type of Service</u>	<u>Location</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 5. List contracts, or other commitments (e.g. consulting arrangements), currently in force. If there are too many to list below, add an attachment.

<u>Year</u>	<u>Contracting Agency</u>	<u>Type of Service</u>	<u>Location</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 6. Provide details of any failure or refusal to complete a contract.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If not a governmental agency, complete the following:

a. Does the agency hold a controlling interest in any other organization?

Yes

No

If yes, list organizations.

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---

b. Is the agency owned or controlled by any other person or organization?

Yes

No

If yes, list person(s) or organization(s).

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c. Financial interest in any other business: \_\_\_\_\_

d. Name of persons with whom the prospective contractor has been associated in business as partners or business associates in the last five years:

Name of Business Associate

Name of Business

_____	_____
_____	_____
_____	_____
_____	_____

8. Briefly describe the agency's experience in the service to be provided as well as the experience of principal individuals who would be involved in this project.

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9. Briefly describe any litigation involving the agency, or principal officers thereof, in connection with any contract.

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10. Is all major equipment necessary to complete this project currently on hand?

Yes  No

If no, list all major equipment that needs to be purchased.

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11. List any commitments or potential commitments, which may impact assets, lines of credit, or guarantor letters, or otherwise affect the proposers' ability to perform the contract services.

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12. Attach copies of all professional licenses or certificates required by the nature of the contract work to be performed.

13. Attach a resolution from your agency's Board of Directors authorizing the agency to submit this application.

**Certification**

I certify that all statements in this Exhibit B, Proposers Statements, are true. This certification constitutes a warranty, the falsity of which shall entitle the County to pursue any remedy authorized by law, which shall include the right, at the option of the County, of declaring any contract made as a result hereof to be void. I agree to provide the County with any other information the County determines is necessary for the accurate determination of the agency's qualification to provide services.

I certify that the \_\_\_\_\_ (agency's name) will comply with all requirements specified in the RFP which are applicable to the services which we wish to provide. I agree to the right of the County, State, and Federal government to audit \_\_\_\_\_ (agency's name) financial and other records.

\_\_\_\_\_  
Print Name of Proposer or Authorized Agent

\_\_\_\_\_  
Signature of Proposer or Authorized Agent

\_\_\_\_\_  
Date

**SIGNATURES MUST BE IN BLUE INK**

Proposal responses must include evidence that the person or persons signing the proposal is/are authorized to execute the proposal on behalf of the proposer.







**CalWORKs HOME VISITING INITIATIVE  
RFP DHA-2019-005**

**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 RFP are specified in this sample insurance exhibit. A contract negotiated following this RFP 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 until a contract is offered.

You must complete and sign the Proposer's Statement Regarding Insurance Coverage, on the last page of this Exhibit. If the Proposer's Statement Regarding Insurance Coverage is not included in your package, your proposal will not be considered by the department.

If your proposal 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 Rick Wright, Contract Manager, 875-3635, for any further information you may require regarding insurance coverage.

**EXHIBIT D**

**COUNTY OF SACRAMENTO  
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, his 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'S Risk Management Office, the 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.

**VERIFICATION OF COVERAGE**

CONTRACTOR shall furnish COUNTY with certificates evidencing coverage required below. **Copies of required endorsements must be attached to provided certificates.** 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 offered in compliance with these specifications. As an alternative to insurance certificates, CONTRACTOR'S insurer may voluntarily provide complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications.

**MINIMUM SCOPE OF INSURANCE**

Coverage shall be at least as broad as:

1. 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 exclusions or limitations unless approved by the County Risk Manager.
2. AUTOMOBILE LIABILITY: Insurance Services Office's Commercial Automobile Liability coverage form CA 0001.
  - A. 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.
  - B. Personal Lines automobile insurance shall apply if vehicles are individually owned.
3. WORKERS' COMPENSATION: Statutory requirements of the State of California and Employer's Liability Insurance.
4. PROFESSIONAL LIABILITY or Errors and Omissions Liability insurance appropriate to the Contractor's profession.
5. 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 coverages 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.

**MINIMUM LIMITS OF INSURANCE**

CONTRACTOR shall maintain limits no less than:

1. 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

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).

2. Automobile Liability:
  - A. Commercial Automobile Liability for Corporate/business owned vehicles including non-owned and hired, \$1,000,000 Combined Single Limit.
  - B. Personal Lines Automobile Liability for Individually owned vehicles, \$250,000 per person, \$500,000 each accident, \$100,000 property damage.
3. Workers' Compensation: Statutory
4. Employer's Liability: \$1,000,000 per accident for bodily injury or disease.
5. Professional Liability or Errors and Omissions Liability: \$1,000,000 per claim and aggregate.

