

**29390  
CONTRACT**

**BY AND BETWEEN**

**THE COUNTY OF LOS ANGELES**

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**AND**

**CITY OF LONG BEACH  
CONTRACTOR**

**FOR**

**FAMILY PRESERVATION PROGRAM**

Department of Children and Family Services  
Contracts Administration  
425 Shatto Place, Room 400  
Los Angeles, California 90020

August 2005

**COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
FAMILY PRESERVATION PROGRAM**

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## **EXHIBITS:**

Exhibit A	Family Preservation Program Statement of Work (SOW)
Exhibit B	Budget
Exhibit C	Certification of Independent Price Determination
Exhibit D	Contractor's Equal Employment Opportunity (EEO) Certification
Exhibit E	Community Business Enterprise (CBE) Form
Exhibit F-1	Contractor Employee Acknowledgment and Confidentiality Agreement
Exhibit F-2	Non-Contractor Employee Acknowledgment and Confidentiality Agreement
Exhibit G	Auditor-Controller Contract Accounting and Administration Handbook
Exhibit H	Internal Revenue Notice 1015
Exhibit I	Sample Subcontract
Exhibit J	Jury Service Program Certification – Los Angeles County Code 2.203 (Jury Service Program)
Exhibit K	Contract Discrepancy Report
Exhibit L	Safely Surrendered Baby Law
Exhibit M	Fixed Asset Instructions and Form

### **Family Preservation Specific Exhibits:**

Exhibit FP-B-1	Pricing Schedule
Exhibit FP-1	Referral to Mental Health
Exhibit FP-2	Referral Report to Mental Health
Exhibit FP-3	Probation Department Referral Service Authorization (FP/Prob-1324)
Exhibit FP-4	Probation Department On-Site Contact Report
Exhibit FP-5	County of Los Angeles Probation Department FP Program Auxiliary Fund Authorization
Exhibit FP-6	Auxiliary Fund Procedures
Exhibit FP-7	Expense Claim for Lead Agency Auxiliary Fund Reimbursement
Exhibit FP-8	FP Service Agreement (English & Spanish)
Exhibit FP-9	MCPC Confidential Declaration
Exhibit FP-10	MCPC Service Plan
Exhibit FP-11	MCPC Service Plan Agreement
Exhibit FP-12	Monthly Progress Report
Exhibit FP-13	Excused Absence Approval
Exhibit FP-14	First and Second Unexcused Absence Alert
Exhibit FP-15	Technical Review Check Lists
Exhibit FP-16	Family Functioning Assessment Tool
Exhibit FP-17	California Family Risk Assessment

Exhibit FP-18	Statement of Received, Expended & Unexpended Funds
Exhibit FP-19	Alternative Response Confidentiality Declaration
Exhibit FP-20	Alternative Response Service Plan
Exhibit FP-21	Consent to Release and Exchange Information – DCFS 802/802S (English & Spanish)
Exhibit FP-22	In-Home Counseling/Follow-up Progress Notes
Exhibit FP-23	SPA Allocation
Exhibit FP-24A	Family Preservation Agency Weekly Case Count Form
Exhibit FP-24B	Family Preservation Weekly Case/Family Counts
Exhibit FP-25	Service Progress Notes Form
Exhibit FP-26	Customer Satisfaction Survey
Exhibit FP-27	DCFS Form 800
Exhibit FP-28A	County's Administration
Exhibit FP-28B	Contractor's Administration
Exhibit FP-29	Drug and Alcohol Summary Log and Report
Exhibit FP-30	IRS W-9
Exhibit FP-31	Consent to Comply with Children's Bill of Rights

**CONTRACT BETWEEN  
COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
AND  
CITY OF LONG BEACH  
CONTRACTOR  
FOR  
FAMILY PRESERVATION PROGRAM**

This Contract is made and entered into this 18<sup>TH</sup> day of AUGUST 2005 by and between the County of Los Angeles Department of Children and Family Services hereinafter referred to as COUNTY and City of Long Beach, hereinafter referred to as CONTRACTOR, who has to maintain an office within Lakewood, DCFS office boundary to provide the required FP services.

**RECITALS**

WHEREAS, pursuant to Government Code Sections 26227, 31000 and 53703, the COUNTY may contract for Family Preservation services when certain requirements are met; and

WHEREAS, the CONTRACTOR is a public governmental entity or a non-profit social service organization founded for religious, charitable or social welfare purposes and is tax exempt under 501 (c) (3) of the Internal Revenue Code, specializing in providing Family Preservation services; and

WHEREAS, pursuant to provisions of Assembly Bill 776, COUNTY may utilize a portion of the Federal Promoting Safe and Stable Families (PSSF) funds and the allocated State General funds for the COUNTY's Family Preservation Program to provide a comprehensive range of prevention, support, intervention, transitional and maintenance services for families in the communities of Los Angeles COUNTY; and

WHEREAS, COUNTY has determined that the services to be provided under this Contract are necessary to protect children while strengthening and preserving families, thereby reducing the number of out-of-home placements and expediting the safe return of children to families; and

WHEREAS, COUNTY desires to provide Family Preservation Services; and

WHEREAS, the County of Los Angeles Board of Supervisors has delegated the authority to the Director of the Department of Children and Family Services (DCFS) to execute the Contract; and

NOW THEREFORE, in consideration of the mutual promises, covenants and conditions set forth herein, the parties hereto and each of them do agree as follows:

## 1.0 APPLICABLE DOCUMENTS

Exhibits A-2, B, C, D, E, F-1, F-2, G, H, I, J, K, L, M, FP-B-1, FP-1, FP2, FP-3, FP-4, FP-5, FP-6, FP-7, FP-8, FP-8A, FP-9, FP-10, FP-11, FP-12, FP-13, FP\_14, FP-15, FP16, FP-17, FP-18, FP-19, FP-20, FP-21, FP-22, FP-23, FP-24, FP-25, FP-26, FP-27, FP-28A, FP28B, FP-29, FP-30 and FP-31 are attached to and form a part of this Contract. In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, schedule, or the contents or description of any task, deliverable, good, service, or other work, or otherwise between the base Contract and the Exhibits, or between Exhibits, such conflict or inconsistency shall be resolved by giving precedence first to the Contract and then to the Exhibits according to the following priority.

### EXHIBITS:

Exhibit A	Family Preservation Program Statement of Work
Exhibit B	Budget
Exhibit C	Certification of Independent Price Determination
Exhibit D	Contractor's Equal Employment Opportunity (EEO) Certification
Exhibit E	Community Business Enterprise (CBE) Form
Exhibit F-1	Contractor Acknowledgment and Confidentiality Agreement
Exhibit F-2	Non-Contractor Employee Acknowledgment and Confidentiality Agreement
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Exhibit K	Contract Discrepancy Report
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Exhibit M	Fixed Asset Instructions and Form

### Family Preservation Specific Exhibits:

Exhibit FP-B-1	Pricing Schedule
Exhibit FP-1	Referral to Mental Health
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Exhibit FP-3	Probation Department Referral Service Authorization (FP/Prob-1324)
Exhibit FP-4	Probation Department On-Site Contact Report
Exhibit FP-5	County of Los Angeles Probation Department FP Program Auxiliary Fund Authorization
Exhibit FP-6	Auxiliary Fund Procedures
Exhibit FP-7	Expense Claim for Lead Agency Auxiliary Fund Reimbursement
Exhibit FP-8	Service Agreement (English & Spanish)

Exhibit FP-8A	FP Program Consent To Release And Exchange Information
Exhibit FP-9	MCPC Confidential Declaration
Exhibit FP-10	MCPC Service Plan
Exhibit FP-11	MCPC Service Plan Agreement
Exhibit FP-12	Monthly Progress Report
Exhibit FP-13	Excused Absence Approval
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Exhibit FP-24	Lead Agency Weekly Count
Exhibit FP-25	Service Progress Notes Form
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Exhibit FP-28B	Contrator's Administration
Exhibit FP-29	Drug and Alcohol Summary Log and Report
Exhibit FP-30	IRS W-9
Exhibit FP-31	Consent to Comply with Children's Bill of Rights

## 2.0 DEFINITIONS

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. The following words as used herein shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used.

- 2.1 **CONTRACT:** Agreement executed between COUNTY and CONTRACTOR. It sets forth the terms and conditions for the issuance and performance of the Statement of Work, Exhibit A.
- 2.2 **CONTRACTOR:** The sole proprietor, partnership, or corporation that has entered into a Contract with the COUNTY to perform or execute the work covered by the Statement of Work.
- 2.3 **CONTRACTOR PROJECT MANAGER:** The individual designated by the CONTRACTOR to administer the Contract operations after the Contract award.

- 2.4 **COUNTY PROGRAM DIRECTOR:** Person designated by COUNTY with authority for COUNTY on contractual or administrative matters relating to this Contract that cannot be resolved by the County's Program Manager.
- 2.5 **COUNTY PROGRAM MANAGER:** Person designated by COUNTY's Program Director to manage the operations under this Contract.
- 2.6 **COUNTY PROGRAM MONITOR:** The person with the responsibility to oversee the day-to-day activities of this Contract. This includes responsibility for inspections of any and all tasks, deliverables, goods, services and other work provided by CONTRACTOR.
- 2.7 **DAY(s):** Calendar day(s) unless otherwise specified.
- 2.8 **FISCAL YEAR:** The twelve (12) month period beginning July 1<sup>st</sup> and ending the following June 30<sup>th</sup>.

### **3.0 CONTRACTOR'S WORK**

- 3.1 Pursuant to the provisions of this Contract, CONTRACTOR shall fully perform, complete and deliver on time, all tasks, deliverables, services and other work as set forth in the Family Preservation Program Statement of Work, Exhibit A. CONTRACTOR warrants that it possesses the competence, expertise and personnel necessary to provide such services.
- 3.2 If the CONTRACTOR provides any tasks, deliverables, goods, services, or other work, other than as specified in this Contract, the same shall be deemed to be a gratuitous effort on the part of the CONTRACTOR, and the CONTRACTOR shall have no claim whatsoever against the COUNTY.

### **4.0 TERM OF CONTRACT**

- 4.1 The term of this Contract shall be for two (2) years, ten-and-a-half months commencing on August 16, 2005 or date of execution by the Director of DCFS, whichever is later, and shall continue through June 30, 2008, unless sooner terminated or extended, in whole or in part, as provided in this Contract.
- 4.2 The COUNTY shall have the sole option to extend the Contract term. Each such extension shall be exercised at the sole discretion of the COUNTY Board of Supervisors.
- 4.3 CONTRACTOR shall notify DCFS when this Contract is within six (6) months of expiration of the term as provided for hereinabove. Upon occurrence of this event, CONTRACTOR shall send written notification to DCFS at the address herein provided in Exhibit FP-28A, County's Administration.

## 5.0 CONTRACT SUM

- 5.1 COUNTY and CONTRACTOR agree that this is a firm-fixed price Contract. During the term of this Contract, COUNTY shall compensate CONTRACTOR for the services set forth in Exhibit A, Family Preservation Program SOW, and at the rate of compensation set forth in Exhibit FP-B-1, Pricing Schedule.
- 5.2 CONTRACTOR has prepared and submitted to COUNTY a budget segregating direct and indirect costs for the work to be performed by CONTRACTOR under this Contract, hereinafter referred to as "Budget". Budgeted expenses shall be reduced by applicable CONTRACTOR revenues, which are identified thereon. The line items shall provide sufficient detail to determine the quality and quantity of services to be delivered. This Budget is attached hereto and incorporated by reference herein as Exhibit B, Budget. CONTRACTOR represents and warrants that the Budget is true and correct in all respects, and services shall be delivered hereunder in accordance with the Budget. In the event the Maximum Contract Sum is increased pursuant to Section 8.4, Change Notices and Amendments, hereof, CONTRACTOR shall prepare and submit an amended Budget.
- 5.3 The total amount payable under this Contract is \$1,500,000, hereinafter referred to as "Maximum Contract Sum". The maximum amount payable under this Contract for each of the Contract years shall not exceed \$500,000 for FY 2005-06, and \$500,000 for each FY 2006-07 and FY 2007-08, hereinafter referred to as "Maximum Annual Contract Sum" to provide the required FP services in the Lakewood, DCFS office boundary that the CONTRACTOR shall serve.
- 5.4 CONTRACTOR shall utilize a maximum of ten percent (10%) of their Maximum Annual Contract Sum for administrative and indirect costs. Unless, the agency has a federal approved rate letter of over 10%.
- 5.5 **No Payment for Services Provided Following Expiration/ Termination of Contract**

CONTRACTOR shall have no claim against COUNTY for payment of any money or reimbursement, of any kind whatsoever, for any service provided by CONTRACTOR after the expiration or other termination of this Contract. Should CONTRACTOR receive any such payment, it shall immediately notify COUNTY and shall immediately repay all such funds to COUNTY. Payment by COUNTY for services rendered after expiration/termination of the Contract shall not constitute a waiver of COUNTY's right to recover such payment from CONTRACTOR. This provision shall survive the expiration or other termination of this Contract.

## 5.6 Invoices and Payment

- 5.6.1 COUNTY's new Web-based Application System (billing function) will be implemented between four to six months after commencement of the Contract. Once the new Application System is available, CONTRACTOR shall begin to electronically invoice COUNTY in arrears via COUNTY's Web-based Application System. CONTRACTOR must have available the necessary electronic equipment as set forth in Section 7.5, Computer Requirements and Information Technology of this Contract, and in Exhibit A, Statement of Work, Section 5.4, Computer and Information Technology Requirements. In addition, to the electronic invoice, CONTRACTOR shall continue to send signed original hard copies of the invoices to the County's Program Manager for review and approval.
- 5.6.2 CONTRACTOR shall invoice the COUNTY only for providing the tasks, deliverables, goods, services, and other work specified in Exhibit A, Statement of Work and elsewhere hereunder. CONTRACTOR shall prepare invoices, which shall include the charges owed to the CONTRACTOR by the COUNTY under the terms of this Contract. CONTRACTOR's payments shall be as provided in Exhibit FP-B-1, and the CONTRACTOR shall be paid only for the tasks, deliverables, goods, services, and other work approved in writing by the COUNTY. If the COUNTY does not approve work in writing, no payment shall be due to the CONTRACTOR for that work.
- 5.6.3 CONTRACTOR shall be paid for services provided on a monthly basis. CONTRACTOR shall submit an invoice electronically in arrears for services rendered in the previous month. All invoices should be received within thirty (30) days of the last day of the previous month but may be received later than thirty (30) days, at COUNTY's sole discretion, as long as sufficient funds remain available under the Contract. All such services rendered by CONTRACTOR shall be paid in accordance with Exhibit FP-B-1, Pricing Schedule.
- 5.6.4 COUNTY will prorate the payment for families/Probation youth that are served for less than a full month. The pro rata payment will be calculated by multiplying the monthly rate by a fraction, where the number of days the families/children were actually served is the numerator and the number of days in the invoiced month is the denominator. Payment shall commence as of the referral date and end on the effective termination date.

5.6.5 Expenditures made by CONTRACTOR in the operation of this Contract shall be in compliance and in conformity with the Office of Management and Budget (OMB) Circular A-122, Cost Principles for Non-Profit Organizations and OMB A-87 Cost Principles for State, Local and Indian Tribal Governments.

5.6.6 Prior to the implementation of the COUNTY's Web-based Application System, CONTRACTOR shall submit the original monthly invoice to the DCFS Contract Payment Unit and one copy to the COUNTY's Program Manager for review and approval.

CONTRACTOR shall send original invoices to:

County of Los Angeles  
Department of Children and Family Services  
Attention: Contract Payment Unit  
425 Shatto Place, Room 204  
Los Angeles, California 90020

And duplicate copies of the invoices to be approved to:

Department of Children and Family Services  
Family Preservation Program  
Attention: Otho Day, Program Manager  
425 Shatto Place, Room 501  
Los Angeles, California 90020

5.6.7 The Program Manager, or designee, shall review the detailed charges to ensure charges are in accordance with the Contract term and that invoiced services have been received. Upon review and approval of the monthly invoice, the Program Manager, or designee, shall return the invoice to Contract Payment Unit for payment.

5.6.8 Payment to CONTRACTOR shall be made in arrears on a monthly basis for services performed, provided that the CONTRACTOR is not in default under any provision of this Contract. COUNTY shall attempt to authorize payment within thirty (30) days following receipt of invoice, provided that all work performed during the preceding month has been reviewed, accepted, signed and dated by the Program Manager or designee. COUNTY has no obligation to pay for any work except those services expressly authorized by this Contract.

- 5.6.9 In compliance with Internal Revenue Service (IRS) requirements, CONTRACTOR shall provide CONTRACTOR's Tax Identification Number.
- 5.6.10 CONTRACTOR is responsible for the accuracy of invoices submitted to COUNTY. Further, it is the responsibility of CONTRACTOR to reconcile or otherwise correct inaccuracies or inconsistencies in the invoices submitted by CONTRACTOR and to notify COUNTY of any overpayments received by CONTRACTOR. Overpayment received by CONTRACTOR, as determined by COUNTY Program Manager, or designee, shall be returned to COUNTY by CONTRACTOR within thirty (30) days of receiving notification of such overpayment from the COUNTY, or may be set off at COUNTY's election against future payments due CONTRACTOR. Notwithstanding any other provision of this Contract, CONTRACTOR shall return to COUNTY any and all payments, which exceed the Maximum Contract Sum. Furthermore, CONTRACTOR shall return said payments within thirty (30) days of receiving notification of overpayment from the COUNTY or immediately upon discovering such overpayment, whichever date is earlier.
- 5.6.11 CONTRACTOR shall not be paid for expenditures beyond the Maximum Contract Sum, and CONTRACTOR agrees that COUNTY has no obligation, whatsoever, to pay for any expenditures by CONTRACTOR that exceed the Maximum Contract Sum.
- 5.6.12 CONTRACTOR shall notify COUNTY, in the manner set forth in Sections 5.6, Invoices and Payment, and 8.33, Notices, of this Contract, when expenditures under this Contract total seventy-five (75%) of the Maximum Contract Sum. Furthermore, CONTRACTOR shall notify COUNTY, in the manner set forth in Sections 5.6, Invoices and Payment, and 8.33, Notices, of this Contract, when this Contract is within six (6) months of expiration. CONTRACTOR shall send these notices to those persons and addresses which are set forth in Sections 5.6, Invoices and Payment, and 8.33, Notices.

**5.7 Base Rate, Supplementary Services and TDT Funds**

- 5.7.1 CONTRACTOR shall use these funds for the required Base Rate Services, Supplementary Services, and TDT Services identified in Exhibit A, Family Preservation Program SOW.
- 5.7.2 CONTRACTOR may use up to five percent (5%) of the annual allocation amount for discretionary services/items.

CONTRACTOR must obtain prior written approval from the COUNTY Program Manager for any Discretionary Services expenditures estimated to be in excess of two thousand, five hundred dollars (\$2,500) for any individual item, event, activity or service.

5.7.3 In addition, all costs for Base Rate, Supplementary Services, and TDT services must be allowable under the Office of Management and Budget (OMB) Circular A-122, Cost Principles for Non-profit Organizations, or OMB A-87 "Cost Principles for State and Local Governments" as applicable.

**5.8 Limitations on the Use of Base Rate, Supplementary Services and TDT Funds**

Base Rate, Supplementary Services and TDT funds shall not be utilized for any of the following:

5.8.1 As security or to guarantee payments for any non-program obligations, such as loans for non-program activities or any other use prohibited under applicable Federal or State law or regulations.

5.8.2 To supplant any Federal, State or COUNTY funds currently provided for the full range of services to families.

5.8.3 Either directly or indirectly, for purposes of fund raising or for political campaigns.

**5.9 Cost Center**

CONTRACTOR shall establish a separate Family Preservation Cost Center to account for all revenue received, expended and unexpended from the Base Rate, Supplementary Services, and TDT Services Annual Amount. Revenue and expenses from other programs, including other parts of the Family Preservation Program, shall not be commingled in this Cost Center.

CONTRACTOR shall establish an additional Family Preservation Cost Center for billing of supplemental services for Alcohol and Drug Assessment and Treatment services. Revenue and expenses from other programs, including other parts of the Family Preservation Program, shall not be commingled in this Cost Center.

**5.10 Base Rate, Supplementary Services And TDT Monthly Detail Services Report.**

CONTRACTOR shall electronically input to COUNTY, by the 20th of each month following the month of service, a detailed service report of Base Rate, Supplementary Services and TDT Services. CONTRACTOR shall use the software provided by COUNTY as set forth in Section 7.5, Computer and Information Technology Requirements of this Contract. Amounts included on this report must be calculated on an accrual basis. The statement shall include interest earned on funds received.

**5.11 Statement of Received, Expended and Unexpended Funds (H-10)**

Unexpended Base Rate, Supplementary Services, and TDT services Contract amount, as calculated on the Statement of Received, Expended, and Unexpended Core Services Funds, Exhibit FP-18, shall be returned to COUNTY within thirty (30) days following the end of the applicable fiscal year. Any unexpended Base Rate, Supplementary Services, and TDT service funds at the expiration or termination of this Contract shall be returned to COUNTY within thirty (30) days following termination or expiration of this Contract.

**5.11.1 Auxiliary Services/Items**

CONTRACTOR shall purchase DCFS and COUNTY's Probation Department approved items for reimbursement from Auxiliary Funds according to the procedures set forth in Exhibit FP-6, "Auxiliary Fund Procedures and Exhibit FP-7, Expense Claim for Lead Agency Auxiliary Fund Reimbursement," and in Exhibit A, SOW. For COUNTY's Probation Department only, the CONTRACTOR shall use Exhibit FP-5, "County of Los Angeles Probation Department Family Preservation Program Auxiliary Fund Authorization."

5.11.2 Auxiliary fund purchases made by the CONTRACTOR shall include, but are not limited to, bedding, clothing, flatware and temporary emergency housing. Auxiliary fund services/items, which may be purchased only by DCFS/Probation, include, but are not limited to, furniture, beds, sofa beds, mattresses, cribs, chest of drawers, sofas and dining tables, and appliances such as, stoves and refrigerators, and items/services needed to serve medically fragile and deaf client(s).

5.11.3 CONTRACTOR shall be responsible for providing all necessary documentation of purchase for use and reimbursement of Auxiliary Funds.

## **6.0 ADMINISTRATION OF CONTRACT – COUNTY**

### **COUNTY'S ADMINISTRATION**

A listing of all COUNTY Administration referenced in the following Sections are designated in Exhibit FP-28A, County Administration. The COUNTY shall notify the CONTRACTOR in writing of any change in the names or addresses shown.

#### **6.1 COUNTY's Program Director**

Responsibilities of the COUNTY Program Director include:

- Ensuring that the objectives of this Contract are met;
- Making changes in the terms and conditions of this Contract in accordance with Section 8.4, Change Notices and Amendments; and
- Providing direction to CONTRACTOR in the areas relating to COUNTY policy, information requirements, and procedural requirements.

#### **6.2 COUNTY's Program Manager (CPM)**

The responsibilities of the COUNTY's Program Manager include:

- Meeting with CONTRACTOR's Project Manager on a regular basis; and
- Inspecting any and all tasks, deliverables, goods, services, or other work provided by or on behalf of CONTRACTOR.

COUNTY's Program Manager is not authorized to make any changes in any of the terms and conditions of this Contract and is not authorized to further obligate COUNTY in any respect whatsoever.

#### **6.3 COUNTY's Contract Program Monitor**

The COUNTY's Contract Program Monitor is responsible for overseeing the day-to-day administration of this Contract.

## **7.0 ADMINISTRATION OF CONTRACT – CONTRACTOR**

### **7.1 CONTRACTOR'S Project Manager**

7.1.1 CONTRACTOR's Project Manager is designated under Contractor's Administration in Exhibit FP-28B. The

CONTRACTOR shall notify the COUNTY in writing of any change in the name or address of the CONTRACTOR's Project Manager.

7.1.2 CONTRACTOR's Project Manager shall be responsible for CONTRACTOR's day-to-day activities as related to this Contract and shall coordinate with COUNTY's Program Manager and Contract Program Monitor on a regular basis.

## 7.2 Approval of CONTRACTOR'S Staff

7.2.1 County has the absolute right to approve or disapprove all of CONTRACTOR's staff performing work hereunder and any proposed changes in CONTRACTOR's staff, including, but not limited to, CONTRACTOR's Project Manager.

7.2.2 CONTRACTOR shall notify the COUNTY within one business day when staff is terminated from working on this Contract.

## 7.3 Confidentiality

7.3.1 The CONTRACTOR shall maintain the confidentiality of all records obtained from the COUNTY under this Contract in accordance with all applicable federal, State or local laws, ordinances, regulations and directives relating to confidentiality.

7.3.2 The CONTRACTOR shall inform all its officers, employees, agents and Subcontractors providing services hereunder of the confidentiality provisions of this Contract. The CONTRACTOR shall cause each employee performing services covered by this Contract to sign and adhere to the "CONTRACTOR Employee Acknowledgment and Confidentiality Agreement", Exhibit F-1.