**DEDUCTIBLES AND SELF-INSURED RETENTION**

Any deductibles or self-insured retention that applies to any insurance required by this Agreement must be declared and approved by COUNTY.

**CLAIMS MADE PROFESSIONAL LIABILITY INSURANCE**

If professional liability coverage is written on a Claims Made form:

1. 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.
2. Insurance must be maintained and evidence of insurance must be provided for at least one (1) year after completion of the Agreement.
3. If coverage is canceled 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.

**OTHER INSURANCE PROVISIONS**

The insurance policies required in this Agreement are to contain, or be endorsed to contain, as applicable, the following provisions:

1. **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 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.

**COMMERCIAL GENERAL LIABILITY AND/OR COMMERCIAL AUTOMOBILE LIABILITY:**

1. **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.

2. **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.

3. **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, employees, or volunteers shall be excess of the CONTRACTOR's insurance and shall not contribute with it.

4. **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.

5. **Subcontractors:**

CONTRACTOR shall be responsible for the acts and omissions of all its subcontractors and shall require all its subcontractors to maintain adequate insurance.

**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.

**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 work performed 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.

**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 reasonable 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**

**PROPOSER'S STATEMENT REGARDING INSURANCE COVERAGE**

PROPOSER HEREBY CERTIFIES that Proposer has reviewed and understands the insurance coverage requirements specified in Exhibit D of this proposal. Should Proposer be awarded a contract, Proposer further certifies that Proposer can meet the specified requirements for insurance, including insurance coverage of the subcontractors, and agrees to name the County of Sacramento as Additional Insured.

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Name of Proposer (Legal Entity)

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Signature of Proposer's Authorized Representative

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Name & Title of Authorized Representative

---

Date of Signing

**SIGNATURES MUST BE IN [BLUE INK](#)**

**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:

CONTRACTOR hereby certifies that either: (choose one of four)

- (a) the CONTRACTOR is a government or non-profit entity (exempt),
- (b) the CONTRACTOR has no Principal Owners (25% or more) (exempt),
- (c) each Principal Owner (25% or more), does not have any existing child support orders,
- (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.

New 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-BidderCompliance@saccounty.net](mailto:DCSS-BidderCompliance@saccounty.net).

\_\_\_\_\_  
**CONTRACTOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Signed Name**

\_\_\_\_\_  
**Printed Name**

**CONTRACTOR IDENTIFICATION FORM**

Contractor is exempt.

**If not exempt, CONTRACTOR TO COMPLETE:**

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"/>
<b>If YES to question #1, please complete the following as to each of these individuals:</b>			
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:** \_\_\_\_\_  
 (Signature)

**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
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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 proposer 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 proposers are employed 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 proposers 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 proposers 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 proposers for employment.
- F. The contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the agreement.

**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

**SIGNATURES MUST BE IN BLUE INK**

**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, to the best of my (our) knowledge and belief, 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 three-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 2 of this certification; and
4. Have not within a three-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 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 regarding debarment and suspension from all its subcontractors that will be funded through this Agreement.
7. Hereby agree to terminate immediately, any subcontractor's services that will be/are funded through this Agreement, upon discovery that the subcontractor is ineligible or voluntarily excluded from covered transactions by any federal department or agency.

\_\_\_\_\_  
Print Name of Proposer (Legal Entity)

\_\_\_\_\_  
Signature of Proposer's Authorized Representative

\_\_\_\_\_  
Name & Title of Authorized Representative

\_\_\_\_\_  
Date of Signing

**SIGNATURES MUST BE IN BLUE INK**

**EXHIBIT H**

**RFP NO. 2018-001**

**FIVE OR MORE  
EMPLOYEES STATEMENT**

Under Federal and State employment tax law, the County must resolve the basic question of whether to treat the service provider as an employee or as an independent contractor. This form was designed to simplify the process of resolving tax status determination as required under the Internal Revenue Service (IRS) rules. Please complete the following employee statement.

Contractor Name: \_\_\_\_\_

Contract No (s): \_\_\_\_\_

I certify that I have:

0 - 4 employees

5 or more employees

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
Phone Number

**SIGNATURES MUST BE IN BLUE INK**

**NOT APPLICABLE TO THIS RFP.**