7.3.3 The CONTRACTOR shall cause each non-employee performing services covered by this Contract to sign and adhere to the "Non-Contractor Employee Acknowledgment and Confidentiality Agreement", Exhibit F-2.

## 7.4 Case Records

7.4.1 CONTRACTOR shall maintain case records on each client and family served. Case records shall include, but not be limited to, the authorized DCFS 800 referral, Probation referral form 1324, family service agreement(s), MCPC Service Plan agreement(s), service progress note(s), assessments made with CSW/DPO, unexcused absence alert(s), auxiliary fund authorization(s),

family specific monthly report(s) and other documentation as necessary.

- 7.4.2 CONTRACTOR is responsible for maintaining a copy of the authorized DCFS 800/FP 1324 form in the case record for every family served. For Probation referrals, CONTRACTOR shall notify the COUNTY's Probation Department's Program Manager, or his or her designee, prior to terminating services at the end of the service period authorized on the most current FP 1324. CONTRACTOR shall only provide services for the period indicated on the authorized DCFS 800/FP 1324.
- 7.4.3 CONTRACTOR shall utilize the serial number and or child identification number designated by DCFS/Probation for identifying each referred family and case record.
- 7.4.4 CONTRACTOR shall maintain all case records, and make them available upon request by COUNTY. CONTRACTOR shall maintain closed case records for a minimum of five (5) years after each fiscal year.
- 7.4.5 CONTRACTOR shall maintain records of all efforts made to obtain assistance for referred families.
- 7.4.6 CONTRACTOR shall document and maintain in its case record all of CONTRACTOR's notes, records and any needed approvals for the services provided. All services provided shall be documented on the Service Progress Notes, Exhibit FP-25.
- 7.4.7 CONTRACTOR shall maintain documentation in the CONTRACTOR's family case record of the date and time referrals and requests for Emergency Response services were received and the date and time the CONTRACTOR responded.

## **7.5 Computer and Information Technology Requirements**

- 7.5.1 CONTRACTOR shall provide a computer, within thirty (30) days of commencement of the Contract, and an agreement for the on-site maintenance for the entire term of the Contract with the following hardware:
- ✓ Basic Computer
  - ✓ IBM or 100% compatible personal computer with at least Pentium III and 500 Mhz.
  - ✓ 256 Megabytes of memory or more
  - ✓ Desktop screen resolution of 1024 X 768

- ✓ Software:
- ✓ Microsoft Windows 2000, Windows XP, or a fully compatible system
- ✓ Internet Explorer 5.5 or fully compatible internet browser software
  
- ✓ Internet Access:
- ✓ High Speed internet access (DSL or Cable Modem)
- ✓ Establish linkages with the automated Information Technology System (ITS)

7.5.2 CONTRACTOR shall work cooperatively with DCFS' Information Technology Services staff and any contracted program evaluator, if applicable.

7.5.3 CONTRACTOR shall provide data entry staff to process electronic/fully automated invoices for the Web-based Application System (billing function) that is being implemented by COUNTY.

7.5.4 During the term of the Contract, COUNTY will provide software for CONTRACTOR's Web-based Application System. This software shall be installed and maintained by COUNTY.

## **8.0 STANDARD TERMS AND CONDITIONS**

### **8.1 Assignment and Delegation**

8.1.1 The CONTRACTOR shall not assign its rights or delegate its duties under this Contract, or both, either in whole or in part, without the prior written consent of the Director of DCFS or his or her designee. Any unapproved assignment or delegation shall be null and void. Any payments by DCFS to any approved delegate or assignee on any claim under this Contract shall be deductible, at DCFS' sole discretion, against the claims, which the CONTRACTOR may have against the COUNTY.

8.1.2 If any assumption, assignment, delegation, or takeover of any of the CONTRACTOR's duties, responsibilities, obligations, or performance of same by any entity other than the CONTRACTOR, whether through assignment, Subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without DCFS' express prior written approval, may result in the termination of this Contract.

## **8.2 Authorization Warranty**

CONTRACTOR represents and warrants that the person executing this Contract for the CONTRACTOR is an authorized agent who has actual authority to bind the CONTRACTOR to each and every term, condition, and obligation of this Contract and that all requirements of the CONTRACTOR have been fulfilled to provide such actual authority.

## **8.3 Budget Reductions**

In the event that the COUNTY's Board of Supervisors adopts, in any fiscal year, a COUNTY Budget which provides for reductions in the salaries and benefits paid to the majority of COUNTY employees and imposes similar reductions with respect to COUNTY Contracts, the COUNTY reserves the right to reduce its payment obligation correspondingly for that fiscal year and any subsequent fiscal year services provided by the CONTRACTOR under the Contract. The COUNTY's notice to the CONTRACTOR regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such actions. CONTRACTOR shall continue to provide all of the services set forth in the Contract.

## **8.4 Change Notices And Amendments**

The COUNTY reserves the right to change any portion of the work required under this Contract, or make amendment to such other terms and conditions as may become necessary and reasonable. Any such revisions shall be in writing and accomplished in the following manner:

8.4.1 For any change which does not affect the period of performance, Maximum Contract Sum, Maximum Annual Contract Sum or payments, and which does not materially alter any term or condition included in this Contract, an amendment shall be prepared, and signed by CONTRACTOR and the Director. Approval of County Counsel must be obtained for any changes which affect the scope of work.

8.4.2 For any change which affects the period of performance, Maximum Contract Sum, Maximum Annual Contract Sum or payments, or which materially alters any other term or condition in this Contract, a written amendment shall be prepared, signed by the CONTRACTOR, and thereafter submitted to COUNTY's Board of Supervisors for consideration and, if approved, execution.

8.4.3 For purposes of Sections 8.4.1 and 8.4.2, a change materially alters a term or condition included in this Contract if it: (1) is significant as to price, quantity, quality or delivery when contrasted with the total costs or scope of the services being procured; (2) alters minimum requirements for prospective bidders, proposers or negotiating entities for this Contract; or (3) would result in a change in the Maximum Contract Sum set forth in Section 5.0, Contract Sum, of this Contract.

8.4.4 Notwithstanding the provisions of Sections 8.4.1 and 8.4.2, COUNTY's Director may, without further action by COUNTY's Board of Supervisors, prepare and sign amendments to this Contract which increase payments to CONTRACTOR which are commensurate with increases in the units of service being provided under this Contract under the following conditions:

8.4.4.1 COUNTY's total payments to CONTRACTOR shall not increase more than ten percent (10%) per year and in the aggregate above the original Maximum Contract Sum during the term of this Contract.

8.4.4.2 COUNTY's Board of Supervisors has appropriated sufficient funds for all changes described in each such amendment to this Contract.

8.4.4.3 Approval of County Counsel and the Chief Administrative Officer is obtained prior to any such amendment to this Contract; and

8.4.4.4 The Director shall notify COUNTY's Board of Supervisor, Chief Administrative Officer, and County Counsel of all Contract changes, in writing, within fifteen (15) days following execution of such amendment.

## 8.5 Child Abuse Prevention Reporting

8.5.1 CONTRACTOR agrees that the safety of the child will always be the first priority. To ensure the safety of children, CONTRACTOR will immediately notify COUNTY and the Child Abuse Hotline whenever CONTRACTOR reasonably suspects that a child has been a victim of abuse and/or is in danger of future abuse. The CONTRACTOR will remain with the child if imminent risk is present.

8.5.2 CONTRACTOR shall ensure that all known or suspected instances of child abuse are reported to a child protective

agency as defined in Section 11164, et. Seq. of the Penal Code. This responsibility shall include:

- 8.5.2.1 A requirement that all employees, consultants, or agents performing services under this Contract who are required by Penal Code, Section 11166(a) to report child abuse, sign a statement that he or she knows of the reporting requirements and will comply with them.
- 8.5.2.2 The establishment of procedures to ensure reporting even when employees, consultants or agents who are not required to report child abuse under California Penal Code Section 11166, gain knowledge of, or reasonably suspect that a child had been a victim of abuse or neglect.
- 8.5.2.3 The assurance that all employees of CONTRACTOR and Subcontractors understand that the safety of the child is always the first priority.

## **8.6 Compliance with Applicable Law**

- 8.6.1 CONTRACTOR shall conform to and abide by all applicable Municipal, COUNTY, State and Federal laws and regulations; court rules, and ordinances, insofar as the same or any of them are applicable. This includes compliance with mandatory standards and policies relating to energy efficiency in the State Energy Conservation Plan (Title 24, California Administrative Code) and compliance with Section 306 of the Clean Air Act (42 USC 1857(h)), Section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15). Insofar as permits and/or licenses are required for the prescribed services and/or any construction authorized herein, the same must be obtained from the regulatory agency having jurisdiction thereover.
  - 8.6.1.1 CONTRACTOR acknowledges that this Contract will be funded, in part, with federal funds; therefore, CONTRACTOR agrees that it shall comply with all applicable federal laws and regulations pertaining to such federal funding. Said federal laws and regulations include, but are not limited to, 45 CFR Section 92.36, et seq.
  - 8.6.1.2 CONTRACTOR shall comply with all applicable laws pertaining to confidentiality. This shall include but is

not limited to the confidentiality provisions of Section 827 and Section 10850 of the California Welfare and Institutions Code and MPP Division 19.

- 8.6.1.3 CONTRACTOR agrees to comply fully with the terms of the Executive Order 11246, entitled Equal Employment Opportunity as amended by Executive Order 11375, and as supplemented by Department of Labor Regulations (41 CFR Part 60).
- 8.6.1.4 Failure by CONTRACTOR to comply with such laws and regulations shall be a material breach of this Contract and may result in termination of this Contract.
- 8.6.1.5 CONTRACTOR agrees to indemnify and hold COUNTY harmless from any loss, damage or liability resulting from a violation on the part of the CONTRACTOR, its employees, agents or Subcontractors of such laws, regulations, rules, policies, standards or ordinances as described in Section 8.6.1, Compliance with Applicable Laws.

#### **8.7 Compliance with Civil Rights Laws**

CONTRACTOR hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000 (e) (1) through 2000 (e) (17), to the end that no person shall, on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract. CONTRACTOR shall comply with Exhibit D, CONTRACTOR's EEO Certification.

#### **8.8 Compliance with the County's Jury Service Program**

##### **8.8.1 Jury Service Program**

This Contract is subject to the provisions of the COUNTY's ordinance entitled Contractor Employee Jury Service ("Jury Service Program") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code, a copy of which is attached as Exhibit J, and incorporated by reference into and made a part of this Contract.

## 8.8.2 Written Employee Jury Service Policy

8.8.2.1 Unless CONTRACTOR has demonstrated to the COUNTY's satisfaction either that CONTRACTOR is not a "CONTRACTOR" as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that CONTRACTOR qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), CONTRACTOR shall have and adhere to a written policy that provides that its employees shall receive from the CONTRACTOR, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the CONTRACTOR or that the CONTRACTOR deduct from the employee's regular pay the fees received for jury service.

8.8.2.2 For purposes of this Sub-section, "Contractor" means a person, partnership, corporation or other entity which has a Contract with the COUNTY or a Subcontract with a COUNTY CONTRACTOR and has received or will receive an aggregate sum of fifty thousand dollars (\$50,000) or more in any 12-month period under one or more COUNTY contracts or Subcontracts. "Employee" means any California resident who is a full time employee of CONTRACTOR. "Full-time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the COUNTY, or 2) CONTRACTOR has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program. If CONTRACTOR uses any Subcontractor to perform services for the COUNTY under the Contract, the Subcontractor shall also be subject to the provisions of this Sub-section. The provisions of this Sub-section shall be inserted into any such Subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.

8.8.2.3 If CONTRACTOR is not required to comply with the Jury Service Program when the Contract commences, CONTRACTOR shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and CONTRACTOR shall

immediately notify COUNTY if CONTRACTOR at any time either comes within the Jury Service Program's definition of "Contractor" or if CONTRACTOR no longer qualifies for an exception to the Jury Service Program. In either event, CONTRACTOR shall immediately implement a written policy consistent with the Jury Service Program. The COUNTY may also require, at any time during the Contract and at its sole discretion, that CONTRACTOR demonstrate to the COUNTY's satisfaction that CONTRACTOR either continues to remain outside of the Jury Service Program's definition of "Contractor" and/or that CONTRACTOR continues to qualify for an exception to the Program.

8.8.2.4 CONTRACTOR's violation of this Sub-section of the Contract may constitute a material breach of the Contract. In the event of such material breach, COUNTY may, in its sole discretion, terminate the Contract and/or bar CONTRACTOR from the award of future COUNTY Contracts for a period of time consistent with the seriousness of the breach.

## **8.9 Conflict of Interest**

8.9.1 No COUNTY employee whose position with the COUNTY enables such employee to influence the award of this Contract or any competing Contract, and no spouse or economic dependent of such employee, shall be employed in any capacity by the CONTRACTOR or have any other direct or indirect financial interest in this Contract. No officer or employee of the CONTRACTOR who may financially benefit from the performance of work hereunder shall in any way participate in the COUNTY's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence the COUNTY's approval or ongoing evaluation of such work.

8.9.2 CONTRACTOR shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Contract. The CONTRACTOR warrants that it is not now aware of any facts that create a conflict of interest. If the CONTRACTOR hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the COUNTY. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant

circumstances. Failure to comply with the provisions of this Sub-section shall be a material breach of this Contract.

**8.10 Consideration of Hiring County Employees Targeted for Layoff/or Re-Employment List**

Should CONTRACTOR require additional or replacement personnel after the effective date of this Contract to perform the services set forth herein, the CONTRACTOR shall give first consideration for such employment openings to qualified, permanent COUNTY employees who are targeted for layoff or qualified, former COUNTY employees who are on a re-employment list during the life of this Contract.

**8.11 Consideration of Hiring Gain/Grow Program Participants**

8.11.1 Should CONTRACTOR require additional or replacement personnel after the effective date of this Contract, CONTRACTOR shall give consideration for any such employment openings to participants in the COUNTY's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program who meet the CONTRACTOR's minimum qualifications for the open position. For this purpose, consideration shall mean that the CONTRACTOR will interview qualified candidates. The COUNTY shall refer GAIN/GROW participants by job category to the CONTRACTOR.

8.11.2 In the event that both laid-off COUNTY employees and GAIN/GROW participants are available for hiring, COUNTY employees shall be given first priority.

**8.12 Former Foster Youth Consideration**

Should CONTRACTOR require additional or replacement personnel after the effective date of this Contract to perform services set forth herein, CONTRACTOR shall give consideration (after COUNTY employees, and GAIN/GROW participants as described in Sections 8.10 and 8.11, respectively) for any such position(s) to qualified former foster youth. CONTRACTOR shall notify COUNTY of any new or vacant positions(s) within CONTRACTOR's firm by sending via U.S. mail or facsimile, a list denoting any position(s) for which hiring is anticipated to:

Department of Children and Family Services  
Attention: Emancipation Services  
3530 Wilshire Boulevard, 4<sup>th</sup> Floor  
Los Angeles, California 90010  
Telephone # (213) 351-0100  
FAX: (213) 637-0035

The notice sent by CONTRACTOR must indicate the position(s)/title(s) for vacant or new employment opportunity, description of same, requirements/qualifications for position(s), anticipated pay rate or salary schedule, the location where requests for application(s) may be sent, final date of acceptance for applications and any special circumstances relevant to the hiring procedure for said position(s).

CONTRACTOR is exempt from the provisions of this Section if it is a government entity.

### **8.13 CONTRACTOR Responsibility and Debarment**

#### **8.13.1 Responsible CONTRACTOR**

A responsible CONTRACTOR is a CONTRACTOR who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the Contract. It is the COUNTY's policy to conduct business only with responsible CONTRACTORS.

#### **8.13.2 Chapter 2.202 of the County Code**

CONTRACTOR is hereby notified that, in accordance with Chapter 2.202 of the County Code, if the COUNTY acquires information concerning the performance of the CONTRACTOR on this or other Contracts which indicates that the CONTRACTOR is not responsible, the COUNTY may, in addition to other remedies provided in the Contract, debar the CONTRACTOR from bidding or proposing on, or being awarded, and/or performing work on COUNTY Contracts for a specified period of time not to exceed three (3) years, and terminate any or all existing Contracts the CONTRACTOR may have with the COUNTY.

#### **8.13.3 Non-responsible CONTRACTOR**

The County may debar a Contractor if the Board of Supervisors finds, in its discretion, that the Contractor has done any of the following: (1) violated a term of a Contract with the County or a non-profit corporation created by the County, (2) committed an

act or omission which negatively reflects on the Contractor's quality, fitness or capacity to perform a Contract with the County, any other public entity, or a non-profit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against the County or any other public entity.

#### **8.13.4 Contractor Hearing Board**

8.13.4.1 If there is evidence that the CONTRACTOR may be subject to debarment, DCFS will notify the CONTRACTOR in writing of the evidence, which is the basis for the proposed debarment and will advise the CONTRACTOR of the scheduled date for a debarment hearing before the Contractor Hearing Board.

8.13.4.2 The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. The CONTRACTOR and/or the CONTRACTOR's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether the CONTRACTOR should be debarred, and, if so, the appropriate length of time of the debarment. The CONTRACTOR and DCFS shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

8.13.4.3 After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

#### **8.13.5 Subcontractors of Contractor**

These terms shall also apply to Subcontractors of COUNTY CONTRACTORS.

**8.14 CONTRACTOR'S Acknowledgement of County's Commitment to the Safely Surrendered Baby Law**

CONTRACTOR acknowledges that the COUNTY places a high priority on the implementation of the Safely Surrendered Baby Law. CONTRACTOR understands that it is the COUNTY's policy to encourage all COUNTY CONTRACTORS to voluntarily post the COUNTY's "Safely Surrendered Baby Law" poster in a prominent position at the CONTRACTOR's place of business. CONTRACTOR will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. DCFS will supply the CONTRACTOR with the poster to be used.

**8.14.1 Notice to Employees Regarding the Safely Surrendered Baby Law**

CONTRACTOR shall notify and provide to its employees, and shall require each Subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in Exhibit L of this Contract and is also available on the Internet at [www.babysafela.org](http://www.babysafela.org) for printing purposes.

**8.15 CONTRACTOR'S Warranty Of Adherence To County's Child Support Compliance Program**

8.15.1 CONTRACTOR acknowledges that the COUNTY has established a goal of ensuring that all individuals who benefit financially from the COUNTY through a Contract are in compliance with their court-ordered child, family and spousal support obligations in order to mitigate the economic burden otherwise imposed upon the COUNTY and its taxpayers.

8.15.2 As required by the County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting the CONTRACTOR's duty under this Contract to comply with all applicable provisions of law, the CONTRACTOR warrants that it is now in compliance and shall during the term of this Contract maintain in compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child, Family or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b).

**8.16 COUNTY'S Quality Assurance Plan**

The COUNTY or its agent will evaluate the CONTRACTOR's performance under this Contract on not less than an annual basis. Such evaluation will include assessing the CONTRACTOR's compliance with all Contract terms and conditions and performance standards. CONTRACTOR deficiencies which the COUNTY determines are severe or continuing and that may place performance of the Contract in jeopardy if not corrected may be reported to the Board of Supervisors. The report will include improvement/corrective action measures taken by the COUNTY and the CONTRACTOR. If improvement does not occur consistent with the corrective action measures, the COUNTY may terminate this Contract or impose other penalties as specified in this Contract.

**8.17 Criminal Clearances**

8.17.1 For the safety and welfare of the children to be served under this Contract, CONTRACTOR agrees, as permitted by law, to ascertain arrest and conviction records for all current and prospective employees, independent Contractors, volunteers or Subcontractors who may come in contact with children in the course of their work, volunteer activity or performance of the Subcontract and shall maintain such records in the file of each such person.

8.17.2 CONTRACTOR shall immediately notify COUNTY of any arrest and/or subsequent conviction, other than for minor traffic offenses, of any employee, independent Contractor, volunteer staff or Subcontractor who may come in contact with children while providing services under this Contract when such information becomes known to CONTRACTOR.

8.17.3 CONTRACTOR agrees not to engage or continue to engage the services of any person convicted of any crime involving harm to children, or any crime involving conduct inimical to the health, morals, welfare or safety of others, including but not limited to the offenses specified in Health and Safety Code, Section 11590 (offenses requiring registration as a controlled substance offender) and those defined in the following Penal Code Sections or any other existing or future Penal Code sections which address such crimes:

SECTION	TITLE
220	Assault with intent to commit mayhem, rape, unlawful sodomy, unlawful oral copulation, rape in concert with another, lascivious acts upon a child, or forcible acts of

	sexual penetration.
243.4	Sexual battery.
245	Assault with a deadly weapon or force likely to produce great bodily injury.
261.5	Unlawful sexual intercourse with a minor.
264.1	Voluntary acting in concert with another person, by force or violence and against the will of the victim, committed rape, rape of spouse or forcible act of sexual penetration either personally or by aiding and abetting the other person.
272	Causing, encouraging or contributing to delinquency of person under age 18.
273a	Great bodily harm or death to child; endangerment of person or health.
273ab	Assault resulting in death of child under 8 years of age.
273d	Infliction of corporal punishment or injury on child resulting in traumatic condition.
273g	Degrading, immoral or vicious practices in the presence of children.
273.5	Infliction of corporal punishment or injury on spouse, former spouse, cohabitant, former cohabitant or the mother or father of his or her child resulting in traumatic condition.
286	Sodomy.
288	Lewd or lascivious acts upon the body of a child under age 14.
288a	Unlawful oral copulation.
289	Forcible acts of sexual penetration against the victim's will.
290	Sex offenders required to register with the chief of police, sheriff or police of a campus of University of California, California State University or community college.
314	Indecent exposure.
368(b)	Great bodily harm or death to elder or dependent adult; Endangerment of person or health of elder or dependent adult.
647 (a) & (d)	Disorderly conduct relating to lewd act/behavior or prostitution.
647.6	Annoyance of or molesting a child under age 18.
667.5(c)	Violent felony.

#### 8.18 Dispute Resolution

CONTRACTOR shall bring to the attention of the County Program Manager and/or County Program Director any dispute between the COUNTY and CONTRACTOR regarding the performance of services as

stated in this Contract. If the COUNTY Program Manager or COUNTY Program Director is not able to resolve the dispute, DCFS Director, or his designee shall resolve it.

#### **8.19 Employment Eligibility Verification**

8.19.1 CONTRACTOR warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Contract meet the citizenship or alien status requirements set forth in Federal and State statutes and regulations. CONTRACTOR shall obtain, from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal and State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, (P.L. 99-603), or as they currently exist and as they may be hereafter amended. CONTRACTOR shall retain all such documentation for all covered employees for the period prescribed by law.

8.19.2 CONTRACTOR shall indemnify, defend, and hold harmless, the COUNTY, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the CONTRACTOR or the COUNTY or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Contract.

#### **8.20 Facsimile Representations**

The COUNTY and the CONTRACTOR hereby agree to regard facsimile representations of original signatures of authorized officers of each party, when appearing in appropriate places on the Change Notices and Amendments prepared pursuant to Section 8.4, and received via communications facilities, as legally sufficient evidence that such original signatures have been affixed to Change Notices and Amendments to this Contract, such that the parties need not follow up facsimile transmissions of such documents with subsequent (non-facsimile) transmission of "original" versions of such documents.

#### **8.21 Fair Labor Standards**

CONTRACTOR shall comply with all applicable provisions of the Federal Fair Labor Standards Act and shall indemnify, defend, and hold harmless the COUNTY and its agents, officers, and employees from any and all liability, including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any

wage and hour law, including, but not limited to, the Federal Fair Labor Standards Act, for work performed by the CONTRACTOR's employees for which the COUNTY may be found jointly or solely liable.

## **8.22 Fixed Assets**

Title to all fixed assets purchased with COUNTY funds designated by the COUNTY for that purpose under this Contract shall remain with COUNTY. A "Fixed Asset" is defined hereunder as any equipment costing five thousand dollars (\$5,000) or more, with a useful life of more than one year. Such assets shall be maintained and repaired by CONTRACTOR during the term of this Contract. CONTRACTOR shall provide an accounting of such assets at the termination or expiration of this Contract and shall deliver same to COUNTY upon COUNTY's written request. CONTRACTOR shall have the option upon the expiration or termination of the Contract to acquire such assets at a price to be mutually agreed upon by COUNTY and CONTRACTOR.

## **8.23 Independent CONTRACTOR Status**

8.23.1 This Contract is by and between the COUNTY and the CONTRACTOR and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between the COUNTY and CONTRACTOR. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.

8.23.2 CONTRACTOR shall be solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Contract all compensation and benefits. COUNTY shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of the CONTRACTOR.

8.23.3 CONTRACTOR understands and agrees that all persons performing work pursuant to this Contract are, for purposes of Workers' Compensation liability, solely employees of the CONTRACTOR and not employees of the COUNTY. CONTRACTOR shall be solely liable and responsible for furnishing any and all Worker's Compensation benefits to any person as a result of any injuries arising from or connected with any work performed by or on behalf of the CONTRACTOR pursuant to this Contract.

8.23.4 As previously instructed in Section 7.3, Confidentiality, CONTRACTOR shall cause each employee performing services covered by this Contract to sign and adhere to the "Contractor Employee Acknowledgment and Confidentiality Agreement", Exhibit F-1. CONTRACTOR shall cause each non-employee performing services covered by this Contract to sign and adhere to the "Non-Contractor Employee Acknowledgment and Confidentiality Agreement", Exhibit F-2.

#### **8.24 Indemnification**

CONTRACTOR shall indemnify, defend and hold harmless the COUNTY, its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with the CONTRACTOR's acts and/or omissions arising from and/or relating to this Contract.

#### **8.25 General Insurance Requirements**

Without limiting CONTRACTOR's indemnification of COUNTY and during the term of this Contract, CONTRACTOR shall provide and maintain, and shall require all of its Subcontractors to maintain, the following programs of insurance specified in this Contract. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by the COUNTY. Such coverage shall be provided and maintained at CONTRACTOR's own expense.

8.25.1 Evidence of Insurance: Certificate(s) or other evidence of coverage satisfactory to COUNTY shall be delivered to: DCFS Contracts Administration, Attention: Walter Chan, Contracts Manager, 425 Shatto Place, Room 400, Los Angeles, California 90020, prior to commencing services under this Contract. Such certificates or other evidence shall:

- Specifically identify this Contract.
- Clearly evidence all coverages required in this Contract.
- Contain the express condition that COUNTY is to be given written notice by mail at least thirty (30) days in advance of cancellation for all policies evidenced on the certificate of insurance.
- Include copies of the additional insured endorsement to the commercial general liability policy, adding the COUNTY of Los Angeles, its Special Districts, its officials, officers and employees as insureds for all activities arising from this Contract; and

- Identify any deductibles or self-insured retentions for COUNTY's approval. The COUNTY retains the right to require CONTRACTOR to reduce or eliminate such deductibles or self-insured retentions as they apply to COUNTY, or, require CONTRACTOR to provide a bond guaranteeing payment of all such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

8.25.2 **Insurer Financial Ratings:** Insurance is to be provided by an insurance company acceptable to the COUNTY with an A.M. Best rating of not less than A:VII, unless otherwise approved by COUNTY.

8.25.3 **Failure to Maintain Coverage:** Failure by CONTRACTOR to maintain the required insurance, or to provide evidence of insurance coverage acceptable to COUNTY, shall constitute a material breach of the Contract upon which COUNTY may immediately terminate or suspend this Contract. COUNTY, at its sole option, may obtain damages from CONTRACTOR resulting from said breach. Alternatively, COUNTY may purchase such required insurance coverage, and without further notice to CONTRACTOR, COUNTY may deduct from sums due to CONTRACTOR any premium costs advanced by COUNTY for such insurance.

8.25.4 **Notification of Incidents, Claims or Suits:** CONTRACTOR shall report to COUNTY:

- Any accident or incident relating to services performed under this Contract which involves injury or property damage which may result in the filing of a claim or lawsuit against CONTRACTOR and/or COUNTY. Such report shall be made in writing within twenty-four (24) hours of occurrence.
- Any third party claim or lawsuit filed against CONTRACTOR arising from or related to services performed by CONTRACTOR under this Contract.
- Any injury to a CONTRACTOR employee, which occurs on COUNTY property. This report shall be submitted on a COUNTY "Non-Employee Injury Report" to the COUNTY Contracts Manager.
- Any loss, disappearance, destruction, misuse, or theft of any kind whatsoever of COUNTY property, monies or

securities entrusted to CONTRACTOR under the terms of this Contract.

8.25.5 **Compensation for COUNTY Costs:** In the event that CONTRACTOR fails to comply with any of the indemnification or insurance requirements of this Contract, and such failure to comply results in any costs to COUNTY, CONTRACTOR shall pay full compensation for all costs incurred by COUNTY.

8.25.6 **Insurance Coverage Requirements for Subcontractors:** CONTRACTOR shall ensure any and all Subcontractors performing services under this Contract meet the insurance requirements of this Contract by either:

- CONTRACTOR providing evidence of insurance covering the activities of Subcontractors, or
- CONTRACTOR providing evidence submitted by Subcontractors evidencing that Subcontractors maintain the required insurance coverage. COUNTY retains the right to obtain copies of evidence of Subcontractor insurance coverage at any time.

## 8.26 Insurance Coverage Requirements

8.26.1 **General Liability insurance** written on ISO policy form CG 00 01 or its equivalent with limits of not less than the following:

General Aggregate:	\$2 million
Products/Completed Operations Aggregate:	\$1 million
Personal and Advertising Injury:	\$1 million
Each Occurrence:	\$1 million

8.26.2 **Automobile Liability insurance** (written on ISO policy form CA 00 01 or its equivalent) with a limit of liability of not less than one million dollars (\$1,000,000) for each accident. Such insurance shall include coverage for all "owned," "hired" and "non-owned" vehicles, or coverage for "any auto.

8.26.3 **Workers' Compensation and Employer's Liability Insurance:** providing workers' compensation benefits, as required by the Labor Code of the State of California or by any other state, and for which CONTRACTOR is responsible. If CONTRACTOR's employees will be engaged in maritime employment, coverage shall provide workers' compensation benefits as required by the U.S. Longshore and Harbor Workers' Compensation Act, Jones Act or any other federal law

for which CONTRACTOR is responsible. In all cases, the above insurance also shall include employers' Liability coverage with limits of not less than the following:

Each Accident:	\$1 million
Disease – policy limit:	\$1 million
Disease – each employee:	\$1 million

8.26.4 **Professional Liability:** Insurance covering liability arising from any error, omission, negligent or wrongful act of the CONTRACTOR, its officers or employees with limits of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate. The coverage also shall provide an extended two-year (2) reporting period commencing upon termination or cancellation of this Contract.

8.26.5 **Property Coverage:** Such insurance shall provide deductibles of no greater than 5% of the property value, but shall not exceed \$5,000 per insured unit and shall include:

8.26.5.1 **Personal Property:** Special form ("all risk") coverage for the actual cash value of property, including but not limited to equipment, motor vehicles, computers and communication devices, purchased to provide services required under this contract.

8.26.6 **Crime Coverage:** Insurance with limits in amounts not less than indicated below covering against loss of money, securities, or other property referred to in this Contract, and naming the COUNTY as loss payee.

Employee Dishonesty:	\$ 500,000
Forgery or Alteration:	\$ 500,000
Theft, Disappearance and Destruction:	\$ 500,000
Computer Fraud:	\$ 500,000
Burglary and Robbery:	\$ 500,000

## 8.27 **Liquidated Damages**

8.27.6 If, in the judgment of the DCFS Director, the CONTRACTOR is deemed to be non-compliant with the terms and obligations assumed hereby, the Director or his designee, at his option, in addition to or in lieu of, other remedies provided herein, may withhold the entire monthly payment or deduct pro rata from the CONTRACTOR's invoice for work not performed. The work not performed and the amount to be withheld or deducted from payments to the CONTRACTOR from the COUNTY, will be

forwarded to the CONTRACTOR by the Director, or his designee, in a written notice describing the reasons for said action.

8.27.7 If the Director determines that there are deficiencies in the performance of this Contract that the Director deems are correctable by the CONTRACTOR over a certain time span, the Director will provide a written notice to the CONTRACTOR to correct the deficiency within specified time frames. Should the CONTRACTOR fail to correct deficiencies within said time frame, the Director may:

- (a) Deduct from the CONTRACTOR's payment, pro rata, those applicable portions of the Monthly Contract Sum; and/or
- (b) Deduct liquidated damages. The parties agree that it will be impracticable or extremely difficult to fix the extent of actual damages resulting from the failure of the CONTRACTOR to correct a deficiency within the specified time frame. The parties hereby agree that under the current circumstances a reasonable estimate of such damages is One Hundred Dollars (\$100) per day per infraction, and that the CONTRACTOR shall be liable to the COUNTY for liquidated damages in said amount. Said amount shall be deducted from the COUNTY's payment to the CONTRACTOR; and/or
- (c) Upon giving five (5) days notice to the CONTRACTOR for failure to correct the deficiencies, the COUNTY may correct any and all deficiencies and the total costs incurred by the COUNTY for completion of the work by an alternate source, whether it be COUNTY forces or separate private CONTRACTOR, will be deducted and forfeited from the payment to the CONTRACTOR from the COUNTY, as determined by the COUNTY.

8.27.8 The action noted in Sub-section 8.27.2 shall not be construed as a penalty, but as adjustment of payment to the CONTRACTOR to recover the COUNTY cost due to the failure of the CONTRACTOR to complete or comply with the provisions of this Contract.

8.27.9 This Sub-section shall not, in any manner, restrict or limit the COUNTY's right to damages for any breach of this Contract provided by law or as specified in this Section, and shall not, in

any manner, restrict or limit the COUNTY's right to terminate this Contract as agreed to herein.

**8.28 Most Favored Public Entity**

If the CONTRACTOR's prices decline, or should the CONTRACTOR at any time during the term of this Contract provide the same goods or services under similar quantity and delivery conditions to the State of California or any county, municipality, or district of the State at prices below those set forth in this Contract, then such lower prices shall be immediately extended to the COUNTY.

**8.29 Nondiscrimination and Affirmative Action**

8.29.6 CONTRACTOR certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and shall be treated equally without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations.

8.29.7 CONTRACTOR shall certify to, and comply with, the provisions of Exhibit D, CONTRACTOR's EEO Certification.

8.29.8 CONTRACTOR shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations. Such action shall include, but is not limited to: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

8.29.9 CONTRACTOR certifies and agrees that it will deal with its Subcontractors, bidders, or vendors without regard to or because of race, color, religion, ancestry, national origin, sex, age, or physical or mental disability, marital status, or political affiliation.

8.29.10 CONTRACTOR certifies and agrees that it, its affiliates, subsidiaries, or holding companies shall comply with all applicable Federal and State laws and regulations to the end that no person shall, on the grounds of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, be excluded from

participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.

8.29.11 CONTRACTOR shall allow COUNTY representatives access to the CONTRACTOR's employment records during regular business hours to verify compliance with the provisions of this Section 8.29 when so requested by the COUNTY.

8.29.12 If the COUNTY finds that any provisions of this Section 8.29 have been violated, such violation shall constitute a material breach of this Contract upon which the COUNTY may terminate or suspend this Contract. While the COUNTY reserves the right to determine independently that the anti-discrimination provisions of this Contract have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that the CONTRACTOR has violated Federal or State anti-discrimination laws or regulations shall constitute a finding by the COUNTY that the CONTRACTOR has violated the anti-discrimination provisions of this Contract.

8.29.13 The parties agree that in the event the CONTRACTOR violates any of the anti-discrimination provisions of this Contract, the COUNTY shall, at its sole option, be entitled to the sum of Five Hundred Dollars (\$500) for each such violation pursuant to California Civil Code Section 1671 as liquidated damages in lieu of terminating or suspending this Contract.

### **8.30 Non-Exclusivity**

Nothing herein is intended nor shall be construed as creating any exclusive arrangement with CONTRACTOR. This Contract shall not restrict DCFS from acquiring similar, equal or like goods and/or services from other entities or sources.

### **8.31 Notice of Delays**

Except as otherwise provided under this Contract, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Contract, that party shall, within one (1) day, give notice thereof, including all relevant information with respect thereto, to the other party.

### **8.32 Notice to Employees Regarding the Federal Earned Income Credit**

CONTRACTOR shall notify its employees, and shall require each Subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice No. 1015.

**8.33 Notices**

All notices or demands required or permitted to be given or made under this Contract shall be in writing and shall be hand delivered with signed receipt or mailed by first-class registered or certified mail, postage prepaid, addressed to the parties as identified in Exhibits FP-28A, County's Administration and Exhibit 28B, Contractor's Administration. Addresses may be changed by either party giving ten (10) days prior written notice thereof to the other party. DCFS Director shall have the authority to issue all notices or demands required or permitted by the COUNTY under this Contract.

All notices to COUNTY shall be sent, in duplicate, addressed as follows:

Department of Children and Family Services  
Contracts Administration  
Attention: Walter Chan, Contracts Manager  
425 Shatto Place, Room 400  
Los Angeles, California 90020

All notices to CONTRACTOR shall be sent to:

Attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

or such other person and/or location as may hereinafter be designated in writing by the CONTRACTOR.

**8.34 Prohibition Against Inducement or Persuasion**

Notwithstanding the above, the CONTRACTOR and the COUNTY agree that, during the term of this Contract and for a period of one year thereafter, neither party shall in any way intentionally induce or persuade any employee of one party to become an employee or agent of the other party. No bar exists against any hiring action initiated through a public announcement.

**8.35 Proprietary Rights**

- 8.35.6 COUNTY and CONTRACTOR agree that all materials, data and information developed under and/or used in connection with this Contract shall become the sole property of COUNTY provided that CONTRACTOR may retain possession of all working papers prepared by CONTRACTOR. During and subsequent to the term of this Contract, COUNTY shall have the right to inspect any and all such working papers, make copies thereof, and use the working papers and the information contained herein.
- 8.35.7 Notwithstanding any other provision of this Contract, COUNTY and CONTRACTOR agree that COUNTY shall have all ownership rights in software and modifications thereof and associated documentation designed, developed or installed with Federal financial participation; additionally, the Federal Government shall have a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize modifications and documentation. Notwithstanding any other provision of this Contract, proprietary operating/vendor software packages (e.g., ADABAS or TOTAL) which are provided at established catalog or market prices and sold or leased to the general public shall not be subject to the ownership provisions of this Section 8.35. CONTRACTOR may retain possession of all working papers prepared by CONTRACTOR. During and subsequent to the term of this Contract, COUNTY shall have the right to inspect any and all such working papers, make copies thereof, and use the working papers and the information contained therein.
- 8.35.8 Any materials, data and information not developed under this Contract, which CONTRACTOR considers to be proprietary and confidential, shall be plainly and prominently marked by CONTRACTOR as "TRADE SECRET", "PROPRIETARY", or "CONFIDENTIAL".
- 8.35.9 COUNTY will use reasonable means to ensure that CONTRACTOR's proprietary and confidential materials, data and information are safeguarded and held in confidence. However, COUNTY will notify CONTRACTOR of any Public Records request for items described in Section 8.35.3. COUNTY agrees not to reproduce or distribute such materials, data and information to non-COUNTY entities without the prior written permission of CONTRACTOR.
- 8.35.10 Notwithstanding any other provision of this Contract, COUNTY shall not be obligated in any way under Sub-section 8.35.4 for:

8.35.10.1 Any material, data and information not plainly and prominently marked with restrictive legends as set forth in Sub-section 8.35.3;

8.35.10.2 Any materials, data and information covered under Sub-section 8.35.2; and

8.35.10.3 Any disclosure of any materials, data and information which COUNTY is required to make under the California Public Records Act or otherwise by law.

8.35.11 CONTRACTOR shall protect the security of and keep confidential all materials, data and information received or produced under this Contract. Further, CONTRACTOR shall use whatever security measures are necessary to protect all such materials, data and information from the loss or damage by any cause, including, but not limited to, fire and theft.

8.35.12 CONTRACTOR shall not disclose to any party any information identifying, characterizing or relating to any risk, threat, vulnerability, weakness or problem regarding data security in COUNTY's computer systems or to any safeguard, countermeasure, contingency plan, policy or procedure for data security contemplated or implemented by COUNTY, without COUNTY's prior written consent.

8.35.13 The provisions of Sub-sections 8.35.5, 8.35.6 and 8.35.7 shall survive the expiration or termination of this Contract.

### **8.36 Public Records Act**

8.36.6 Any documents submitted by CONTRACTOR; all information obtained in connection with the COUNTY's right to audit and inspect CONTRACTOR's documents, books, and accounting records pursuant to Section 8.38, Record Retention and Inspection/Audit Settlement of this Contract; as well as those documents which were required to be submitted in response to the Request for Proposals (RFP) used in the solicitation process for this Contract, become the exclusive property of the COUNTY. All such documents become a matter of public record and shall be regarded as public records. Exceptions will be those elements in the California Government Code Section 6250 et seq. (Public Records Act) and which are marked "trade secret", "confidential", or "proprietary". The COUNTY shall not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked, if

disclosure is required by law, or by an order issued by a court of competent jurisdiction.

- 8.36.7 In the event the COUNTY is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "trade secret", "confidential", or "proprietary", the CONTRACTOR agrees to defend and indemnify the COUNTY from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act.

### **8.37 Publicity**

- 8.37.6 CONTRACTOR shall not disclose any details in connection with this Contract to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing the CONTRACTOR's need to identify its services and related clients to sustain itself, the COUNTY shall not inhibit the CONTRACTOR from publishing its role under this Contract within the following conditions:

8.37.6.1 CONTRACTOR shall develop all publicity material in a professional manner; and

8.37.6.2 During the term of this Contract, the CONTRACTOR shall not, and shall not authorize another to, publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of the COUNTY without the prior written consent of the COUNTY's Program Director. The COUNTY shall not unreasonably withhold written consent.

- 8.37.7 CONTRACTOR may, without the prior written consent of COUNTY, indicate in its proposals and sales materials that it has been awarded this Contract with the COUNTY of Los Angeles, provided that the requirements of this Section 8.37 shall apply.

### **8.38 Record Retention and Inspection/Audit Settlement**

- 8.38.6 CONTRACTOR shall maintain accurate and complete financial records of all its activities and operations relating to this Contract in accordance with generally accepted accounting principles and which meet the requirements for contract accounting described in the Auditor-Controller Contract Accounting and Operating

Handbook. CONTRACTOR shall also maintain accurate and complete employment and other records relating to its performance of this Contract.

- 8.38.7 CONTRACTOR agrees that the COUNTY, or its authorized representatives, the State of California and its authorized representatives, and the Federal Government and its authorized representatives, including, but not limited to, the U.S. Comptroller General, shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent transaction, activity, or records relating to this Contract. All financial records, supporting documents, statistical records, and all other records pertinent to the award and performance of the Contract, including, but not limited to, all financial records, timecards, other employment records, and confidential information, shall be kept and maintained by CONTRACTOR at a location in Los Angeles County and shall be made available to COUNTY, State and Federal authorities, during the term of this Contract and either for a period of five (5) years after the expiration of the term of this Contract or for a period of three (3) years from the date of the submission of the final expenditure report, whichever date is later. If before the expiration of that time period, any litigation, claim, financial management review, or audit is started, the records shall be retained until all litigation, claims, financial management review, or audit findings involving the records have been resolved and final action taken. If such material is located outside of Los Angeles County, then at COUNTY's sole option, CONTRACTOR shall pay COUNTY for travel, per diem, and other costs incurred by the COUNTY in exercising its right under this Section. CONTRACTOR shall maintain all records in accordance with California State records and retention regulations including the provisions of California Department of Social Services Manual of Policy and Procedures, Section 23-353.
- 8.38.8 In the event that an audit is conducted of CONTRACTOR specifically regarding this Contract by any Federal or State Auditor, or by any auditor employed by CONTRACTOR or otherwise, then CONTRACTOR shall file a copy of such audit report with the COUNTY's Auditor-Controller within thirty (30) days of CONTRACTOR's receipt thereof, unless otherwise provided by applicable Federal or State law or under this Contract. COUNTY shall make a reasonable effort to maintain the confidentiality of such audit report(s).
- 8.38.9 CONTRACTOR shall be responsible for conducting annual financial audits of its agency and its subcontractor(s) if required

by COUNTY and/or the California Department of Social Services (CDSS), to be conducted by an independent audit firm and in accordance with generally accepted auditing standards. Within thirty (30) calendar days after issuance of such audit reports, CONTRACTOR shall forward copies of such reports to DCFS.

8.38.10 CONTRACTOR shall, during normal business hours, allow appropriate County, State and Federal agencies, including CDSS, COUNTY's Auditor-Controller or its designee to evaluate, audit, review, inspect and monitor its accounting books and records of program operations, including interviews of CONTRACTOR's staff, insurance agents, banks, personnel, vendors and subcontractor(s). Methods may include the inspection of accounting ledgers, journals, canceled checks, timecards, personnel records, fringe benefit rate notices, receipts and invoices, payroll tax records, subcontracts, space and equipment lease agreements, and other relevant accounting books, records, worksheets and logs as appropriate for ensuring CONTRACTOR's accountability of expenditures and program performance under this Contract. CONTRACTOR shall ensure the cooperation of all subcontractor(s), its staff, and board members in all such efforts.

8.38.11 All uses of funds paid to CONTRACTOR and other financial transactions related to CONTRACTOR's provision of services under this Contract are subject to review and/or audit by DCFS, COUNTY's Auditor-Controller or its designee, and the state of California. In the event this Contract is subject to audit exceptions, CONTRACTOR shall pay to COUNTY the full amount of CONTRACTOR's liability for such audit exceptions, as determined by DCFS, upon demand by COUNTY.

8.38.12 Failure on the part of CONTRACTOR to comply with the provisions of this Section shall constitute a material breach of this Contract upon which COUNTY may withhold reimbursement or terminate this Contract.

### **8.39 Recycled Bond Paper**

Consistent with the Board of Supervisors' policy to reduce the amount of solid waste deposited at the COUNTY landfills, CONTRACTOR agrees to use recycled-content paper to the maximum extent possible on this Contract.

## 8.40 Subcontracting

- 8.40.6 The requirements of this Contract may not be Subcontracted by the CONTRACTOR without the advance approval of the COUNTY. Any attempt by the CONTRACTOR to Subcontract without the prior consent of the COUNTY may be deemed a material breach of this Contract.
- 8.40.7 If the CONTRACTOR desires to Subcontract, the CONTRACTOR shall provide the following information promptly at the County's request:
- A description of the work to be performed by the Subcontractor;
  - A draft copy of the proposed Subcontract; and
  - Other pertinent information and/or certifications requested by the COUNTY.
- 8.40.8 CONTRACTOR shall indemnify and hold the COUNTY harmless with respect to the activities of each and every Subcontractor in the same manner and to the same degree as if such Subcontractor(s) were CONTRACTOR's employees.
- 8.40.9 CONTRACTOR shall remain fully responsible for all performances required of it under this Contract, including those that CONTRACTOR has determined to Subcontract, notwithstanding the COUNTY's approval of the CONTRACTOR's proposed Subcontract.
- 8.40.10 COUNTY's consent to Subcontract shall not waive the COUNTY's right to prior and continuing approval of any and all personnel, including Subcontractor employees, providing services under this Contract. CONTRACTOR is responsible to notify its Subcontractors of this COUNTY right.
- 8.40.11 COUNTY's Program Director is authorized to act for and on behalf of the COUNTY with respect to approval of any Subcontract and Subcontractor employees.
- 8.40.12 CONTRACTOR shall be solely liable and responsible for all payments or other compensation to all Subcontractors and their officers, employees, agents, and successors in interest arising through services performed hereunder, notwithstanding the COUNTY's consent to Subcontract.
- 8.40.13 CONTRACTOR shall obtain certificates of insurance, which establish that the Subcontractor maintains all the programs of

insurance required by the COUNTY from each approved Subcontractor. CONTRACTOR shall ensure delivery of all such documents to:

DCFS Contracts Administration  
Attention: Walter Chan, Contracts Manager  
425 Shatto Place, Room 400  
Los Angeles, California 90020

before any Subcontractor employee may perform any work hereunder.

**8.41 Termination for Breach of Warranty to Maintain Compliance with County's Child Support Compliance Program**

Failure of the CONTRACTOR to maintain compliance with the requirements set forth in Section 8.15, CONTRACTOR's Warranty of Adherence to COUNTY's Child Support Compliance Program, shall constitute default under this Contract. Without limiting the rights and remedies available to the COUNTY under any other provision of this Contract, failure of CONTRACTOR to cure such default within ninety (90) calendar days of written notice shall be grounds upon which the COUNTY may terminate this Contract pursuant to Section 8.43, Termination for Default and pursue debarment of CONTRACTOR, pursuant to County Code Chapter 2.202.

**8.42 Termination for Convenience**

8.42.6 This Contract may be terminated, in whole or in part, from time to time, when such action is deemed by the COUNTY, in its sole discretion, to be in its best interest. Termination of work hereunder shall be effected by notice of termination to CONTRACTOR specifying the extent to which performance of work is terminated and the date upon which such termination becomes effective. The date upon which such termination becomes effective shall be no less than ten (10) days after the notice is sent.

8.42.7 After receipt of a notice of termination and except as otherwise directed by the COUNTY, CONTRACTOR shall:

- Stop work under this Contract on the date and to the extent specified in such notice, and
- Complete performance of such part of the work as shall not have been terminated by such notice.

8.42.8 All material including books, records, documents, or other evidence bearing on the costs and expenses of the

CONTRACTOR under this Contract shall be maintained by the CONTRACTOR in accordance with Section 8.38, Record Retention & Inspection/Audit Settlement.

#### 8.43 Termination For Default

8.43.6 The COUNTY may, by written notice to the CONTRACTOR, terminate the whole or any part of this Contract, if, in the judgment of COUNTY's Program Director:

- CONTRACTOR has materially breached this Contract;
- CONTRACTOR fails to timely provide and/or satisfactorily perform any task, deliverable, service, or other work required either under this Contract; or
- CONTRACTOR fails to demonstrate a high probability of timely fulfillment of performance requirements under this Contract, or of any obligations of this Contract and in either case, fails to demonstrate convincing progress toward a cure within five (5) working days (or such longer period as the COUNTY may authorize in writing) after receipt of written notice from the COUNTY specifying such failure.

8.43.7 In the event that the COUNTY terminates this Contract in whole or in part as provided in Sub-section 8.43.1, the COUNTY may procure, upon such terms and in such manner as the COUNTY may deem appropriate, goods and services similar to those so terminated. CONTRACTOR shall be liable to the COUNTY for any and all excess costs incurred by the COUNTY, as determined by the COUNTY, for such similar goods and services. CONTRACTOR shall continue the performance of this Contract to the extent not terminated under the provisions of this Section 8.43.

8.43.8 Except with respect to defaults of any Subcontractor, CONTRACTOR shall not be liable for any such excess costs of the type identified in Sub-section 8.43.2 if its failure to perform this Contract arises out of causes beyond the control and without the fault or negligence of the CONTRACTOR. Such causes may include, but are not limited to: acts of God or of the public enemy, acts of the COUNTY in either its sovereign or contractual capacity, acts of Federal or State governments in their sovereign capacities, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without the fault or negligence of the CONTRACTOR. If the failure to perform is caused by the default of a Subcontractor, and

if such default arises out of causes beyond the control of both the CONTRACTOR and Subcontractor, and without the fault or negligence of either of them, the CONTRACTOR shall not be liable for any such excess costs for failure to perform, unless the goods or services to be furnished by the Subcontractor were obtainable from other sources in sufficient time to permit the CONTRACTOR to meet the required performance schedule. As used in this Sub-section 8.43.3, the terms "Subcontractor" and "Subcontractors" mean Subcontractor(s) at any tier.

8.43.9 If, after the COUNTY has given notice of termination under the provisions of this Section 8.43, it is determined by the COUNTY that the CONTRACTOR was not in default under the provisions of this Section 8.43, or that the default was excusable under the provisions of Sub-section 8.43.3, the rights and obligations of the parties shall be the same as if the notice of termination had been issued pursuant to Section 8.42, Termination for Convenience.

8.43.10 In the event the COUNTY terminates this Contract in its entirety due to the CONTRACTOR's default as provided in Sub-section 8.43.1, the CONTRACTOR and the COUNTY agree that the COUNTY will have actual damages, which are extremely difficult to calculate and impracticable to fix and which will include, but are not limited to, the COUNTY's costs of procurement of replacement services and costs incurred due to delays in procuring such services. Therefore, the CONTRACTOR and the COUNTY agree that the COUNTY shall, at its sole option and in lieu of the provisions of Sub-section 8.43.2, be entitled to liquidated damages from the CONTRACTOR, pursuant to California Civil Code Section 1671, in the amount of Five Thousand Dollars (\$5,000) or five percent (5%) of the applicable year's Contract sum, whichever is less, as equitable compensation to the COUNTY for such actual damages. This amount of liquidated damages shall be either paid by the CONTRACTOR to the COUNTY by cash payment upon demand or, at the sole discretion of the DCFS Director, or designee, deducted from any amounts due to the CONTRACTOR by the COUNTY, whether under this Contract or otherwise.

These liquidated damages shall be in addition to any credits, which the COUNTY is otherwise entitled to under this Contract, and the CONTRACTOR's payment of these liquidated damages shall not in any way change, or affect the provisions of Section 8.24, Indemnification.

8.43.11 The rights and remedies of the COUNTY provided in this Section 8.43 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

#### **8.44 Termination for Improper Consideration**

8.44.6 COUNTY may, by written notice to the CONTRACTOR, immediately terminate the right of the CONTRACTOR to proceed under this Contract if it is found that consideration, in any form, was offered or given by the CONTRACTOR, either directly or through an intermediary, to any COUNTY officer, employee, or agent with the intent of securing this Contract or securing favorable treatment with respect to the award, amendment, or extension of this Contract or the making of any determinations with respect to the CONTRACTOR's performance pursuant to this Contract. In the event of such termination, the COUNTY shall be entitled to pursue the same remedies against the CONTRACTOR as it could pursue in the event of default by the CONTRACTOR.

8.44.7 CONTRACTOR shall immediately report any attempt by a COUNTY officer or employee to solicit such improper consideration. The report shall be made either to the COUNTY manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861.

8.44.8 Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment, or tangible gifts.

#### **8.45 Termination For Insolvency**

8.45.6 COUNTY may terminate this Contract forthwith in the event of the occurrence of any of the following:

- Insolvency of the CONTRACTOR. CONTRACTOR shall be deemed to be insolvent if it has ceased to pay its debts for at least sixty (60) days in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition has been filed under the Federal Bankruptcy Code and whether or not the CONTRACTOR is insolvent within the meaning of the Federal Bankruptcy Code;
- The filing of a voluntary or involuntary petition regarding the CONTRACTOR under the Federal Bankruptcy Code;

- The appointment of a Receiver or Trustee for the CONTRACTOR; or
- The execution by the CONTRACTOR of a general assignment for the benefit of creditors.

8.45.7 The rights and remedies of the COUNTY provided in this Section 8.45 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

**8.46 Termination for Non-Adherence of County Lobbyist Ordinance**

CONTRACTOR, and each County Lobbyist or County Lobbying firm as defined in County Code Section 2.160.010 retained by the CONTRACTOR, shall fully comply with the County's Lobbyist Ordinance, County Code Chapter 2.160. Failure on the part of the CONTRACTOR or any County Lobbyist or County Lobbying firm retained by the CONTRACTOR to fully comply with the County's Lobbyist Ordinance shall constitute a material breach of this Contract, upon which the COUNTY may, in its sole discretion, immediately terminate or suspend this Contract.

**8.47 Termination for Non-Appropriation of Funds**

Notwithstanding any other provision of this Contract, the COUNTY shall not be obligated for the CONTRACTOR's performance hereunder or by any provision of this Contract during any of the COUNTY's future fiscal years unless and until the COUNTY's Board of Supervisors appropriates funds for this Contract in the COUNTY's Budget for each such future fiscal year. In the event that funds are not appropriated for this Contract, then this Contract shall terminate as of June 30 of the last fiscal year for which funds were appropriated. COUNTY shall notify the CONTRACTOR in writing of any such non-allocation of funds at the earliest possible date.

**8.48 Warranty against Contingent Fees**

8.48.6 CONTRACTOR warrants that no person or selling agency has been employed or retained to solicit or secure this Contract upon any Contract or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the CONTRACTOR for the purpose of securing business.

8.48.7 For breach of this warranty, the County shall have the right to terminate this Contract and, at its sole discretion, deduct from the Contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

## **8.49 Interpretation of Contract**

### **8.49.6 Validity**

The invalidity, unenforceability, or illegality of any provision of this Contract shall not render the other provisions thereof invalid, unenforceable, or illegal.

### **8.49.7 Governing Law, Jurisdiction, and Venue**

This Contract shall be governed by, and construed in accordance with, the laws of the State of California. CONTRACTOR agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Contract and further agrees and consents that venue of any action brought hereunder shall be exclusively in the County of Los Angeles.

### **8.49.8 Captions and Section Headings**

Each section and certain subsections of this Contract have been supplied with captions that serve only as guides to the contents. The captions do not control the meaning of any section or subsection or in any way determine this Contract's interpretation or meaning.

### **8.49.9 Waiver**

Any waiver by COUNTY of any breach of any one or more of the covenants, conditions, terms and agreements herein contained shall be in writing and shall not be construed to be a waiver of any subsequent or other breach of the same or of any other covenant, condition, term or agreement herein contained, nor shall failure on the part of COUNTY to require exact, full and complete compliance with any of the covenants, conditions, terms or Contracts herein contained be construed as in any manner changing the terms of this Contract or stopping COUNTY from enforcing the full provisions thereof.

## 8.50 Complaints

The Contractor shall develop, maintain and operate procedures for receiving, investigating and responding to complaints. Within ten (10) business days after Contract effective date, the Contractor shall provide the County within the Contractor's policy for receiving, investigating and responding to user complaints.

- 8.50.1 The County will review the Contractor's policy and provide the Contractor with approval of said plan or with requested changes.
- 8.50.2 If the County requests changes in the Contractor's policy, the Contractor shall make such changes and resubmit the plan within five (5) business days.
- 8.50.3 If, at any time, the Contractor wishes to change the Contractor's policy, the Contractor shall submit proposed changes to the County for approval before implementation.
- 8.50.4 The Contractor shall preliminarily investigate all complaints and notify the County's Program manager of the status of the investigation within five (5) business days of receiving the complaint.
- 8.50.5 When complaints cannot be resolved informally, a system of follow-through shall be instituted which adheres to formal plans for specific actions and strict time deadlines. Copies of all written responses shall be sent to the County's Program Manger within three (3) business days of mailing to the complainant.

APPROVED BY:

ROBERT E. SHANNON, COUNTY MANAGER

BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_

**CONTRACT BY AND BETWEEN  
THE COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
AND  
CITY OF LONG BEACH  
FOR  
FAMILY PRESERVATION SERVICES**

IN WITNESS WHEREOF, the Board of Supervisors of the COUNTY of Los Angeles has caused this Contract to be subscribed on its behalf by the Director of the Department of Children and Family Services, the Director of Mental Health, and the Chief Probation Officer and the CONTRACTOR has subscribed the same through its authorized officers, the day, month and year first above written. The persons signing on behalf of CONTRACTOR warrant under penalty of perjury that they are authorized to bind the CONTRACTOR.

COUNTY OF LOS ANGELES

*David Sanders*  
DAVID SANDERS, PH.D.  
DIRECTOR, DEPARTMENT OF  
CHILDREN AND FAMILY SERVICES

APPROVED AS TO FORM BY THE  
OFFICE OF COUNTY COUNSEL  
RAYMOND G. FORTNER, JR.

By Signature on File  
Deputy County Counsel

CITY OF LONG BEACH  
CONTRACTOR

BY *[Signature]*

Gerald B. Miller  
Print or Type Name

City Manager 8.12.05  
Title

APPROVED AS TO FORM

BY 8/17, 2005  
**ROBERT E. SHANNON, City Attorney**

BY *[Signature]*  
Print or Type Name **SENIOR DEPUTY CITY ATTORNEY**

\_\_\_\_\_  
Title

Tax ID Number

# **EXHIBIT A**

## **FAMILY PRESERVATION PROGRAM STATEMENT OF WORK**

**August 2005**

**COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**FAMILY PRESERVATION PROGRAM  
STATEMENT OF WORK**

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## **PART A. INTRODUCTION**

### **1.0 PREAMBLE**

For over a decade, the COUNTY has collaborated with its community partners to enhance the capacity of the health and human services system to improve the lives of children and families. These efforts require, as a fundamental expectation, that the COUNTY's contracting partners share the COUNTY and community's commitment to provide health and human services that support achievement of the COUNTY's vision, goals, values, and adopted outcomes. Key to these efforts is the integration of service delivery systems and the adoption of the Customer Service and Satisfaction Standards.

The County of Los Angeles' Vision is to improve the quality of life in the COUNTY by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being and prosperity of individuals, families, business and communities. This philosophy of teamwork and collaboration is anchored in the shared values of:

Responsiveness	Integrity
Professionalism	Commitment
Accountability	A Can Do Attitude
Compassion	Respect for Diversity

These shared values are encompassed in the COUNTY Mission to enrich lives through effective and caring service and the COUNTY Strategic Plan's eight goals: 1) Service Excellence; 2) Workforce Excellence; 3) Organizational Effectiveness; 4) Fiscal Responsibility; 5) Children and Families' Well-Being; 6) Community Services; 7) Health and Mental Health; and 8) Public Safety. Improving the well-being of children and families requires coordination, collaboration, and integration of services across functional and jurisdictional boundaries, by and between COUNTY departments/agencies, and community and contracting partners.

The basic conditions that represent the well being we seek for all children and families in Los Angeles COUNTY are delineated in the following five outcomes, adopted by the Board of Supervisors in January 1993:

- Good Health;
- Economic Well-Being;
- Safety and Survival;
- Emotional and Social Well-Being; and
- Education and Workforce Readiness.

Recognizing no single strategy - in isolation - can achieve the COUNTY's outcomes of well-being for children and families, consensus has emerged among

COUNTY and community leaders that making substantial improvements in integrating the COUNTY's health and human services system is necessary to significantly move toward achieving these outcomes. The COUNTY has also established the following values and goals for guiding this effort to integrate the health and human services delivery system:

- Families are treated with respect in every encounter they have with the health, educational, and social services systems.
- Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.
- There is no "wrong door": wherever a family enters the system is the right place.
- Families receive services tailored to their unique situations and needs.
- Service providers and advocates involve families in the process of determining service plans, and proactively provide families with coordinated and comprehensive information, services, and resources.
- The COUNTY service system is flexible, able to respond to service demands for both the Countywide population and specific population groups.
- The COUNTY service system acts to strengthen communities, recognizing that just as individuals live in families, families live in communities.
- In supporting families and communities, COUNTY agencies work seamlessly with public and private service providers, community-based organizations, and other community partners.
- COUNTY agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strength-based, family-focused, culturally-competent, accessible, user friendly, responsive, cohesive, efficient, professional, and accountable.
- COUNTY agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of families.
- COUNTY agencies and their partners pursue multi-disciplinary service delivery, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.

- COUNTY agencies and their partners create incentives to reinforce the direction toward service integration and a seamless service delivery system.
- The COUNTY human service system embraces a commitment to the disciplined pursuit of results accountability across systems. Specifically, any strategy designed to improve the COUNTY human services system for children and families should ultimately be judged by whether it helps achieve the COUNTY's five outcomes for children and families: good health, economic well-being, safety and survival, emotional and social well-being, and education and workforce readiness.

The COUNTY, its clients, contracting partners, and the community will continue to work together to develop ways to make COUNTY services more accessible, customer friendly, better integrated, and outcome-focused. Several departments have identified shared themes in their strategic plans for achieving these goals including: making an effort to become more consumer/client-focused; valuing community partnerships and collaborations; emphasizing values and integrity; and using a strengths-based and multi-disciplinary team approach. COUNTY departments are also working to provide the Board of Supervisors and the community with a better understanding of how resources are being utilized, how well services are being provided, and what are the results of the services: is anyone better off?

The COUNTY of Los Angeles health and human service departments and their partners are working together to achieve the following **Customer Service And Satisfaction Standards** in support of improving outcomes for children and families.

#### **Personal Service Delivery**

The service delivery team – staff and volunteers – will:

- Treat customers and each other with courtesy, dignity, and respect.
- Introduce themselves by name
- Listen carefully and patiently to customers
- Be responsive to cultural and linguistic needs
- Explain procedures clearly
- Build on the strengths of families and communities

#### **Service Access**

Service providers will work proactively to:

- Facilitate customer access to services• Provide services as promptly as possible
- Provide clear directions and service information
- Outreach to the community and promote available services
- Involve families in service plan development
- Follow-up to ensure appropriate delivery of services

### **Service Environment**

Service providers will:

- Deliver services in a clean, safe, and welcoming environment, which supports the effective delivery of services
- Ensure a safe environment
- Ensure a professional atmosphere
- Display vision, mission, and values statements
- Provide a clean and comfortable waiting area
- Ensure privacy
- Post complaint and appeals procedures

The basis for all COUNTY health and human services contracts is the provision of the highest level of quality services that support improved outcomes for children and families. The COUNTY and its contracting partners must work together and share a commitment to achieve a common vision, goals, outcomes, and standards for providing services.

## **2.0 OVERVIEW**

2.1 The Promoting Safe and Stable Families (PSSF) program is a federal program whose purpose is to enable states to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to accomplish the following objectives:

2.1.1 To prevent child maltreatment among families at risk through the provision of supportive family services.

2.1.2 To assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively.

2.1.3 To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.

2.1.4 To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

2.2 In accordance with the PSSF philosophy, the Department of Children and Family Services (DCFS) contracts with community-based agencies to provide coordinated services to strengthen and preserve families. DCFS has established the following priorities for children: (1) safety; (2) permanency; and (3) well-being.

- 2.2.1 **Safety:** Safety is defined as freedom from abuse and neglect. The Performance Outcome Summary and Service Tasks addressing this priority are found in Part C, Section 1.0.
- 2.2.2 **Permanency:** Permanency is defined as a safe and stable nurturing relationship achieved through maintaining the child in the home, reunification, adoption, relative guardianship, or other legal guardianship. The Performance Outcome Summary and Service Tasks addressing this priority are found in Part C, Section 2.0.
- 2.2.3 **Well-Being:** This priority refers to a child's educational, medical, dental, psychological and psychiatric well-being, and emancipation preparation. The Performance Outcome Summary and Service Tasks addressing this priority are found in Part C, Section 3.0.
- 2.3 The Family Preservation (FP) program is linked with the PSSF program in a continuum of care to ensure the physical, emotional, social, and education development of children in a safe and nurturing environment. The FP program is a broad, integrated, community-based, collaborative approach to providing services to DCFS and Probation families experiencing family functioning challenges related to child abuse, neglect, and/or exploitation. DCFS and the Probation Department partner with community-based CONTRACTORS and the Department of Mental Health to provide mental health services when appropriate.

### 3.0 DEFINITIONS

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. The following words as used herein shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used.

- 3.1 **Abuse** shall be defined as any act resulting in a non-accidental physical injury; or any act of sexual exploitation of a child.
- 3.2 **Adoption Promotion and Support Services** shall be defined as services that are designed to encourage more adoptions out of the DCFS foster care system.
- 3.3 **Alternative [inconclusive/substantiated low-to-moderate] Response Services** shall be defined as the FP Services provided to families with inconclusive or substantiated low-to-moderate risk findings of child

abuse/neglect (close referrals), but who remain at risk and are in need of preventive services.

- 3.4 **Alternative Response Service (ARS) Plan** shall be defined as a plan that is developed by the ARS plan participants for specific services to be provided to the family.
- 3.5 **Case Record** shall be defined as CONTRACTOR's forms, reports, and documents relating to FP services for the child and/or the family.
- 3.6 **Child Health and Disability Prevention (CHDP)** shall be defined as a complete health assessment for the early detection and prevention of disease and disabilities in children and youth. The health assessment consists of a health history; a full physical examination; developmental, nutritional and dental assessments; vision and hearing tests; laboratory tests (for anemia, tuberculosis and lead poisoning, among others); and immunizations at specified intervals and/or as needed.
- 3.7 **Clinical Director** shall be defined as CONTRACTOR's director who is a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences, a Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or a licensed Psychologist with a current license from the California Board of Psychology.
- 3.8 **Collaborative** shall be defined as the CONTRACTOR's relationship, whether formal or informal, with other community agencies and/or resources that serve clients in the same community as those served by the CONTRACTOR.
- 3.9 **Community** shall be defined as individuals, groups, and agencies in the service area that share a common interest in promoting safe and stable families.
- 3.10 **Community Advisory Council (CAC)** shall be defined as a group of community representatives, stakeholders, parents/caregivers, and residents from the community to conduct ongoing reviews of the services offered by the FP CONTRACTOR.
- 3.11 **Community Assessment Services Center (CASC)** shall be defined as a network of contracted alcohol and other drug treatment agencies.
- 3.12 **Community-based Organization** is a community that serves or represents one or more neighborhoods, city or COUNTY locales and is located within its service area.

- 3.13 **Community Leaders** shall be defined as persons in a community who have initiated and/or taken charge of projects that benefited the community as a whole.
- 3.14 **Confidential or Confidentiality** shall be defined as referring to information which, by laws, ordinances, regulations, and directives may only be released to specified persons under specified conditions/circumstances.
- 3.15 **Contract** shall be defined as an agreement executed between COUNTY and CONTRACTOR. It sets forth the terms and conditions for the issuance and performance of the Statement of Work, Exhibit A-2.
- 3.16 **Contract Payment Unit** shall be defined as the DCFS unit responsible for processing CONTRACTOR's invoices.
- 3.17 **Contract Project Manager** shall be defined as the individual designated by the CONTRACTOR to administer the Contract operations after the Contract award.
- 3.18 **Contract Start Date** shall be defined as the date CONTRACTOR shall begin to perform Family Preservation services pursuant to the terms of this Contract.
- 3.19 **CONTRACTOR** shall be defined as the sole proprietor, partnership, or corporation that has entered into a Contract with the COUNTY to perform or execute the work covered by this Statement of Work.
- 3.20 **Cost Center** shall be defined as a set of revenue, expense, and equity (reserve) accounts where the accounting transactions related to a particular program or activity are recorded.
- 3.21 **COUNTY** shall be defined as the County of Los Angeles.
- 3.22 **COUNTY Contract Program Monitor** shall be defined as the person with responsibility to oversee the day-to-day activities of this Contract. This includes responsibility for inspections of any and all tasks, deliverables, goods, services and other work provided by CONTRACTOR.
- 3.23 **COUNTY Program Director** shall be defined as the person designated by COUNTY with authority for COUNTY on contractual or administrative matters relating to this Contract that cannot be resolved by the COUNTY's Program Manager.

- 3.24 **COUNTY Program Manager** shall be defined as the person designated by COUNTY's Program Director to manage the operations under this Contract.
- 3.25 **Critical Services/Tasks** shall be defined as those services/tasks that have been prioritized to meet the immediate needs of the family to improve family functioning.
- 3.26 **CSW** shall be defined as a Children's Social Worker.
- 3.27 **Data Entry Staff** shall be defined as staff that has data entry knowledge and experience.
- 3.28 **Day** shall be defined as calendar day(s) unless otherwise specified.
- 3.29 **DCFS** shall be defined as the Department of Children and Family Services.
- 3.30 **Deaf/Interpretive Services** shall be defined as those services specifically designed for the translation of a particular language.
- 3.31 **Deliverable** shall be defined as a tangible, measurable task, service, or activity required under this Contract.
- 3.32 **DHS** shall be defined as the Department of Health Services.
- 3.33 **Director** shall be defined as the Director of the Department of Children and Family Services.
- 3.34 **DMH** shall be defined as the Department of Mental Health.
- 3.35 **DPO** shall be defined as a Deputy Probation Officer employed by the Probation Department.
- 3.36 **Emergency Response** shall be defined as an emergency service the CONTRACTOR shall provide twenty-four (24) hours a day, seven (7) days a week.
- 3.37 **Family** shall be defined as a social unit(s), including, but not limited to, birth parent(s), blood relative(s), adoptive parent(s), legal guardian(s), non-relative extended family member(s), and foster parent(s), and the children that they rear and care for.
- 3.38 **Family Functioning Assessment Tool** shall be defined as a standardized risk assessment tool completed by the CONTRACTOR after every MCPC meeting to measure the improvement of family functioning.

- 3.39 **Family Maintenance** shall be defined as child welfare services provided to maintain the child in his or her own home.
- 3.40 **Family Preservation (FP)** shall be defined as intense services for families served by DCFS whose child(ren) are at imminent risk of out-of-home placement.
- 3.41 **Family Preservation Roundtable Meeting** shall be defined as the meeting held between the COUNTY and Lead Agencies for the exploration and development of solutions to program issues and concerns.
- 3.42 **Family Reunification** shall be defined as child welfare services to reunite children who were placed in out-of-home care, with their families.
- 3.43 **Family Support (FS) Services** shall be defined as services for at risk families.
- 3.44 **First 5 LA** shall be defined as a commission nominated by the Los Angeles County Board of Supervisors, Department of Health Services, Department of Mental Health, Office of Education, and other children and families organizations throughout the COUNTY to support and strengthen families with young children up to age five (5).
- 3.45 **Fiscal Year** shall be defined as the twelve (12) month period of time beginning July 1<sup>st</sup> and ending the following June 30<sup>th</sup>.
- 3.46 **General Staff Meeting** shall be defined as a Regional office meeting for the purpose of discussing general issues and concerns, best practice resolutions, policy and procedures, and departmental updates.
- 3.47 **In Home Outreach Counselor (IHOC)** shall be defined as a Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Psychologist or a Bachelor's level Human Services professional who is directly supervised by an LCSW or LMFT who provides In Home Outreach Counseling services.
- 3.48 **Indigent Population** shall be defined as impoverished and/or needy persons.
- 3.49 **Intern** shall be defined as a candidate in a Bachelor's or Master's level program in a social science or closely related field supervised by a licensed clinician.

- 3.50 **Key Personnel** shall be defined as Contractor and/or subcontractor management, professional, paraprofessional, and volunteer staff working directly with families receiving services.
- 3.51 **Licensed Clinical Social Worker** shall be defined as an individual currently licensed from the California Board of Behavioral Science Examiners to provide clinical social work or mental health treatment services.
- 3.52 **Linkage Service** shall be defined as a CONTRACTOR's responsibility to refer clients to bonafide resources to provide non-reimbursable services or resources that are outside the scope of the CONTRACTOR's services. Clients shall be referred to public governmental entities or non-profit social service organizations founded for religious, charitable or social welfare purposes, that are exempt under 501(c)(3) of the Internal Revenue Code.
- 3.53 **Marriage and Family Therapist (MFT)** shall be defined as an individual currently licensed from the California Board of Behavioral Science Examiners to provide marriage, family, and child counseling, social work, or mental health treatment services.
- 3.54 **Multidisciplinary Case Planning Committee (MCPC)** shall be defined as a committee composed of the referred family, network service providers, CSWs, DPOs, and DMH, DHS staff, schools, and other agencies as appropriate to develop the family's MCPC service plan and analyze the family's progress in accordance with the plan.
- 3.55 **Multidisciplinary Case Planning Committee Service Plan** shall be defined as a plan developed by the MCPC for the family for contracted and/or linkage services.
- 3.56 **Neglect** shall be defined as the negligent treatment or maltreatment of a child by a parent or caregiver under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person. California law defines two categories of physical neglect: severe neglect and general neglect. a) Severe Neglect – The negligent failure of a parent or caregiver to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. It also includes those situations of neglect where the parent or caregiver willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered. This includes the intentional failure to provide adequate food, clothing, shelter, or medical care. b) General Neglect – The negligent failure of a parent or caregiver to provide adequate food, clothing, shelter, medical care or supervision where no physical injury to the child has occurred.

- 3.57 **Outcomes** shall be defined as the results for children and families that the Contractor is expected to accomplish.
- 3.58 **Paraprofessional Staff** shall be defined as paid CONTRACTOR staff who provide direct client services, but who do not possess, at minimum, a Bachelor's Degree in social work, psychology, marriage and family counseling, or a closely related field.
- 3.59 **Passenger Van** shall be defined as a licensed enclosed vehicle designed with a minimum capacity of six (6) passengers and maximum capacity of fifteen (15) passengers that meets the California Vehicle Code requirements, that the CONTRACTOR uses for transporting FP families. All drivers must have appropriate drivers license for the vehicle. All drivers of a 15 passenger van must have a commercial drivers license (class B).
- 3.60 **Performance Targets** shall be defined as measurable benchmarks which guide the performance toward a desirable result.
- 3.61 **Professional Staff** shall be defined as paid CONTRACTOR staff who provide direct client services and possess, at minimum, a Bachelor's Degree in social work, psychology, marriage and family counseling or a closely related field.
- 3.62 **Project** shall be defined as the work to be performed by CONTRACTOR.
- 3.63 **Promoting Safe and Stable Families (PSSF)** shall be defined as a federal program whose purpose is to enable states to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services.
- 3.64 **Regional Center** shall be defined as a private agency that contracts with the California Department of Developmental Services (CDDS) to provide services to developmentally disabled children and adults.
- 3.65 **Regional Office/DCFS Office Boundaries** shall be defined as a Service Area composed of 17 offices throughout the COUNTY of Los Angeles for the purpose of managing the delivery of COUNTY Services.
- 3.66 **Sexual Abuse** shall be defined as any act of sexual assault or sexual exploitation of a child.

- 3.67 **Stakeholder** shall be defined as individuals and agencies from the community who are interested in the FP program and services provided by the CONTRACTORS.
- 3.68 **Subcontract** shall be defined as a Contract between the CONTRACTOR and a third party to provide services or materials necessary to fulfill this Contract.
- 3.69 **Subcontractor** shall be defined as the third party who enters into a Contract with the CONTRACTOR whereby the third party agrees to provide FP services or materials necessary to fulfill this Contract.
- 3.70 **Substantiated Abuse Report** shall be defined as a report that is determined by the Children's Social Worker (CSW) who conducted the investigation, based upon credible evidence, to constitute child abuse or neglect, as defined in Section 11164.6 of the Penal Code.
- 3.71 **Substitute Adult Role Model (SARM)** shall be defined as a mentorship service for youth receiving FP services.
- 3.72 **TDT** shall be defined as Therapeutic Day Treatment, which targets minors that are incapable of functioning in a regular school. The minors will be transported to and from school and home. Education will be provided at the minor's level and the minor will participate in recreational activities as well. The minor will receive individual and group counseling 1 hour each week. The minor and his family will receive an in-home visit once a month. The minor will receive a meal or snack on a daily basis. Additional services may be added to minor's TDT program.
- 3.73 **Team Decision Making** shall be defined as the departmental initiative to engage families in developing child safety and case plans focusing on families' strengths. Team Decision Making meetings shall include family, children, caregivers, resource staff, DCFS staff, and a trained DCFS facilitator.
- 3.74 **Transition Services** shall be defined as services received after the termination of FP Services designed to assist the family toward functioning without further FP intervention.
- 3.75 **Technical Review** shall be defined as a COUNTY evaluation of a CONTRACTOR's FP program to ensure effective implementation and Contract compliance.
- 3.76 **Voluntary Family Maintenance (VFM)** shall be defined as the provision of non-court, time limited protective services to families whose children are in potential danger of abuse, neglect or exploitation when the child can

safely remain in the home and the family is willing to accept services and engage in corrective action. The agreement of voluntary services may be initiated by the CSW or by the Court, following the dismissal of a petition.

3.77 **Voluntary Family Reunification (VFR)** shall be defined as the foster care placement of a child by or with the participation of DCFS acting on behalf of California Department of Social Services (CDSS), after the parent(s)/guardian(s) of the child have requested the assistance of DCFS and signed a voluntary placement agreement.

#### 4.0 STAFFING

4.1 CONTRACTOR shall ensure that the following staff and volunteer requirements are met:

4.1.1 Criminal Clearances: CONTRACTOR shall ensure that criminal clearances and background checks have been conducted for all CONTRACTOR's staff and volunteers as well as all Subcontractor staff, prior to beginning and continuing work under any resulting Contract (see section 8.17, Criminal Clearances, of Sample Contract). The cost of such criminal clearances and background checks is the responsibility of the CONTRACTOR whether or not the CONTRACTOR's or Subcontractor's staff pass or fail the background and criminal clearance investigations.

4.1.2 Language Ability: CONTRACTOR's personnel, as well as all Subcontractor staff who are performing services under this Contract, shall be able to read, write, speak, and understand English in order to conduct business with COUNTY. In addition to having competency in English, the CONTRACTOR shall ensure there is a sufficient number of bilingual staff to meet the language needs of the community served.

4.1.3 Service Delivery: CONTRACTOR shall ensure all professional and paraprofessional staff and volunteers providing FP services are able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community CONTRACTOR proposes to provide services.

4.1.4 Driver's License: CONTRACTOR must maintain copies of current driver's licenses, including current copies of proof of auto insurance of staff providing transportation on an as-needed basis to clients.

- 4.1.5 Driving Record: CONTRACTOR must maintain copies of driver's Department of Motor Vehicles (DMV) printouts for all CONTRACTOR's drivers providing service under this Contract. Reports shall be available to the COUNTY Program Manager on request. COUNTY reserves the option of doing a DMV check on CONTRACTOR's drivers once a year.
- 4.2 CONTRACTOR shall be responsible for securing and maintaining staff who meet the minimum qualifications below and who possess sufficient experience and expertise required to provide services required in this SOW. CONTRACTOR shall obtain written verification for staff with foreign degrees that the degrees are recognized as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education.
- 4.2.1 Paraprofessional Staff: There are no minimum degree requirements for paraprofessional staff, however, CONTRACTOR shall ensure that all paraprofessional staff possess the expertise and experience necessary to provide direct client services as required in this SOW.
- 4.2.2 Professional Staff: Professional staff shall have, at minimum, a Bachelor's Degree in Social work, psychology, marriage and family counseling or a closely related field.
- 4.2.3 Project Manager: The Project Manager shall have, at minimum, a Bachelor's degree from an accredited school in a social science or a closely related field and two years full-time management experience in a social service agency.
- 4.2.4 Clinical Director: The Clinical Director shall be one of the following: (1) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; (2) a Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or (3) a licensed Psychologist with a current license from the California Board of Psychology.
- 4.2.5 In-Home Outreach Counselors: The In-Home Outreach Counselors (IHOC) shall be one of the following: (1) a LCSW with a current license from the California Board of Behavioral Sciences; (2) a LMFT with a current license from the California Board of Behavioral Sciences; (3) a Licensed Clinical Psychologist with a current license from the California Board of Psychology; or (4) a staff person with a Master's degree in a

human services field who shall be directly supervised by a LCSW or LMFT.

The CONTRACTOR may submit a request for a waiver to be approved by the COUNTY Program Manager to allow CONTRACTOR's staff person with a Bachelor's degree in behavioral sciences or a related field and experience providing direct services in a social service agency to provide In-Home Outreach Counseling in lieu of a Master's degree. A LCSW or LMFT shall directly supervise this staff person. The waiver request shall include copies of the staff person's current resume, degree and transcript. The duration of the waiver shall be at the Program Manager's discretion.

#### 4.3 Staff Training, Records and Reporting

- 4.3.1 CONTRACTOR shall train all professional and paraprofessional staff, interns and volunteers providing FP services within thirty (30) business days from their start date. This training shall consist of a minimum of forty (40) hours to include, but not be limited to: (1) identifying child safety issues; (2) instructing staff and volunteers in mandated reporting requirements; (3) working with families affected by abuse and neglect; (4) learning methods of identifying and building family strengths; (5) helping parents build on their own skills and confidence; (6) promoting positive parent-child and family interaction; (7) learning record keeping procedures and accurate completion of the Family Functioning Assessment Tool; and (8) linking families to community services and resources.
- 4.3.2 CONTRACTOR shall ensure all interns, Paraprofessional staff, and volunteers providing FP services receive regular, ongoing in-service training and supervision. CONTRACTOR's staff shall receive a minimum of eight (8) hours of training each quarter of the Contract term. CONTRACTOR shall hold weekly supervision reviews with all interns, Paraprofessional staff, and volunteers.
- 4.3.3 All CONTRACTORS shall attend a mandatory Orientation that shall be provided by COUNTY within thirty (30) days of the Contract Start Date. CONTRACTOR shall be notified at least two weeks in advance of the date, time and location of the Orientation.
- 4.3.4 CONTRACTOR shall maintain documentation in the personnel files of all Professional and Paraprofessional Staff, interns, and

volunteers of: (1) all training hours and topics; (2) copies of resumes, degrees, and professional licenses; and (3) current criminal clearances.

4.3.5 CONTRACTOR shall provide the COUNTY Program Manager, at the beginning of each Contract term and within 15 days of any staff change(s), a roster of all staff that includes: (1) name and positions; (2) work schedule; and (3) fax and telephone numbers.

4.3.6 CONTRACTOR shall advise the COUNTY Program Manager in writing of any change(s) in CONTRACTOR's key personnel at least twenty-four (24) hours before proposed change(s), including name and qualifications of new personnel. CONTRACTOR shall ensure that no interruption of services occurs as a result of the change in personnel.

## **5.0 ADMINISTRATIVE TASKS**

### **5.1 Community/Network Meetings**

5.1.1 CONTRACTOR shall hold Community Advisory Council (CAC) meetings quarterly to discuss and review community services.

5.1.2 CONTRACTOR shall hold Subcontractor/Network meetings at least quarterly to discuss and review their services. These meetings can be combined with the CAC meetings.

5.1.3 CONTRACTOR or designee shall attend the General Staff meetings quarterly in their Regional Office area.

5.1.4 CONTRACTOR or designee shall attend all FP Roundtable Meetings scheduled by the COUNTY.

### **5.2 Records/Reports**

5.2.1 CONTRACTOR shall keep a record of services that were provided, as well as the dates, agendas, sign-in sheets, and minutes of all FP, CAC, and Subcontractor/Network meetings.

5.2.2 CONTRACTOR shall be available for technical reviews as requested by COUNTY Program Manager. Technical reviews shall be conducted semi-annually or as determined by COUNTY Program Manager.

5.2.3 CONTRACTOR shall prepare and submit to the FP Program Manager a weekly case count which will reflect case count

status and allocation balance. The form shall be submitted every Tuesday by noon reflecting the previous week's status.

5.2.4 CONTRACTOR shall provide the families with a tool by which to evaluate the services rendered by the Family Preservation program. CONTRACTOR shall make this information available to DCFS upon request. CONTRACTOR shall ensure the tool will address the performance of the IHOC.

5.2.5 CONTRACTOR shall be responsible for collecting and entering data via the data collection instrument developed by the Inter-University Consortium and the Family Preservation program on all families referred to the CONTRACTOR. CONTRACTOR shall ensure the data is entered electronically at network sites and downloaded at a centralized database (aka The Family Preservation Archive). The data collection will include demographic data, primary allegations, and number of prior case openings and again at case closing, and services recommended and received.

### 5.3 Hours of Operation

FP services shall be available twenty-four (24) hours per day, seven (7) days per week. CONTRACTOR shall provide the name and phone number of contact person for after hours services. CONTRACTOR's service delivery sites shall be open Monday through Friday, from 8:00 A.M. until 5:00 P.M. In addition, CONTRACTOR's Project Manager or COUNTY approved alternate shall have full authority to act for CONTRACTOR on all matters relating to the daily operation of this Contract, and shall be available during the COUNTY's regular business hours of Monday through Friday, from 8:00 A.M. until 5:00 P.M., to respond to COUNTY inquiries and to discuss problem areas.

### 5.4 Computer and Information Technology Requirements

5.4.1 CONTRACTOR must provide a computer, within 30 days of commencement of the Contract, with the following hardware and software and an agreement for its on-site maintenance for the entire term of this Contract.

5.4.1.1 Basic Computer: (1) IBM or 100% compatible personal computer with at least Pentium III and 500 Mhz; (2) 256 Megabytes of memory or more; and (3) Desktop screen resolution of 1024 x 768.

5.4.1.2 Software: (1) Microsoft Windows 2000, Windows XP, or a fully compatible operating system; and (2) Internet Explorer 5.5 or fully compatible internet browser software.

5.4.1.3 Internet Access: (1) High Speed Internet access (DSL or Cable Modem); and (2) establish linkages with the automated Information Technology System (ITS).

5.4.2 CONTRACTOR shall work cooperatively with ITS and any contracted program evaluator, if applicable.

5.4.3 CONTRACTOR shall provide data entry staff to process electronic/fully automated invoices for the Web-based Application System (billing function) that is being implemented by COUNTY.

5.4.4 Prior to implementation of the Web-based Application System, CONTRACTOR shall submit original monthly invoices to the DCFS Contract Payment Unit and one copy to the COUNTY Program Manager for review and approval.

CONTRACTOR shall send original invoices to:

County of Los Angeles  
Department of Children and Family Services  
Attention: Contract Payment Unit  
425 Shatto Place, Room 204  
Los Angeles, California 90020.

5.4.5 The COUNTY's new Web-based Application System will be implemented between four to six months after commencement of the Contract. Once the new Application System is available, CONTRACTOR shall begin to electronically invoice COUNTY in arrears via COUNTY's Web-based Application System. CONTRACTOR must have available the necessary electronic equipment as set forth in Subsection 5.4.1 above. In addition to the electronic invoice, CONTRACTOR shall continue to send original hard copies of the invoices to the COUNTY Program Manager for review and approval.

5.4.6 COUNTY shall provide access to the Web-based application and ongoing maintenance and support of COUNTY's Application System. CONTRACTOR's data entry staff shall attend a computer based training to be provided by COUNTY

and a one-day classroom training, if necessary, of the Application System. CONTRACTOR shall be notified at least two weeks in advance of the date, time and location of the training session.

**6.0 PARTNERSHIPS FOR FAMILIES INITIATIVE (PFF)**

"First 5 LA" is developing child abuse prevention community-based services called PFF networks. The PFF networks are scheduled for implementation toward the end of 2005 to serve children 0-5 years old who are at risk of maltreatment. The purpose of the networks is to create community partnerships to increase the availability and accessibility of both formal services and informal supports for families before child protective services involvement is necessary. CONTRACTOR shall: (1) refer families to PFF network as one of their Linkage services; and (2) Collaborate with PFF networks in joint planning on community advisory councils.

**7.0 SERVICE DELIVERY SITE(S)**

Services shall be delivered at the service delivery sites listed on Attachment A-1, CONTRACTOR's Service Delivery Sites.

CONTRACTOR shall request approval from COUNTY Program Manager in writing a minimum of thirty (30) days before terminating services at any of the location(s) listed on Attachment A-1, Service Delivery Sites, and/or before commencing services at any other location(s) not previously approved in writing by the COUNTY Program Manager.

**8.0 BASE RATE AND SUPPLEMENTARY SERVICES**

A capitated base rate of \$1,050.00 per month will be paid for each family participating in the Family Preservation program. Services include In-Home Outreach Counseling visits, clinical direction and the Multidisciplinary Case Planning Committee.

Base Rate Services (four In-Home Outreach Counseling visits, indirect costs, clinical direction and the Multidisciplinary Case Planning Committee) \$1,050.00/mo

In addition to the Base rate services, the provider will be expected to provide Supplementary services from the selection listed below. The number and type of supplementary services to be provided will be determined by the MCPC based on the intensity of need of the Family Preservation families. Each service type will be reimbursed based on the listed rates.

In-Home Outreach Counseling (Professional with license)	\$70.00/hr
In-Home Outreach Counseling (MA/MSW under licensed supervision)	\$60.00/hr
In-Home Outreach Counseling (BA)	\$50.00/hr
Counseling – to include: Substance Abuse, Domestic Violence, Teen Pregnancy, and Anger Management	\$60.00/hr
Drug Testing	\$25.00/test
Parenting Training/Fatherhood Program	\$20.00/hr
Child Focused Activities	\$25.00/hr
Substitute Adult Role Model	\$20.00/hr
Teaching and Demonstrating Homemaking	\$35.00/hr
Transportation	\$35.00/hr
Child Follow Up Visit	\$20.00/hr
Emergency Housing	up to \$50.00/night
Transition	\$525.00/month
Therapeutic Day Treatment	\$1,027.00/month
Substance Abuse Assessment	\$63.90/50 minutes
Substance Abuse Treatment-Individual Counseling	\$63.90/50 minutes
Substance Abuse Treatment-Group Counseling	\$30.60/person/90minutes

**PART B. TARGET POPULATIONS**

## **PART B. TARGET POPULATIONS**

- 1.0 The target demographic for Alternative Response services is families that have an inconclusive or substantiated low-to-moderate risk child abuse or neglect allegation (closed referrals) who are in need of support services.
- 2.0 The target populations for voluntary FP services are:
  - 2.1 Families in the DCFS/Probation systems with a child(ren) who has been neglected or abused and who is at imminent risk of placement in out-of-home care;
  - 2.2 Families with child(ren) in out-of-home placement who may be safely returned sooner, as ordered by the court, if FP services are provided.
- 3.0 These target populations include, but are not limited to:
  - 3.1 Children who have been victims of sexual abuse when the perpetrator no longer has access to the child(ren);
  - 3.2 Families with crises that threaten the break up of the family unit;
  - 3.3 Families with domestic violence and/or substance abuse issues;
  - 3.4 Families with mental health and/or developmental disability issues;
  - 3.5 Families with children who have behavioral problems and/or are truant from school; and
  - 3.6 Families with Probation delinquent children who are at risk of out-of-home placement.

**PART C. SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS**

**PART C. SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS**

<b>PERFORMANCE OUTCOME SUMMARY</b>		
<b>1. SAFETY</b>		
<b>PROVIDER &amp; PROGRAM:</b>		
<b>PROGRAM TARGET GROUP:</b> All Families receiving FP Services (Inconclusive/substantiated low-to-moderate risk closed referrals and FP cases)		
<b>PROGRAM GOAL AND OUTCOME:</b> Children shall remain free from abuse and neglect.		
<b>OUTCOMES</b>	<b>METHOD OF DATA COLLECTION</b>	<b>PERFORMANCE TARGETS</b>
<u>Alternative Response Referrals</u>  No substantiated allegations of child abuse and/or neglect.	CWS/CMS  COUNTY contracted vendor Data Source	90% or more of families with no substantiated allegations at the termination of ARS.  95% or more of families with no substantiated allegations 12 months after the termination of ARS.
<u>FP cases</u>  No subsequent case reopenings.	CWS/CMS  COUNTY contracted vendor Data Source	90% or more of families with no subsequent substantiated allegations at case closing.  95% or more of families with no subsequent case reopenings for 12 months after case closing.

## 1.0 SAFETY

**Performance Outcome Goal:** Children shall remain free from abuse and neglect

### **Service Tasks:**

CONTRACTOR shall provide the following services:

#### 1.1 Case Referral and Assessment:

The CSW assesses the families' appropriateness for FP services based on the following criteria: (1) the children will be safe if FP services are provided; (2) it is the best case plan for the family; and (3) the family voluntarily accepts FP services. The Team Decision Making Committee or Points of Engagement may also refer families potentially eligible for FP services. The Team Decision Making Committee in collaboration with the CONTRACTOR shall determine the appropriateness of DCFS referrals if the CONTRACTOR, after assessing the family, regards them as inappropriate for FP services. Persons potentially eligible for FP services include families/children as described by Welfare and Institutions Code (WIC) Sections 301, 361, 364, 601, 602, 726, 727, and 16500.5(c)(3). (See Part B, Target Populations).

1.1.1 CONTRACTOR's receipt of DCFS 800, Exhibit FP-27, or PD 1324, Exhibit FP-3, shall constitute an official referral of the case to the CONTRACTOR, proof of receipt is by fax stamp, however, there may be instances when the referrals are made to the agency by telephone prior to the referrals being sent via fax (e.g. Emergency Response referrals). CONTRACTOR shall call the case carrying CSW/DPO within 24 hours to acknowledge receipt of the referral, provide the name of the CONTRACTOR's case manager, and to discuss case dynamics and a preliminary plan.

1.1.2 CONTRACTOR shall provide the following services:

1.1.2.1 CONTRACTOR shall make the initial visit to assess the family's needs within two (2) business days of telephone or fax notification for initial Emergency Response referrals.

1.1.2.2 CONTRACTOR shall make its initial visit with the CSW to jointly assess the family's needs within three (3) hours of telephone or fax notification for initial Emergency Response referrals with issues involving

substance abuse, mental health and/or domestic violence (24 hours per day, 7 days a week).

1.1.2.3 CONTRACTOR shall make the initial visit within two (2) business days for Alternative Response Services (inconclusive/substantiated low-to-moderate risk closed referrals). If the CONTRACTOR is unable to make contact with the family after two attempts within five (5) business days, CONTRACTOR shall close the referral and inform the case carrying CSW.

1.1.2.4 CONTRACTOR shall make its initial visit to assess the family's needs within five (5) business days from the referral date for VFM, VFR, Court Intervention and Probation referrals.

1.1.3 CONTRACTOR shall document the assessment and shall immediately inform the case carrying CSW/DPO if CONTRACTOR believes that FP Services are not appropriate. If it is determined that the family is not appropriate for services after the assessment is completed, CONTRACTOR may invoice for the assessment at the hourly rate based on the educational level of the CONTRACTOR'S staff.

1.2 Family Preservation Services shall be provided up to six (6) months. The DCFS Assistant Regional Administrator may approve up to an additional six months of FP Services, two (2) three (3) month extensions. FP Services beyond one year must be approved by the DCFS Deputy Director.

1.3 CONTRACTOR shall be available to assess families for services twenty-four (24) hours per day, seven (7) days per week to provide the following services:

1.3.1 Alternative Response Services (Inconclusive/Substantiated Low-To-Moderate Risk Closed Referrals)

CONTRACTOR shall: (1) complete an ARS Plan, Exhibit FP-20, in the home; (2) provide four (4) In-Home Outreach Counseling Sessions per family with all identified family members present; (3) provide Supplemental Services as appropriate; and (4) provide linkage services (See Part C, Section 2.4).

Alternative Response Services may be provided up to ninety (90) days.

**1.3.2 Emergency Response Family Preservation Services:**

CONTRACTOR shall provide: (1) MCPC Service Plan, Exhibit FP-10; (2) four (4) monthly In-Home Outreach Counseling Sessions per family with all identified family members present; (3) Supplemental Services immediately as appropriate; and (4) linkage services.

**1.3.3 Voluntary Family Maintenance Services (VFM):**

CONTRACTOR shall provide the same services as for Emergency Response Services.

**1.4 Supplemental Services:**

CONTRACTOR shall provide, either directly or through a Subcontractor, Supplemental Services. These are additional services provided on a case-by-case basis that are reimbursed at a fixed rate (see Part A, Section 8.0).

Supplemental Services (for ARS, VFM, VFR, Court and Probation cases) can only be accessed after the completion of the ARS/MCPC Service Plan with the exception of Emergency Response cases, which can be accessed immediately.

Supplemental Services include, but are not limited to, the following:

**1.4.1 Counseling Services:**

These are face-to-face meetings/interventions by a counselor with an individual, couple, family or group to (1) help identify and assist in solving family problems; (2) identify substance abuse and refer for treatment; (3) address and treat domestic violence or anger management issues; and (4) help identify personal, vocational and educational goals. These services must be provided by a licensed clinician.

CONTRACTOR shall invoice per family for all children participating in a particular child focused activity at the same time. CONTRACTOR may invoice individually if the children in a family participate in separate activities.

1.4.2 Child Follow-up Visit:

The IHOC shall make a subsequent visit whenever a child(ren) is absent during the In-Home counseling session. The IHOC shall make this contact within five (5) business days.

1.4.3 Counseling Services:

These are face-to-face meetings/interventions by a counselor with an individual, couple, family, or group to: (1) help identify and assist in solving family problems; (2) identify substance abuse and refer for treatment; (3) address and treat domestic violence or anger management issues; and (4) help identify personal, vocational and educational goals.

1.4.4 Drug Testing:

This service involves drug testing of urine samples for parents or primary caregivers whose drug use/abuse has contributed to their inability to care for their children.

1.4.5 Emergency Housing:

This is temporary housing that the CONTRACTOR provides for a family up to four (4) consecutive days. Any family needing additional time requires approval by the COUNTY Program Manager.

1.4.6 Parenting Training Services/Fatherhood Program:

These are services that support and enhance parenting skills through training in areas such as: (1) anger management; (2) impulse control; (3) child development; and (4) alternative discipline.

1.4.7 Substance Abuse Assessment and Treatment:

These are services provided by the CONTRACTOR for alcohol and other drug treatment recovery services to eligible clients during the term of the Contract. CONTRACTOR shall ensure that services are provided by a State of California licensed/certified substance abuse treatment center who can access Medi-Cal and CALworks and private insurance, or Subcontract with a licensed (residential), certified (outpatient), or CASC provider. The allocation for these services is to be directed for the indigent population.

1.4.8 Substitute Adult Role Model Services (SARM):

These are services in which adult mentors, trained and supervised by the CONTRACTOR, are paired with children and youth to: (1) foster positive behavior through the mentor's example; and (2) broaden the children's recreational, social, and educational dreams through shared experiences.

CONTRACTOR shall invoice per family for all children participating in a particular SARM activity at the same time. CONTRACTOR may invoice individually if the children in a family participate in separate activities.

1.4.9 Teaching and Demonstrating Homemaker Services (T & D):

These are services in which a T & D worker demonstrates and teaches primary caregivers the skills to successfully manage and maintain a home including, but not limited to, home safety, cleanliness, meal planning, and budgeting.

1.4.10 Transportation Services:

This is a service to provide transportation to families to a specific service site by means of bus fare/pass, CONTRACTOR's passenger vanpool, or private vendor if no other means of transportation is available.

CONTRACTOR shall invoice per family for all family members transported to the same location or activity. CONTRACTOR may invoice individually if family members are being transported to different locations or activities by the same transporter. CONTRACTOR may invoice for all wait time (at the location) between transporting families from one location or activity to another location or activity.

1.5 Alternative Response Service Plan [Inconclusive/Substantiated Low-To-Moderate Risk Closed Referrals]

1.5.1 CONTRACTOR's Clinical Director or COUNTY approved designee shall convene the ARS Plan within five (5) business days of the initial visit and provide the case carrying CSW with a copy of the Service Plan.

1.5.2 Each time a referral is presented, CONTRACTOR shall have the parent/caregiver sign an Alternative Response

Confidentiality Declaration, Exhibit FP-19, and shall also ensure that the ARS Agreement, Exhibit FP-8, the Consent to Comply with the Children's Bill of Rights, Exhibit FP-32, and the Consent to Release and Exchange Information, Exhibit FP-21, are completed. The LCSW and/or LMFT shall review and approve the ARS Plan.

1.5.3 The ARS Plan, Exhibit FP-20, shall: (1) determine which family members are to receive services; (2) assess the strengths of the family; (3) outline the services, interventions, and/or items to be provided; and (4) decide who will provide the services. CONTRACTOR's Clinical Director shall oversee the development, approval, and implementation of the ARS Plan including supervision of the staff providing In-Home Outreach Counseling services. The CONTRACTOR's Clinical Director shall ensure that documentation of clinical supervision is maintained.

1.5.4 CONTRACTOR shall document in the ARS Plan the In-Home Outreach Counseling sessions and the frequency and types of services provided to the family. CONTRACTOR shall complete the Family Functioning Assessment Tool, Exhibit FP-16, after the development of the ARS Plan and at referral closing. CONTRACTOR shall input all recommendations and services provided into the Inter-University Consortium Data Source.

1.6 Multidisciplinary Case Planning Committee [FP and Probation cases]

1.6.1 CONTRACTOR's Clinical Director or COUNTY approved designee shall convene the MCPC within 15 business days of the initial visit and notify the case carrying CSW/DPO, family, and other service providers at least three (3) business days in advance. CONTRACTOR shall document all scheduling attempts for each family in the case record. The MCPC case plan meeting shall occur at initial contact for Emergency Response cases. CONTRACTOR shall provide transportation for the family, if necessary, and provide space that is safe and secure for Child Focused Activities.

1.6.2 Each time a case is presented, CONTRACTOR shall have all the MCPC members sign a MCPC Confidentiality Declaration, Exhibit FP-9, and shall also ensure that Family Preservation Service Agreement, Exhibit FP-8, is completed. The LCSW and/or LMFT shall review and approve the MCPC service plan if unable to attend.

1.6.3 CONTRACTOR shall ensure that all parties read, acknowledge and sign the Consent to Comply with the Children's Bill of Rights form, Exhibit FP-32, and the Consent to Release and Exchange Information, Exhibit FP-21. Children who are capable of understanding the contents of the form shall sign it. If a child(ren) is unable to understand the form, the CONTRACTOR shall write a statement to that effect on the form.

1.6.4 The MCPC Service Plan, Exhibit FP-10, is developed at the initial MCPC meeting and shall: (1) determine which family members are to receive services; (2) assess the strengths of the family; (3) outline the critical services, interventions, and/or items to be provided; and (4) decide who will provide the services. CONTRACTOR's Clinical Director shall oversee the development, approval, and implementation of the MCPC service plan including supervision of the staff providing In-Home Outreach Counseling services. The CONTRACTOR's Clinical Director shall ensure that documentation of clinical supervision is maintained.

The parent/caregiver(s), case carrying CSW or DPO, and CONTRACTOR's Clinical Director shall sign and date the MCPC service plan. CONTRACTOR shall document in the client's case record the date of attendance, confidentiality statements of the MCPC participants, and a signed MCPC service plan. CONTRACTOR shall give a copy of the MCPC service plan to the case carrying CSW/DPO and family.

1.6.5 CONTRACTOR shall visit children in foster care only as required in the MCPC service plan. CONTRACTOR shall not arrange parent visits in the foster home but may transport parents to the site of parent/children visits as required in the MCPC service plan.

1.6.6 CONTRACTOR shall ensure that an MCPC meeting be conducted at least every 75 days for the duration of services. In emergencies, the CONTRACTOR may conduct subsequent MCPC meetings by conference call, provided that all required parties are involved. Prior to case termination, CONTRACTOR shall convene a staffing or MCPC meeting to discuss the family's progress and whether additional services are needed.

1.6.7 CONTRACTOR shall document in the MCPC service plan the In-Home Outreach Counseling Sessions, Child Follow-up Visit, Mental Health Referrals, Exhibit FP-1, and the frequency and types of services provided to the family. CONTRACTOR shall

complete the Family Functioning Assessment Tool after each MCPC meeting. CONTRACTOR shall input *monthly* all recommendations and MCPC services provided into the Inter-University Consortium Data Source.

1.7 Case Records [Inconclusive/Substantiated Low-To-Moderate Risk Closed Referrals, FP and Probation cases]

CONTRACTOR shall maintain a case record on each family served and make them available upon request by COUNTY. Case records shall include but not be limited to, DCFS 800/PD 1324 referral(s), Family Service Agreement, Exhibit FP-8; ARS/MCPC Service Plan Agreement(s), Exhibit FP-11; Service Progress Notes, Exhibit FP-25; unexcused absence alert(s), Exhibit FP-14; Auxiliary Fund Authorization(s), Exhibit FP-6; In-home Counseling/Follow-up Progress Notes, Exhibit FP-22; Monthly Progress Report(s), Exhibit FP-12; and other documentation as necessary. CONTRACTOR shall utilize the case number designated by DCFS/Probation for identifying each referred family and case record.

CONTRACTOR shall maintain closed case records for five (5) years after each fiscal year.

1.8 Monthly Progress Reports [Inconclusive/Substantiated Low-To-Moderate Risk Closed Referrals, FP and Probation cases]

CONTRACTOR shall prepare and submit to the FP Program Manager a Monthly Progress Report for each referred family by the fifteenth (15<sup>th</sup>) day of the following month (e.g., May progress reports are due June 15<sup>th</sup>). The reports shall reflect the progress towards the ARS plan goals. CONTRACTOR shall maintain the original of each report and supporting documentation in the CONTRACTOR's case record.

1.9 Monthly Progress Reports [FP and Probation cases]

CONTRACTOR shall prepare and submit to the CSW/DPO a Monthly Progress Report for each referred family by the fifteenth (15<sup>th</sup>) day of the following month (e.g., May progress reports are due June 15<sup>th</sup>). The reports shall reflect the progress towards the MCPC service plan goals. CONTRACTOR shall maintain the original of each report and supporting documentation in the CONTRACTOR's case record.

1.10 Family Member Unexcused Absences [Inconclusive/Substantiated Low-To-Moderate Risk closed Referrals, FP and Probation Cases]

CONTRACTOR shall terminate the referral after two (2) unexcused absences from IHOC sessions.

**1.11 Family Member Excused and Unexcused Absences [FP and Probation cases]**

- 1.11.1 CONTRACTOR's Project Manager or Clinical Director may, in conjunction with the case carrying CSW/DPO, approve a family member(s) absence for one or more In-Home Outreach Counseling sessions. CONTRACTOR shall fax confirmation to the case carrying CSW/DPO of this decision. CONTRACTOR may approve absences for other services without consulting with COUNTY and shall document the reasons for Excused Absences, Exhibit FP-13, in the family's case record.
- 1.11.2 CONTRACTOR shall within 24 hours telephone the case carrying CSW/DPO of any Unexcused Absence and fax the completed Unexcused Absence Alert Form, Exhibit FP-14, to the case carrying CSW/DPO. CONTRACTOR shall still provide the required number of In-Home Outreach Counseling Sessions and/or Child Follow-up Observations despite an Unexcused Absence.
- 1.11.3 CONTRACTOR shall contact the case carrying CSW/DPO by telephone, and fax the second Unexcused Absence Alert when a second consecutive unexcused absence occurs during a calendar month. If there is no response from COUNTY within 24 hours, the CONTRACTOR shall telephone and fax the alert to the case carrying Supervising CSW or the case carrying Supervising Deputy Probation Officer (SDPO).
- 1.11.4 If an unexcused absence occurs after business hours or on a COUNTY holiday or weekend, and CONTRACTOR has sufficient reason to believe that a child is at risk, CONTRACTOR shall immediately contact the Child Protection Hotline at: (800) 540-4000 to report CONTRACTOR's concerns.

**1.12 Auxiliary Fund Services/Items**

- 1.12.1 CONTRACTOR shall purchase DCFS and COUNTY Probation Department approved items for reimbursement from Auxiliary Funds according to the procedures set forth in Exhibit FP-6, Auxiliary Fund Procedures. Contractor shall submit Exhibit FP-7, Expense Claim for Lead Agency Auxiliary Fund Form, for reimbursement. CONTRACTOR shall use Exhibit FP-5 for Probation Department request(s).

1.12.1.1 Requests for Auxiliary Funds for rental assistance must include the property owner's Social Security number or Tax Identification number (TIN) form provided as Exhibit FP-30.

1.12.2 CONTRACTOR shall purchase and be reimbursed for deaf/interpretive services. CONTRACTOR shall submit the Expense Claim for Lead Agency Auxiliary Fund form, Exhibit FP-7, for reimbursement. CONTRACTOR shall be responsible for providing all necessary documentation for the purchase and reimbursement for Auxiliary Funds and/or deaf/interpretive services.

**PERFORMANCE OUTCOME SUMMARY**

**2. PERMANENCY**

**PROVIDER & PROGRAM:**

**PROGRAM TARGET GROUP:**

Families who are receiving FR services (FP cases)

**PROGRAM GOAL AND OUTCOME:**

Children shall achieve permanency through reunification, adoption, and guardianship.

<b>OUTCOMES</b>	<b>METHOD OF DATA COLLECTION</b>	<b>PERFORMANCE TARGETS</b>
<u>FP Cases</u>		
No subsequent referrals	CWS/CMS	90% or more of children referred return home while receiving FP services.
Successful completion of MCPC Service Plan critical tasks (e.g., In-Home Outreach Counseling)	Inter-University Consortium Data Source Monthly Progress Reports	80% or more of children who received services remain in own home twelve (12) months after FP case closing.
<u>Probation Cases</u>		
Successful completion of MCPC Service Plan	Inter-University Consortium Data Source Monthly Progress Reports	80% of minors achieve MCPC goals at the termination of FP services. 85% of minors remain at home while receiving FP services. 75% of minors remain at home six (6) months after FP case closing.

## 2.0 PERMANENCY

**Performance Outcome Goal:** Children shall achieve permanency through reunification, adoption, and guardianship.

### **Service Tasks:**

CONTRACTOR shall provide the following Voluntary Family Reunification Services (VFR) and Court Intervention Services:

- 2.1 A MCPC Service Plan;
- 2.2 Four In-Home Outreach Counseling Sessions per family with identified family members present;
- 2.3 Supplemental Services as appropriate (See Part C, Section 1.4);
- 2.4 Linkage Services: The CONTRACTOR shall arrange the non-reimbursable services necessary to meet the needs of the family as defined in the MCPC or ARS plan that CONTRACTOR's program does not directly provide by referral to: (1) a PSSF CONTRACTOR; (2) a public agency; or (3) a collaborative community agency/resource. Linkage services may include, but are not limited to, the following:
  - 2.4.1 DHS Alcohol and Substance Abuse Treatment Services: Alcohol and substance abuse assessment and treatment services are provided by DHS through the Community Assessment Service Centers.
  - 2.4.2 DMH Mental Health Services: DMH provides mental health services through identified Mental Health Service Rehabilitation Medi-Cal certified providers (eligible to bill Short Doyle Medi-Cal) that include: (1) psychological testing; (2) evaluation for medication support; (3) case planning and management; and (4) individual (child and adult), family, and group therapy.  
  
***[Alternative Response referrals are not eligible for DHS Alcohol and Substance Abuse Treatment Services or DMH Mental Health Services.]***
  - 2.4.3 Child Care Services: These are child care services needed for children while their parents or guardians work or attend school.
  - 2.4.4 Educational Services: The local school district assesses and provides an educational program to meet the child's needs.

- 2.4.5 Employment/Training Services: These are services that prepare families to enter the workforce, including, but not limited to: (1) vocational education; (2) employment preparation and job training; (3) assistance with finding a job; and (4) support services and supplies.
- 2.4.6 Health Care Services: These are referrals to health care providers that provide Child Health Disability Prevention Program (CHDP) or equivalent services to ensure that children receive the appropriate medical/dental examinations in accordance with the CHDP Periodicity Schedule and appropriate follow-up treatment.
- 2.4.7 Healthy Start Support Services: These services, provided by the Healthy Start program at or near a designated school site, implement and coordinate health, mental health, social, and other services for children and families.
- 2.4.8 Housing Services: These services include, but are not limited to: (1) helping families find suitable housing; (2) assisting families in negotiating with landlords; (3) helping families obtain financial aid to cover rental costs and security deposits; and (4) referring families to community legal agencies for assistance with eviction problems.
- 2.4.9 Income Support Services: These are services to help families obtain financial assistance through state and federally funded programs such as: (1) Temporary Assistance to Needy Families (TANF); (2) Supplemental Security Income (SSI)/Zebley funding; (3) Social Security; (4) Veteran's Administration (VA) benefits; and (5) other assistance programs as appropriate.
- 2.4.10 Partnerships For Families Initiative (PFF): These services are to increase the availability and accessibility of both formal services and informal supports for families before child protective services involvement is necessary.
- 2.4.11 Physical and Developmental Services: These services are provided by California Children's Services for individuals with physical and/or developmental disabilities and include, but are not limited to: (1) infant/toddler development; (2) after-school recreation/day care; (3) recreation for teens and adults; (4) adult development; (5) resident summer camps; (6) day camps; (7) sheltered workshops (work activity centers); (8) supported employment; (9) social service counseling; (10) parent groups; (11) support groups; (12) accessible housing; (13) therapeutic

aquatics; (14) post-stroke orthopedic equipment loans; and (15) information and referral.

- 2.4.12 Regional Center Services: These are services provided to children and adults with developmental disabilities which include, but are not limited to: (1) assessment; (2) case management; (3) funding for rehabilitation services; (4) respite care; (5) out-of-home placement services; and (6) information and referral.
- 2.4.13 Self-Help/Family Support Groups: These are services for caregivers to meet on a regular basis, develop an on-going support network, and discuss the concepts learned in counseling sessions and parent education classes.
- 2.4.14 Special Education: The local public school district provides a special education plan through an Individual Education Plan (IEP) process for a child with an emotional, physical, cognitive, or sensory impairment problem.
- 2.4.15 PSSF Services: CONTRACTOR shall enter into a partnership via letter of agreement with a PSSF CONTRACTOR in their SPA within sixty (60) days of the effective date of the Contract. The services provided by Contracted PSSF providers include, but are not limited to: (1) Family Support Services; and (2) Adoption Promotion and Support Services.

Family Support Services include, but are not limited to: (1) increasing parents' confidence and competence in their parenting abilities; (2) ensuring children a safe, stable, and supportive family environment; (3) strengthening parental relationships and promoting healthy marriages; and (4) enhancing child development.

Adoption Promotion and Support Services include pre and post-adoptive services designed to expedite the adoption process and support adoptive families.

- 2.5 Auxiliary Fund Services/Items: See Part C, Section 1.12.

**PERFORMANCE OUTCOME SUMMARY**

**3. WELL-BEING**

**PROVIDER & PROGRAM:**

**PROGRAM TARGET GROUP:**

All Families receiving FP Services (Inconclusive/substantiated low-to-moderate risk closed referrals, FP cases and Probation cases).

**PROGRAM GOAL AND OUTCOME:**

Children shall improve their level of functioning in the areas of physical, emotional, social, educational, cultural, and spiritual development.

<b>OUTCOMES</b>	<b>METHOD OF DATA COLLECTION</b>	<b>PERFORMANCE TARGETS</b>
<u>Inconclusive Referrals and FP cases</u>	Inter-University Consortium Data Source  ARS Plan  MCPC Service Plan	75% or more of problems presented by families at intake are at least "baseline-adequate" on the Family Functioning Assessment Tool at the termination of ARS and/or FP services (Exhibit FP-16).
<u>Probation cases</u>	Monthly Progress Reports	65% of minors referred to TDT successfully attend TDT school during FP enrollment.
Improved family functioning	Inter-University Consortium Data Source  MCPC Service Plan	70% or more of problems presented by families at intake are at least "baseline-adequate" on the Family Functioning Assessment Tool at the termination of FP services (Exhibit FP-16).

### 3.0 WELL-BEING

**Performance Outcome Goal:** Children shall improve their level of functioning in the areas of physical, emotional, social, educational, cultural and spiritual development.

#### **Service Tasks:**

CONTRACTOR shall provide the following services:

- 3.1 Therapeutic Day Treatment (TDT) [Probation cases]: The CONTRACTOR shall provide TDT services for Probation Youth as approved by the MCPC. Services shall be provided at least seven hours per day, five days per week and shall include, but are not limited to: (1) formal education in a non-public school six (6) hours per day, which includes therapeutic recreation; (2) one hour of group counseling per day; (3) at least one hour of individual counseling per week; (4) at least 45 minutes of family counseling in the home per month; and (5) other services as determined by the MCPC. Transportation and meals shall be provided, and attendance and activities documented.

TDT services may be provided for six (6) months and extended for an additional three (3) months with SDPO approval.

- 3.2 Transition Services [FP cases]. CONTRACTOR may provide families Transition Services after the termination of FP Services. Transition Services shall consist of two In-Home Outreach Counseling visits per month. No supplemental services are provided during Transition, however, the family may be linked to additional community resources. The time limit for FP and Transition Services cannot exceed 12 months (e.g. a family can receive 10 months of FP services and two months of Transition services).
- 3.3 Linkage Services: See Part C, Section 2.4.
- 3.4 Auxiliary Fund Services/Items: See Part C, Section 1.12.

### 4.0 EVALUATION AND OUTCOMES

#### 4.1 Overview

Evaluative functions are used to set measurable targets for the Agency's FP program operation and to use those targets to test the effectiveness and efficiency of the services and supports being developed. In addition, evaluative information should also be used to determine the degree to

which ongoing practice remains faithful to the original model and to incorporate ongoing innovations into the continuous improvement of that model.

This section focuses on collecting, managing and using information to improve individual and organizational performance. The evaluation and outcomes framework for these standards emphasizes best FP service strategies, function outcomes, child, family, and system satisfaction indicators, and cost. Inherent in these standards is a belief that active involvement of families, community members, public agency staff, and direct service staff in the complete quality improvement cycle is critical to accountability and quality service implementation and redesign.

- 4.2 CONTRACTOR shall provide processes for systematically involving families, key stakeholders, and direct service staff in defining, selecting, and measuring quality indicators at the program and community levels.
- 4.3 CONTRACTOR shall work with COUNTY Program Manager and/or designee to develop and implement client profiling and tracking systems which include client characteristics and demographics, collection and reporting of data on the outcomes and objectives, method of monitoring the quality of services provided by FP providers, and survey instruments. CONTRACTOR shall perform data entry to support these activities.

**PROPOSED SERVICE DELIVERY SITES FOR  
FAMILY PRESERVATION PROGRAM**

**Administrative Office/Headquarters (AGENCY)**

AGENCY Name	AGENCY Address	AGENCY Contact Person	Phone (P)
			Fax (F)
Joint Efforts, Inc.	505 S. Pacific Ave., Suite 205 San Pedro, CA 90731	Eloisa Duenas	P: (310) 831-2358 x223
			F: (310) 831-2356

**Service Delivery Site(s) (SITE)**

SITE Name	SITE Address	SITE Contact Person	Phone (P)
			Fax (F)
<input type="checkbox"/> ASDA* <input type="checkbox"/> SDSS**			P: ( )
			F: ( )
<input type="checkbox"/> ASDA* <input type="checkbox"/> SDSS**			P: ( )
			F: ( )
<input type="checkbox"/> ASDA* <input type="checkbox"/> SDSS**			P: ( )
			F: ( )

\*Agency Service Delivery Site

\*\*Subcontractor Service Delivery Site

(Please make additional copies of this form if necessary)

**PROPOSED SERVICE DELIVERY SITES FOR  
FAMILY PRESERVATION PROGRAM**

**Administrative Office/Headquarters (AGENCY)**

AGENCY Name	AGENCY Address	AGENCY Contact Person	Phone (P)
			Fax (F)
City of Long Beach Department of Health and Human Services	2525 Grand Ave. Long Beach, CA 90815	Corinne Schneider	P: (562) 570-4001
			F: (562) 570-4049

**Service Delivery Site(s) (SITE)**

SITE Name	SITE Address	SITE Contact Person	Phone (P)
			Fax (F)
<input checked="" type="checkbox"/> ASDA* <input type="checkbox"/> SDSS** Center for Families and Youth	6335 Myrtle Ave. Long Beach, CA 90805	Karen Bernstein	P: (562) 570-3276
			F: (562) 570-1266
<input type="checkbox"/> ASDA* <input type="checkbox"/> SDSS**			P: ( )
			F: ( )
<input type="checkbox"/> ASDA* <input type="checkbox"/> SDSS**			P: ( )
			F: ( )

\*Agency Service Delivery Site

\*\*Subcontractor Service Delivery Site

(Please make additional copies of this form if necessary)

**PROPOSED SERVICE DELIVERY SITES FOR  
FAMILY PRESERVATION PROGRAM**

**Administrative Office/Headquarters (AGENCY)**

AGENCY Name	AGENCY Address	AGENCY Contact Person	Phone (P)
			Fax (F)
Boys & Girls Clubs of Long Beach	3635 Long Beach Blvd. Long Beach, CA 90807	Johnnie Johnson	P: (562) 595-5945, x226
			F: (562) 595-5745

**Service Delivery Site(s) (SITE)**

SITE Name	SITE Address	SITE Contact Person	Phone (P)
			Fax (F)
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** Dean A. Eastman/Fairfield Club	700 East Del Amo Blvd. Long Beach, CA 90807	Shannon Delaney	P: (562) 428-9188
			F: (562) 595-5745
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** John C. Wallace/Petrolane Club	1920 Lemon Ave. Long Beach, CA 90806	Keith Lilly	P: (562) 599-2916
			F: (562) 595-5745
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** Freeman E. Fairfield/Westside Club	1835 West Willard St. Long Beach, CA 90810	Jose Mercado	P: (562) 435-1621
			F: (562) 595-5745
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** Jeffery A. Cowan/Washington Club	1450 Cedar Ave. Long Beach, CA 90813	Milton Huezo	P: (562) 591-1133
			F: (562) 595-5745

\*Agency Service Delivery Site

\*\*Subcontractor Service Delivery Site

(Please make additional copies of this form if necessary)

**PROPOSED SERVICE DELIVERY SITES FOR  
FAMILY PRESERVATION PROGRAM**

**Administrative Office/Headquarters (AGENCY)**

AGENCY Name	AGENCY Address	AGENCY Contact Person	Phone (P)
			Fax (F)
Parents Anonymous <sup>®</sup> , Inc.	675 West Foothill Blvd., Suite 220 Claremont, CA 91711	Augusto Minakata	P: (909) 621-6184, x212
			F: (909) 621-0614

**Service Delivery Site(s) (SITE)**

SITE Name	SITE Address	SITE Contact Person	Phone (P)
			Fax (F)
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** Center for Families and Youth	6335 Myrtle Ave. Long Beach, CA 90805	Ana Rosa Najera	P: (562) 570-3275
			F: (562) 570-1266
<input type="checkbox"/> ASDA* <input type="checkbox"/> SDSS**			P: ( )
			F: ( )
<input type="checkbox"/> ASDA* <input type="checkbox"/> SDSS**			P: ( )
			F: ( )

\*Agency Service Delivery Site

\*\*Subcontractor Service Delivery Site

(Please make additional copies of this form if necessary)

**PROPOSED SERVICE DELIVERY SITES FOR  
FAMILY PRESERVATION PROGRAM**

**Administrative Office/Headquarters (AGENCY)**

AGENCY Name	AGENCY Address	AGENCY Contact Person	Phone (P)
			Fax (F)
Masada Homes	130 W. Victoria St. Gardena, CA 90248	Mariko Obrero	P: (310) 715-2020
			F: (310) 660-0494

**Service Delivery Site(s) (SITE)**

SITE Name	SITE Address	SITE Contact Person	Phone (P)
			Fax (F)
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** Southern Learning Academy	11844 E. Centralia Road Lakewood, CA 90715	Mariko Obrero	P: (562) 924-8015
			F: (562) 924-8674
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** Hawaiian Gardens Community Day School	12028 Centralia Road Hawaiian Gardens, CA 90716	Mariko Obrero	P: (562) 865-1664
			F: (562) 865-2393
<input type="checkbox"/> ASDA* <input type="checkbox"/> SDSS**			P: ( )
			F: ( )

\*Agency Service Delivery Site

\*\*Subcontractor Service Delivery Site

(Please make additional copies of this form if necessary)

**Attachment 1**

FORM FP-1 - Attachment A-1

**PROPOSED SERVICE DELIVERY SITES FOR  
FAMILY PRESERVATION PROGRAM**

**Administrative Office/Headquarters (AGENCY)**

AGENCY Name	AGENCY Address	AGENCY Contact Person	Phone (P)
			Fax (F)
The Guidance Center	4335 Atlantic Ave. Long Beach, CA 90807	Robin Ward	P: (562) 485-3095
			F: (562) 490-9759

**Service Delivery Site(s) (SITE)**

SITE Name	SITE Address	SITE Contact Person	Phone (P)
			Fax (F)
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** Hinchman House	3711 Long Beach Blvd., Ste 600 Long Beach, CA 90807	Robin Ward	P: (562) 216-2175
			F: (562) 216-2337
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** North LB Intensive Services	4343 Atlantic Ave. Long Beach, CA 90805	Robin Ward	P: (562) 216-2175
			F: (562) 216-2337
<input type="checkbox"/> ASDA* <input checked="" type="checkbox"/> SDSS** San Pedro Clinic	411 N. Harbor Blvd., #300 San Pedro, CA 90731	Robin Ward	P: (562) 216-2175
			F: (562) 216-2337

\*Agency Service Delivery Site

\*\*Subcontractor Service Delivery Site

(Please make additional copies of this form if necessary)

**EXHIBIT B**  
**BUDGET (August 16, 2005 - June 30, 2008)**  
**For**  
**FAMILY PRESERVATION**

**Agency Name: City of Long Beach, Department of Health and Human Services**

ITEM	Ten and a Half Month Budget Period (08-16-05 - 06-30-06)	Twelve Month Budget Period (07-01-06 - 06-30-07)	Twelve Month Budget Period (07-01-07 - 06-30-08)	Total Budget Period (08-01-05 - 06-30-08)
<b>PROGRAM EXPENSES</b>				
<b>I. DIRECT COST:</b>				
A. Salaries and Employee Benefits	\$ 212,018.83	\$ 252,593.92	\$ 252,593.92	\$ 717,206.67
B. Facility Rent/Lease	\$ -	\$ -	\$ -	\$ -
C. Equipment and/or Other Assets Leases	\$ 4,462.50	\$ 5,100.00	\$ 5,100.00	\$ 14,662.50
D. Services and Supplies	\$ 233,936.49	\$ 239,755.00	\$ 239,755.00	\$ 713,446.49
E. Other	\$ -	\$ -	\$ -	\$ -
<b>II. ADMINISTRATIVE AND INDIRECT COST: (Max. 10% OF Max. Annual Contract Sum)</b>				
A. Administrative Overhead	\$ 49,582.19	\$ 2,551.08	\$ 2,551.08	\$ 54,684.34
B. Other	\$ -	\$ -	\$ -	\$ -
<b>TOTAL GROSS COST OF PROGRAM</b>	<b>\$ 500,000.00</b>	<b>\$ 500,000.00</b>	<b>\$ 500,000.00</b>	<b>\$ 1,500,000.00</b>
<b>INCOME/REVENUE</b>				
A. Projected County Allocation	\$ 500,000.00	\$ 500,000.00	\$ 500,000.00	\$ 1,500,000.00
B. Private Funding, Other Revenue, &/or In-Kind Match	\$ -	\$ -	\$ -	\$ -
<b>TOTAL INCOME/REVENUE</b>	<b>\$ 500,000.00</b>	<b>\$ 500,000.00</b>	<b>\$ 500,000.00</b>	<b>\$ 1,500,000.00</b>

ATTACHMENTS (3): Budget Justification Narrative and Line Item Budget for each twelve-month budget period.

**ATTACHMENT TO EXHIBIT B**  
**LINE ITEM BUDGET (August 16, 2005 - June 30, 2006)**  
**For**

**FAMILY PRESERVATION**

Agency Name: City of Long Beach, Department of Health and Human Services

ITEM	Ten and a Half Month Budget Period (08-16-05 - 06-30-06)
<b>PROGRAM EXPENSES</b>	
<b>I. DIRECT COST:</b>	
<b>A. Salaries and Employee Benefits</b>	
Project Manager (FTE: 0.15) \$5,714.83 x 10.5 x 15% =	\$ 9,000.86
Resource Coordinator (FTE: 0.50) \$4,414.83 x 10.5 x 50% =	\$ 23,177.86
In-Home Outreach Counselors (FTE: 2.00) \$3,132.33 x 10.5 x 200% =	\$ 65,778.93
T&D/SARM Associate (FTE: 1.00) \$2,827.24 x 10.5 x 100% =	\$ 29,686.02
Front Office Coordinator (FTE: 0.50) \$1,910.33 x 10.5	\$ 10,029.23
Anger Management Facilitator (FTE: 0.025) \$3,132.33 x 10.5 x 2.5% =	\$ 822.24
Budget Analyst (FTE: 0.05) \$5,430.00 x 12 x 5% =	\$ 2,850.75
<b>Total Salaries</b>	<b>\$ 141,345.88</b>
Employee Benefits @ 50% =	\$ 70,672.94
<b>Total Salaries and Employee Benefits</b>	<b>\$ 212,018.83</b>
<b>B. Facility Rent/Lease</b>	\$ -
<b>C. Equipment and/or Other Assets Leases</b>	
Computer Information Services (2 PCs networked, 1 printer) \$425 x 10.5 =	\$ 4,462.50
<b>Total Equipment and/or Other Assets Leases</b>	<b>\$ 4,462.50</b>
<b>D. Services and Supplies</b>	
Contractor: T&D/SARM Associate (FTE 0.50) 20 hrs/wk @ \$16.25 x 46 weeks =	\$ 14,950.00
Intern Stipend \$240.00 x 9 months =	\$ 2,160.00
Subcontracting Agency: Joint Efforts 10.60 x \$1,050.00 x 10.5 =	\$ 116,865.00
Subcontracting Agency: Parents Anonymous \$2,285.72 x 10.5 =	\$ 24,000.06
Subcontracting Agency: Masada Homes \$1,027.00 x 2.25 avg client/mo. x 10.5 =	\$ 27,497.93
Subcontracting Agency: Boys & Girls Club \$775 x 10.5 =	\$ 8,137.50
Transportation \$45.00/hr x 4hrs x 1 day x 46	\$ 8,280.00
Mileage 3 staff x 600 miles per month x \$0.365 per mile x 10.5 =	\$ 6,898.50
Hotel Vouchers \$50.00 x 4 nights x 1 client x 10.5 months =	\$ 2,100.00
Printing \$20.00 a month x 10.5 months =	\$ 210.00
Utilities \$500.00 a month x 10.5 months =	\$ 5,250.00
Office Supplies \$300 a month x 10.5 months =	\$ 3,150.00
Telephone Usage \$1,000.00 a month x 10.5 months =	\$ 10,500.00
Postage \$75.00 a month for 10.5 months =	\$ 787.50
Facility Maintenance \$150.00 a month for 10.5 months =	\$ 1,575.00
Discretionary Services/Items \$150.00 a month for 10.5 months =	\$ 1,575.00
<b>Total Services and Supplies</b>	<b>\$ 233,936.49</b>
<b>E. Other</b>	\$ -
<b>II. ADMINISTRATIVE AND INDIRECT COST: (Max. 10% OF Max. Annual Contract Sum)</b>	
A. Administrative Overhead @ 9.916% (rounded)	\$ 49,582.19
B. Other	\$ -
<b>TOTAL GROSS COST OF PROGRAM</b>	<b>\$ 500,000.00</b>
<b>INCOME/REVENUE</b>	
A. Projected County Allocation	\$ 500,000.00
B. Private Funding, Other Revenue, &/or In-Kind Match	\$ -
<b>TOTAL INCOME/REVENUE</b>	<b>\$ 500,000.00</b>

ATTACHMENT TO EXHIBIT B  
BUDGET JUSTIFICATION NARRATIVE (August 16, 2005 – June 30, 2006)  
For  
FAMILY PRESERVATION

Agency Name: City of Long Beach, Department of Health and Human Services

***Salaries and Employee Benefits***

Project Manager: One full-time employee working 15% of time on project.  
 $\$5,714.83/\text{month} \times 10.5 \text{ months} \times 15\% = \$9,000.86$

The Project Manager (0.15 FTE) provides administrative, fiscal and programmatic oversight for all aspects of the Family Preservation Program. Duties include: planning, implementation and coordination of FP services; development of policies and procedures; recruitment, training and evaluation of staff; coordination of Network and Community Advisory Council; oversight of program evaluation and quality assurance activities, serving as a liaison with DCFS, Probation, and the SPA 8 Collaborative; oversight of billing and fiscal compliance; and development and monitoring of subcontracts.

Resource Coordinator: One full-time employee working 50% of time on project.  
 $\$4,414.83/\text{month} \times 10.5 \text{ months} \times 50\% = \$23,177.86$

The Resource Coordinator (0.50 FTE) is responsible for developing referral, linkage, donation and volunteer resources for the Family Preservation Program. Duties include: locating community resources and maintenance of a resource library; developing referral and linkage systems with community providers; participating in community collaboratives and coalitions, assisting with coordination of Community Advisory Council and collaborative meetings; planning special events such as graduations and holiday programs; identifying and coordinating receipt of donations; and assisting in recruitment, placement and supervision of volunteers.

In-Home Outreach Counselors: Two full-time employees working 100% of time on project.  
 $\$3,132.33/\text{month} \times 10.5 \text{ months} \times 200\% = \$65,778.93$

The IHOCs provide core services to Family Preservation clients including case management, counseling, child safety monitoring, and linkages to Supplementary and community services. Duties include: providing weekly in-home outreach counseling visits and case management services to assigned Alternative Response and Family Preservation cases; assessing needs and linking clients to community services; participating in MCPC meetings and contributing to the development and monitoring of a service plan; maintaining case records and reporting documentation; serving as a liaison and advocate for clients; and providing crisis intervention services as needed.

Teaching and Demonstration (T&D)/Substitute Adult Role Model (SARM) Associate: One full-time employee working 100% of the time on the project.  
 $\$2,827.24/\text{month} \times 10.5 \text{ months} = \$29,686.02$

The T&D/SARM Associate provides Supplementary services to Family Preservation clients as determined by the case plan. Duties include: providing in-home life skills instruction to primary caregivers on issues such as home safety, cleanliness, meal planning and budgeting; serving as a mentor to assigned youth and conducting home and school visits to monitor school attendance, achievement and behavior; maintaining documentation; and participating in MCPC meetings.

Front Office Coordinator: One full time employee working 50% of time on the project.  
 $\$1,910.33/\text{month} \times 10.5 \text{ months} \times 50\% = \$10,029.23$

The Front Office Coordinator (0.50 FTE) serves as front desk receptionist and provides administrative support to Family Preservation Program staff. Duties include: greeting clients and visitors and answering telephones; coordinating client transportation requests; creating and revising forms, fliers and other documents; ordering and maintaining supplies; performing filing, photocopying and faxing, reviewing case files as part of the quality assurance plan, and scheduling MCPC meetings.

Anger Management Facilitator: One full time employee working 2.5% of time on project.  
 $\$3,132.33/\text{month} \times 10.5 \text{ months} \times 2.5\% = \$822.24$

The Anger Management Facilitator (0.025 FTE) conducts group and individual anger management counseling. Duties include: conducting client intakes and assessments; facilitating anger management counseling groups for adults and teens; conducting one-on-one anger management counseling for individuals; maintaining case records and required reporting documentation; developing and disseminating promotional and informational materials; supervising interns and/or volunteers, and coordinating services with other service providers.

Budget Analyst: One full time employee working 5% of time on project.  
 $\$5,430.00/\text{month} \times 10.5 \text{ months} \times 5\% = \$2,850.75$

The Budget Analyst (0.05 FTE) administers the overall financial component of the project. Duties include: compiling, organizing and reporting financial data as required by the project and internal organizational procedures; submitting Monthly Cost Reports, Cost Allocation Plans, and the H10; tracking daily expenditures, ensuring budget compliance, and initiating cost transfers where appropriate; balancing monthly and fiscal periods; managing personnel requisitions, and monitoring technology issues.

Employee Benefits: Calculated at 50% of total employee salaries.  
Total salaries = \$141,345.88, benefits are  $\$141,345.88 \times 50\% = \$70,672.94$

Employee Benefits are charged by the City to each employee working on the project at a total rate of 50%. This amount consists of the following: FICA @ 7.65% + SUI @ 4.25% + Retirement @ 16.77% + Medicare @ 1.47% + Workers Comp @ 5.59% + Health/Dental Insurance @ 14.27%.

***Total Salaries and Employee Benefits = \$212,018.83***

### ***Facility Rent/Lease***

The project will be located in space owned by the City of Long Beach. No rent or lease payments will be charged to the project.

### ***Equipment and/or Other Assets Leases***

#### **Computer Information Services**

2 Networked Computers and 1 printer @ \$425.00/month x 10.5 months = \$4,462.50

The project will utilize 2-networked computers and 1 printer that are provided and maintained by the City's Technology Services Department. The charges for the equipment, maintenance and networking services (email, intranet/internet, financial systems) are administered through a MOU with the Technology Services Department. The computer equipment and networking services will be used by the program and administrative staff to update client records, prepare case progress notes and monthly reports, develop and revise forms, prepare correspondence, send and receive email, conduct research, enter data into the DCSF web-based Application system and USC Archive Database, prepare invoices, and compile and report data for activities related to the project.

***Total Equipment and/or Other Assets Leases = \$4,462.50***

### ***Services and Supplies***

**Contractor: T&D/SARM Associate:** One part-time T&D/SARM Associate @ \$16.25/hour for a total of 20 hours per week for 46 weeks.

\$16.25/hour x 20 hours/week x 46 weeks = \$14,950.00

The T&D/SARM Associate provides Supplementary services to Family Preservation clients as determined by the case plan. Duties include: providing in-home life skills instruction to primary caregivers on issues such as home safety, cleanliness, meal planning and budgeting; serving as a mentor to assigned youth and conducting home and school visits to monitor school attendance, achievement and behavior; maintaining documentation; and participating in MCPC meetings.

**Intern Stipend:** One student intern for \$240 a month for 9 months.

\$240 x 9 = \$2,160.00

The LBDHHS Family Preservation Program generally receives an intern from the Master of Social Work (MSW) or Bachelor of Social Work (BSW) program at California State University, Long Beach or another university each school year. The intern will work 16-20 hours per week during the fall and spring semesters. The MSW intern functions as an IHOC and the BSW intern as T&D/SARM Associate, with a reduced caseload.

**Subcontracting Agency: Joint Efforts:** Total subcontract amount \$116,865.00

10.6 cases/month x \$1050 base rate per case x 10.5 months = \$116,865.00

Joint Efforts has served as the lead agency for its own Community Family Preservation Network since 1997. Under this proposal, Joint Efforts will continue to provide Family Preservation Base Rate and Supplementary Services for clients referred from zip codes in the San Pedro, Carson, Wilmington and Avalon areas (90704, 90731, 90732, 90744, 90745, 90746, and 90747). Services will include In-Home Outreach Counseling, clinical direction, Multidisciplinary Case Planning Committee, Child Follow-up Visits, Drug Testing, Parenting Training, Teaching and Demonstrating Homemaking, Child Focused Activities, Transportation, and Emergency Housing. Joint Efforts will also continue to provide Linkage services through a network of collaborative agencies in their area.

Joint Efforts will be reimbursed the \$1050 base rate per case per month, and is estimated to serve a caseload of approximately 10.6 cases at a time. Joint Efforts staff providing Family Preservation services will include a part-time Project Manager; a part-time Clinical Director with licensure as a Marriage and Family Therapist (LMFT); a part-time IHOC; a part-time Teaching & Demonstration worker; and a part-time van driver.

Subcontracting Agency: Parents Anonymous<sup>®</sup> Inc.: Total subcontract amount \$24,000.06  
Total Parents Anonymous<sup>®</sup> Inc. Cost \$2,285.72/mo. x 10.5 = \$24,000.06.

Parents Anonymous<sup>®</sup> Inc. has served as a member of the LBDHHS Community Family Preservation Network since 2001. Under this proposal, the agency will continue to provide ongoing, on-site 12-week Parenting Training/Anger Management Programs in both English and Spanish. Each class provides two hours of instruction per week with a standards-based curriculum developed in partnership with Parents Anonymous<sup>®</sup> Parent Leaders. While parents are attending parenting training, their infants, children and adolescents will participate in child focused activities through the Parents Anonymous<sup>®</sup> Children's Program. Parents Anonymous<sup>®</sup> Inc. will also provide ongoing telephone response, referrals and support for parents and professionals seeking information about these services.

Subcontracting Agency: Masada Homes: Total subcontract amount \$27,497.93  
Therapeutic Day Treatment @ \$1,027.00/month x 2.25 average clients/month x 10.5 months = \$27,497.93.

Masada Homes has served as a member of the LBDHHS Community Family Preservation Network since 1999. Under this proposal, the agency will continue to provide Therapeutic Day Treatment services to Probation youth. The program offers a comprehensive mental health program by providing transportation to and from school, educational opportunities at two Los Angeles Office of Education sites in Lakewood and Hawaiian Gardens, on-site Occupational Therapy services, Group and Individual Therapy, Case Management services, Psychiatric and Psychological services, and opportunities for Probation clients to complete community service hours.

Subcontracting Agency: Boys and Girls Club of Long Beach: Total subcontract amount \$8,137.50  
\$775/month x 10.5 months = \$8,137.50

Boys and Girls Clubs of Long Beach has served as a member of the LBDHHS Community Family Preservation Network since 1999. The agency will provide Substitute Adult Role Model activities for youth ages 6 to 17, who will be enrolled at one of the four club sites in Long Beach. Club staff will facilitate a sign-up orientation and tour for the referred youth and the parent/caregiver and will assess which Club programs meet the youth's needs and interests. Youth will participate in programs that may include tutoring, computer training, sports education, arts and cultural enrichment, special events/trips/camps, leadership training, and homework help.

Transportation

Shuttle service: 1 evening a week for 4 hours each van at a cost of \$45.00 per hour.  
 $\$45.00 \times 4 \text{ hours/week} \times 46 \text{ weeks} = \$8,280.00$

Transportation is provided to clients who do not have another means of transportation to attend project services such as parenting classes, child focused activities, anger management counseling, and Multidisciplinary Case Planning Conferences. Evening programs take place on-site at the Center for Families and Youth, and a van shuttle service utilizing a 12 passenger van is used for four hours to transport parents and children to those programs.

Mileage

$3 \text{ staff} \times 600 \text{ miles per month} \times \$0.365 \text{ per mile} \times 10.5 = 6,898.50$

Staff is reimbursed for the cost of necessary traveling to and from client residences, community based organizations, and other project meetings/activities, based on the rate of \$0.365 per mile.

Hotel Vouchers

$\$50.00/\text{night} \times 4 \text{ nights/month} \times 1 \text{ client/month} \times 10.5 \text{ months} = \$2,100.00$

A voucher reimbursement system has been instituted with local motel owners to provide short-term emergency shelter for Family Preservation clients. This service provides a safe location for the family to remain together while efforts are made to find transitional or permanent housing.

Printing

$\$20.00 \text{ per month} \times 10.5 \text{ months} = \$210.00$

Cost of printing materials related to the project including program brochures, staff business cards, letterhead paper, banners, fliers, and other documents.

Utilities

$\$500 \text{ a month} \times 10.5 \text{ months} = \$5,250.00$

The cost of utilities at the facility includes electricity, gas, water and refuse.

Office Supplies

$\$300.00 \text{ a month} \times 10.5 \text{ months} = \$3,150.00$

Funds will be used to purchase office supplies to effectively operate the project, including items such as printer ink cartridges, photocopier toner, copy paper, colored paper for fliers, case file folders, pens and pencils, floppy disks, certificate paper, three-ring binders, etc.

Telephone Usage

\$1,000.00 a month x 10.5 months = \$10,500.00

Telephone usage includes costs of telephone switchboard/menu system, office telephone use and voice mailboxes for project staff, cell phone stipends for field staff and supervisors, and pager usage.

Postage

\$75.00 a month x 10.5 months = \$787.50

Funds will be used for mailing correspondence, invoices, meeting announcements, program fliers and other information to clients, DCFS, Probation, subcontractors, Collaborative partners, community agencies, etc.

Facility Maintenance

\$150.00 a month x 10.5 = \$1,575.00

Cost to do minor repairs and maintenance of facility.

Discretionary Services/Items

\$150.00 a month x 10.5 = \$1,575.00

Funds will be used to purchase discretionary services and items aimed at assisting families in achieving MCPC service plan goals related to child safety, permanency and well-being. Examples of such services and items are payment of an overdue utilities bill, purchase of children's school uniforms, or purchase of emergency groceries. Discretionary funds may also be used for costs related to special events such as the annual Family Preservation graduation ceremony. Documentation will be submitted to DCFS for reimbursement in accordance with contract requirements.

***Total Services and Supplies = \$233,936.49***

***Administrative Overhead***

9.916% (rounded) of total contract amount of \$500,000 = \$49,582.19

The City Controller's office develops indirect cost rates for all the Bureaus in DHHS. The latest available indirect cost rate for the Department of Health and Human Services – Human and Social Services Bureau (Organizational location of the program) is based on the City's 2003 fiscal year and is 13.79%. For this project, the City is requesting a rate of 9.916% (rounded).

Administrative Overhead represents costs that support the budgetary, personnel, and

management needs of the project. The City maintains a significant accounting, payroll, and financial staff that are not directly charged to this project but support the project's needs.

**TOTAL GROSS COST OF PROGRAM = \$500,000.00**

**ATTACHMENT TO EXHIBIT B**

**LINE ITEM BUDGET (July 1, 2006 - June 30, 2007)  
For**

**FAMILY PRESERVATION**

**Agency Name: City of Long Beach, Department of Health and Human Services**

ITEM	Twelve Month Budget Period (07-01-06 - 06-30-07)
<b>PROGRAM EXPENSES</b>	
<b>I. DIRECT COST:</b>	
<b>A. Salaries and Employee Benefits</b>	
Project Manager (FTE: 0.25) \$5,714.83 x 12 x 25% =	\$ 17,144.49
Resource Coordinator (FTE: 0.50) \$4,414.83 x 12 x 50% =	\$ 26,488.98
In-Home Outreach Counselors (FTE: 2.00) \$3,132.33 x 12 x 200% =	\$ 75,175.92
T&D/SARM Associate (FTE: 1.00) \$2,827.24 x 12 x 100% =	\$ 33,926.88
Front Office Coordinator (FTE: 0.50) \$1,910.33 x 12 x 50% =	\$ 11,461.98
Anger Management Facilitator (FTE: 0.025) \$3,132.33 x 12 x 2.5% =	\$ 939.70
Budget Analyst (FTE: 0.05) \$5,430.00 x 12 x 5% =	\$ 3,258.00
<b>Total Salaries</b>	<b>\$ 168,395.95</b>
Employee Benefits @ 50% =	\$ 84,197.97
<b>Total Salaries and Employee Benefits</b>	<b>\$ 252,593.92</b>
<b>B. Facility Rent/Lease</b>	\$ -
<b>C. Equipment and/or Other Assets Leases</b>	
Computer Information Services (2 PCs networked, 1 printer) \$425 x 12 =	\$ 5,100.00
<b>Total Equipment and/or Other Assets Leases</b>	<b>\$ 5,100.00</b>
<b>D. Services and Supplies</b>	
Contractor: T&D/SARM Associate (FTE 0.50) 20 hrs/wk @ \$16.25 x 52 weeks =	\$ 16,900.00
Intern Stipend \$240.00 x 9 months =	\$ 2,160.00
Subcontracting Agency: Joint Efforts 9.27 x \$1,050.00 x 12 =	\$ 116,802.00
Subcontracting Agency: Parents Anonymous \$2,000 x 12 =	\$ 24,000.00
Subcontracting Agency: Masada Homes \$1,027.00 x 2.25 avg client/mo. x 12 =	\$ 27,729.00
Subcontracting Agency: Boys & Girls Club \$660 x 12 =	\$ 7,920.00
Transportation \$45.00/hr x 4hrs x 1 day x 52	\$ 9,360.00
Mileage 3 staff x 600 miles per month x \$0.365 per mile x 12 =	\$ 7,884.00
Hotel Vouchers \$50.00 x 4 nights x 1 client x 12 months =	\$ 2,400.00
Printing \$15.00 a month x 12 months =	\$ 180.00
Utilities \$500.00 a month x 12 months =	\$ 6,000.00
Office Supplies \$275 a month x 12 months =	\$ 3,300.00
Telephone Usage \$1,000.00 a month x 12 months =	\$ 12,000.00
Postage \$60.00 a month for 12 months =	\$ 720.00
Facility Maintenance \$100.00 a month for 12 months =	\$ 1,200.00
Discretionary Services/Items \$100.00 a month for 12 months =	\$ 1,200.00
<b>Total Services and Supplies</b>	<b>\$ 239,755.00</b>
<b>E. Other</b>	\$ -
<b>II. ADMINISTRATIVE AND INDIRECT COST: (Max. 10% OF Max. Annual Contract Sum)</b>	
A. Administrative Overhead @ 0.510% (rounded)	\$ 2,551.08
B. Other	\$ -
<b>TOTAL GROSS COST OF PROGRAM</b>	<b>\$ 500,000.00</b>
<b>INCOME/REVENUE</b>	
A. Projected County Allocation	\$ 500,000.00
B. Private Funding, Other Revenue, &/or In-Kind Match	\$ -
<b>TOTAL INCOME/REVENUE</b>	<b>\$ 500,000.00</b>

ATTACHMENT TO EXHIBIT B  
BUDGET JUSTIFICATION NARRATIVE (July 1, 2006 – June 30, 2007)  
For  
FAMILY PRESERVATION

Agency Name: City of Long Beach, Department of Health and Human Services

***Salaries and Employee Benefits***

Project Manager: One full-time employee working 25% of time on project.  
 $\$5,714.83/\text{month} \times 12 \text{ months} \times 25\% = \$17,144.49$

The Project Manager (0.25 FTE) provides administrative, fiscal and programmatic oversight for all aspects of the Family Preservation Program. Duties include: planning, implementation and coordination of FP services; development of policies and procedures; recruitment, training and evaluation of staff; coordination of Network and Community Advisory Council; oversight of program evaluation and quality assurance activities, serving as a liaison with DCFS, Probation, and the SPA 8 Collaborative; oversight of billing and fiscal compliance; and development and monitoring of subcontracts.

Resource Coordinator: One full-time employee working 50% of time on project.  
 $\$4,414.83/\text{month} \times 12 \text{ months} \times 50\% = \$26,488.98$

The Resource Coordinator (0.50 FTE) is responsible for developing referral, linkage, donation and volunteer resources for the Family Preservation Program. Duties include: locating community resources and maintenance of a resource library; developing referral and linkage systems with community providers; participating in community collaboratives and coalitions, assisting with coordination of Community Advisory Council and collaborative meetings; planning special events such as graduations and holiday programs; identifying and coordinating receipt of donations; and assisting in recruitment, placement and supervision of volunteers.

In-Home Outreach Counselors: Two full-time employees working 100% of time on project.  
 $\$3,132.33/\text{month} \times 12 \text{ months} \times 200\% = \$75,175.92$

The IHOCs provide core services to Family Preservation clients including case management, counseling, child safety monitoring, and linkages to Supplementary and community services. Duties include: providing weekly in-home outreach counseling visits and case management services to assigned Alternative Response and Family Preservation cases; assessing needs and linking clients to community services; participating in MCPC meetings and contributing to the development and monitoring of a service plan; maintaining case records and reporting documentation; serving as a liaison and advocate for clients; and providing crisis intervention services as needed.

Teaching and Demonstration (T&D)/Substitute Adult Role Model (SARM) Associate: One full-time employee working 100% of the time on the project.  
 $\$2,827.24/\text{month} \times 12 \text{ months} = \$33,926.88$

The T&D/SARM Associate provides Supplementary services to Family Preservation clients as determined by the case plan. Duties include: providing in-home life skills instruction to primary caregivers on issues such as home safety, cleanliness, meal planning and budgeting; serving as a mentor to assigned youth and conducting home and school visits to monitor school attendance, achievement and behavior; maintaining documentation; and participating in MCPC meetings.

Front Office Coordinator: One full time employee working 50% of time on the project.  
 $\$1,910.33/\text{month} \times 12 \text{ months} \times 50\% = \$11,461.98$

The Front Office Coordinator (0.50 FTE) serves as front desk receptionist and provides administrative support to Family Preservation Program staff. Duties include: greeting clients and visitors and answering telephones; coordinating client transportation requests; creating and revising forms, fliers and other documents; ordering and maintaining supplies; performing filing, photocopying and faxing, reviewing case files as part of the quality assurance plan, and scheduling MCPC meetings.

Anger Management Facilitator: One full time employee working 2.5% of time on project.  
 $\$3,132.33/\text{month} \times 12 \text{ months} \times 2.5\% = \$939.70$

The Anger Management Facilitator (0.025 FTE) conducts group and individual anger management counseling. Duties include: conducting client intakes and assessments; facilitating anger management counseling groups for adults and teens; conducting one-on-one anger management counseling for individuals; maintaining case records and required reporting documentation; developing and disseminating promotional and informational materials; supervising interns and/or volunteers, and coordinating services with other service providers.

Budget Analyst: One full time employee working 5% of time on project.  
 $\$5,430.00/\text{month} \times 12 \text{ months} \times 5\% = \$3,258.00$

The Budget Analyst (0.05 FTE) administers the overall financial component of the project. Duties include: compiling, organizing and reporting financial data as required by the project and internal organizational procedures; submitting Monthly Cost Reports, Cost Allocation Plans, and the H10; tracking daily expenditures, ensuring budget compliance, and initiating cost transfers where appropriate; balancing monthly and fiscal periods; managing personnel requisitions, and monitoring technology issues.

Employee Benefits: Calculated at 50% of total employee salaries.  
Total salaries = \$168,395.95, benefits are  $\$168,395.95 \times 50\% = \$84,197.97$

Employee Benefits are charged by the City to each employee working on the project at a total rate of 50%. This amount consists of the following: FICA @ 7.65% + SUI @ 4.25% + Retirement @ 16.77% + Medicare @ 1.47% + Workers Comp @ 5.59% + Health/Dental Insurance @ 14.27%.

***Total Salaries and Employee Benefits = \$252,593.92***

### ***Facility Rent/Lease***

The project will be located in space owned by the City of Long Beach. No rent or lease payments will be charged to the project.

### ***Equipment and/or Other Assets Leases***

#### Computer Information Services

Two Computers and 1 printer @ \$425.00/month x 12 months = \$5,100.00

The project will utilize 2-networked computers and 1 printer that are provided and maintained by the City's Technology Services Department. The charges for the equipment, maintenance and networking services (email, intranet/internet, financial systems) are administered through a MOU with the Technology Services Department. The computer equipment and networking services will be used by the program and administrative staff to update client records, prepare case progress notes and monthly reports, develop and revise forms, prepare correspondence, send and receive email, conduct research, enter data into the DCSF web-based Application system and USC Archive Database, prepare invoices, and compile and report data for activities related to the project.

***Total Equipment and/or Other Assets Leases = \$5,100.00***

### ***Services and Supplies***

Contractor: T&D/SARM Associate: One part-time T&D/SARM Associate @ \$16.25/hour for a total of 20 hours per week for 52 weeks.

\$16.25/hour x 20 hours/week x 52 weeks = \$16,900.00

The T&D/SARM Associate provides Supplementary services to Family Preservation clients as determined by the case plan. Duties include: providing in-home life skills instruction to primary caregivers on issues such as home safety, cleanliness, meal planning and budgeting; serving as a mentor to assigned youth and conducting home and school visits to monitor school attendance, achievement and behavior; maintaining documentation; and participating in MCPC meetings.

Intern Stipend: One student intern for \$240 a month for 9 months.

\$240 x 9 = \$2,160.00

The LBDHHS Family Preservation Program generally receives an intern from the Master of Social Work (MSW) or Bachelor of Social Work (BSW) program at California State University, Long Beach or another university each school year. The intern will work 16-20 hours per week during the fall and spring semesters. The MSW intern functions as an IHOC and the BSW intern as T&D/SARM Associate, with a reduced caseload.

Subcontracting Agency: Joint Efforts: Total subcontract amount \$116,802.00

9.27 cases/month x \$1050 base rate per case x 12 months = \$116,802.00

Joint Efforts has served as the lead agency for its own Community Family Preservation Network since 1997. Under this proposal, Joint Efforts will continue to provide Family Preservation Base Rate and Supplementary Services for clients referred from zip codes in the San Pedro, Carson, Wilmington and Avalon areas (90704, 90731, 90732, 90744, 90745, 90746, and 90747). Services will include In-Home Outreach Counseling, clinical direction, Multidisciplinary Case Planning Committee, Child Follow-up Visits, Drug Testing, Parenting Training, Teaching and Demonstrating Homemaking, Child Focused Activities, Transportation, and Emergency Housing. Joint Efforts will also continue to provide Linkage services through a network of collaborative agencies in their area.

Joint Efforts will be reimbursed the \$1050 base rate per case per month, and is estimated to serve a caseload of approximately 9.27 cases at a time. Joint Efforts staff providing Family Preservation services will include a part-time Project Manager; a part-time Clinical Director with licensure as a Marriage and Family Therapist (LMFT); a part-time IHOC; a part-time Teaching & Demonstration worker; and a part-time van driver.

Subcontracting Agency: Parents Anonymous<sup>®</sup> Inc.: Total subcontract amount \$24,000.00  
Total Parents Anonymous<sup>®</sup> Inc. Cost \$2,000/mo. x 12 = \$24,000.00.

Parents Anonymous<sup>®</sup> Inc. has served as a member of the LBDHHS Community Family Preservation Network since 2001. Under this proposal, the agency will continue to provide ongoing, on-site 12-week Parenting Training/Anger Management Programs in both English and Spanish. Each class provides two hours of instruction per week with a standards-based curriculum developed in partnership with Parents Anonymous<sup>®</sup> Parent Leaders. While parents are attending parenting training, their infants, children and adolescents will participate in child focused activities through the Parents Anonymous<sup>®</sup> Children's Program. Parents Anonymous<sup>®</sup> Inc. will also provide ongoing telephone response, referrals and support for parents and professionals seeking information about these services.

Subcontracting Agency: Masada Homes: Total subcontract amount \$27,729.00  
Therapeutic Day Treatment @ \$1,027.00/month x 2.25 average clients/month x 12 months = \$27,729.00.

Masada Homes has served as a member of the LBDHHS Community Family Preservation Network since 1999. Under this proposal, the agency will continue to provide Therapeutic Day Treatment services to Probation youth. The program offers a comprehensive mental health program by providing transportation to and from school, educational opportunities at two Los Angeles Office of Education sites in Lakewood and Hawaiian Gardens, on-site Occupational Therapy services, Group and Individual Therapy, Case Management services, Psychiatric and Psychological services, and opportunities for Probation clients to complete community service hours.

Subcontracting Agency: Boys and Girls Club of Long Beach: Total subcontract amount \$7,920.00.  
\$660/month x 12 months = \$7,920.00

Boys and Girls Clubs of Long Beach has served as a member of the LBDHHS Community Family Preservation Network since 1999. The agency will provide Substitute Adult Role Model activities for youth ages 6 to 17, who will be enrolled at one of the four club sites in Long Beach. Club staff will facilitate a sign-up orientation and tour for the referred youth and the parent/caregiver and will assess which Club programs meet the youth's needs and interests. Youth will participate in programs that may include tutoring, computer training, sports education, arts and cultural enrichment, special events/trips/camps, leadership training, and homework help.

#### Transportation

Shuttle service: 1 evening a week for 4 hours each van at a cost of \$45.00 per hour.  
 $\$45.00 \times 4 \text{ hours/week} \times 52 \text{ weeks} = \$9,360.00$

Transportation is provided to clients who do not have another means of transportation to attend project services such as parenting classes, child focused activities, anger management counseling, and Multidisciplinary Case Planning Conferences. Evening programs take place on-site at the Center for Families and Youth, and a van shuttle service utilizing a 12 passenger van is used for four hours to transport parents and children to those programs.

#### Mileage

$3 \text{ staff} \times 600 \text{ miles per month} \times \$0.365 \text{ per mile} \times 12 = 7,884.00$

Staff is reimbursed for the cost of necessary traveling to and from client residences, community based organizations, and other project meetings/activities, based on the rate of \$0.365 per mile.

#### Hotel Vouchers:

$\$50.00/\text{night} \times 4 \text{ nights/month} \times 1 \text{ clients/month} \times 12 \text{ months} = \$2,400.00$

A voucher reimbursement system has been instituted with local motel owners to provide short-term emergency shelter for Family Preservation clients. This service provides a safe location for the family to remain together while efforts are made to find transitional or permanent housing.

#### Printing

$\$15.00 \text{ per month} \times 12 \text{ months} = \$180.00$

Cost of printing materials related to the project including program brochures, staff business cards, letterhead paper, banners, fliers, and other documents.

#### Utilities

$\$500 \text{ a month} \times 12 \text{ months} = \$6,000.00$

The cost of utilities at the facility includes electricity, gas, water and refuse.

#### Office Supplies

$\$275.00 \text{ a month} \times 12 \text{ months} = \$3,300.00$

Funds will be used to purchase office supplies to effectively operate the project, including items such as printer ink cartridges, photocopier toner, copy paper, colored paper for fliers, case file folders, pens and pencils, floppy disks, certificate paper, three-ring binders, etc.

Telephone Usage

\$1,000.00 a month x 12 months = \$12,000.00

Telephone usage includes costs of telephone switchboard/menu system, office telephone use and voice mailboxes for project staff, cell phone stipends for field staff and supervisors, and pager usage.

Postage

\$60.00 a month x 12 months = \$720.00

Funds will be used for mailing correspondence, invoices, meeting announcements, program fliers and other information to clients, DCFS, Probation, subcontractors, Collaborative partners, community agencies, etc.

Facility Maintenance

\$100.00 a month x 12 months = \$1,200.00

Cost to do minor repairs and maintenance of facility.

Discretionary Services/Items

\$100.00 a month x 12 months = \$1,200.00

Funds will be used to purchase discretionary services and items aimed at assisting families in achieving MCPC service plan goals related to child safety, permanency and well-being. Examples of such services and items are payment of an overdue utilities bill, purchase of children's school uniforms, or purchase of emergency groceries. Discretionary funds may also be used for costs related to special events such as the annual Family Preservation graduation ceremony. Documentation will be submitted to DCFS for reimbursement in accordance with contract requirements.

***Total Services and Supplies = \$239,755.00***

***Administrative Overhead***

0.510% (rounded) of total contract amount of \$500,000.00 = \$2,551.08

The City Controller's office develops indirect cost rates for all the Bureaus in DHHS. The latest available indirect cost rate for the Department of Health and Human Services – Human and Social Services Bureau (Organizational location of the program) is based on the City's 2003 fiscal year and is 13.79%. For this project, the City is requesting a rate of 0.510% (rounded).

Administrative Overhead represents costs that support the budgetary, personnel, and

management needs of the project. The City maintains a significant accounting, payroll, and financial staff that are not directly charged to this project but support the project's needs.

**TOTAL GROSS COST OF PROGRAM = \$500,000.00**

**ATTACHMENT TO EXHIBIT B**  
**LINE ITEM BUDGET (July 1, 2007 - June 30, 2008)**  
For  
**FAMILY PRESERVATION**

Agency Name: City of Long Beach, Department of Health and Human Services

ITEM	Twelve Month Budget Period (07-01-07 - 06-30-08)
<b>PROGRAM EXPENSES</b>	
<b>I. DIRECT COST:</b>	
<b>A. Salaries and Employee Benefits</b>	
Project Manager (FTE: 0.15) \$5,714.83 x 12 x 25% =	\$ 17,144.49
Resource Coordinator (FTE: 0.50) \$4,414.83 x 12 x 50% =	\$ 26,488.98
In-Home Outreach Counselors (FTE: 2.00) \$3,132.33 x 12 x 200% =	\$ 75,175.92
T&D/SARM Associate (FTE: 1.00) \$2,827.24 x 12 x 100% =	\$ 33,926.88
Front Office Coordinator (FTE: 0.50) \$1,910.33 x 12 x 50% =	\$ 11,461.98
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Budget Analyst (FTE: 0.05) \$5,430.00 x 12 x 5% =	\$ 3,258.00
<b>Total Salaries</b>	<b>\$ 168,395.95</b>
Employee Benefits @ 50% =	\$ 84,197.97
<b>Total Salaries and Employee Benefits</b>	<b>\$ 252,593.92</b>
<b>B. Facility Rent/Lease</b>	<b>\$ -</b>
<b>C. Equipment and/or Other Assets Leases</b>	
Computer Information Services (2 PCs networked, 1 printer) \$425 x 12 =	\$ 5,100.00
<b>Total Equipment and/or Other Assets Leases</b>	<b>\$ 5,100.00</b>
<b>D. Services and Supplies</b>	
Contractor: T&D/SARM Associate (FTE 0.50) 20 hrs/wk @ \$16.25 x 52 weeks =	\$ 16,900.00
Intern Stipend \$240.00 x 9 months =	\$ 2,160.00
Subcontracting Agency: Joint Efforts 9.27 x \$1,050.00 x 12 =	\$ 116,802.00
Subcontracting Agency: Parents Anonymous \$2,000 x 12 =	\$ 24,000.00
Subcontracting Agency: Masada Homes \$1,027.00 x 2.25 avg client/mo. x 12 =	\$ 27,729.00
Subcontracting Agency: Boys & Girls Club \$660 x 12 =	\$ 7,920.00
Transportation \$45.00/hr x 4hrs x 1 day x 52	\$ 9,360.00
Mileage 3 staff x 600 miles per month x \$0.365 per mile x 12 =	\$ 7,884.00
Hotel Vouchers \$50.00 x 4 nights x 1 client x 12 months =	\$ 2,400.00
Printing \$15.00 a month x 12 months =	\$ 180.00
Utilities \$500.00 a month x 12 months =	\$ 6,000.00
Office Supplies \$275 a month x 12 months =	\$ 3,300.00
Telephone Usage \$1,000.00 a month x 12 months =	\$ 12,000.00
Postage \$60.00 a month for 12 months =	\$ 720.00
Facility Maintenance \$100.00 a month for 12 months =	\$ 1,200.00
Discretionary Services/Items \$100.00 a month for 12 months =	\$ 1,200.00
<b>Total Services and Supplies</b>	<b>\$ 239,755.00</b>
<b>E. Other</b>	<b>\$ -</b>
<b>II. ADMINISTRATIVE AND INDIRECT COST: (Max. 10% OF Max. Annual Contract Sum)</b>	
A. Administrative Overhead @ 0.510% (rounded)	\$ 2,551.08
B. Other	\$ -
<b>TOTAL GROSS COST OF PROGRAM</b>	<b>\$ 500,000.00</b>
<b>INCOME/REVENUE</b>	
A. Projected County Allocation	\$ 500,000.00
B. Private Funding, Other Revenue, &/or In-Kind Match	\$ -
<b>TOTAL INCOME/REVENUE</b>	<b>\$ 500,000.00</b>

ATTACHMENT TO EXHIBIT B  
BUDGET JUSTIFICATION NARRATIVE (July 1, 2007 – June 30, 2008)  
For  
FAMILY PRESERVATION

Agency Name: City of Long Beach, Department of Health and Human Services

***Salaries and Employee Benefits***

Project Manager: One full-time employee working 25% of time on project.  
 $\$5,714.83/\text{month} \times 12 \text{ months} \times 25\% = \$17,144.49$

The Project Manager (0.25 FTE) provides administrative, fiscal and programmatic oversight for all aspects of the Family Preservation Program. Duties include: planning, implementation and coordination of FP services; development of policies and procedures; recruitment, training and evaluation of staff; coordination of Network and Community Advisory Council; oversight of program evaluation and quality assurance activities, serving as a liaison with DCFS, Probation, and the SPA 8 Collaborative; oversight of billing and fiscal compliance; and development and monitoring of subcontracts.

Resource Coordinator: One full-time employee working 50% of time on project.  
 $\$4,414.83/\text{month} \times 12 \text{ months} \times 50\% = \$26,488.98$

The Resource Coordinator (0.50 FTE) is responsible for developing referral, linkage, donation and volunteer resources for the Family Preservation Program. Duties include: locating community resources and maintenance of a resource library; developing referral and linkage systems with community providers; participating in community collaboratives and coalitions, assisting with coordination of Community Advisory Council and collaborative meetings; planning special events such as graduations and holiday programs; identifying and coordinating receipt of donations; and assisting in recruitment, placement and supervision of volunteers.

In-Home Outreach Counselors: Two full-time employees working 100% of time on project.  
 $\$3,132.33/\text{month} \times 12 \text{ months} \times 200\% = \$75,175.92$

The IHOCs provide core services to Family Preservation clients including case management, counseling, child safety monitoring, and linkages to Supplementary and community services. Duties include: providing weekly in-home outreach counseling visits and case management services to assigned Alternative Response and Family Preservation cases; assessing needs and linking clients to community services; participating in MCPC meetings and contributing to the development and monitoring of a service plan; maintaining case records and reporting documentation; serving as a liaison and advocate for clients; and providing crisis intervention services as needed.

Teaching and Demonstration (T&D)/Substitute Adult Role Model (SARM) Associate: One full-time employee working 100% of the time on the project.  
 $\$2,827.24/\text{month} \times 12 \text{ months} = \$33,926.88$

The T&D/SARM Associate provides Supplementary services to Family Preservation clients as determined by the case plan. Duties include: providing in-home life skills instruction to primary caregivers on issues such as home safety, cleanliness, meal planning and budgeting; serving as a mentor to assigned youth and conducting home and school visits to monitor school attendance, achievement and behavior; maintaining documentation; and participating in MCPC meetings.

Front Office Coordinator: One full time employee working 50% of time on the project.  
 $\$1,910.33/\text{month} \times 12 \text{ months} \times 50\% = \$11,461.98$

The Front Office Coordinator (0.50 FTE) serves as front desk receptionist and provides administrative support to Family Preservation Program staff. Duties include: greeting clients and visitors and answering telephones; coordinating client transportation requests; creating and revising forms, fliers and other documents; ordering and maintaining supplies; performing filing, photocopying and faxing, reviewing case files as part of the quality assurance plan, and scheduling MCPC meetings.

Anger Management Facilitator: One full time employee working 2.5% of time on project.  
 $\$3,132.33/\text{month} \times 12 \text{ months} \times 2.5\% = \$939.70$

The Anger Management Facilitator (0.025 FTE) conducts group and individual anger management counseling. Duties include: conducting client intakes and assessments; facilitating anger management counseling groups for adults and teens; conducting one-on-one anger management counseling for individuals; maintaining case records and required reporting documentation; developing and disseminating promotional and informational materials; supervising interns and/or volunteers, and coordinating services with other service providers.

Budget Analyst: One full time employee working 5% of time on project.  
 $\$5,430.00/\text{month} \times 12 \text{ months} \times 5\% = \$3,258.00$

The Budget Analyst (0.05 FTE) administers the overall financial component of the project. Duties include: compiling, organizing and reporting financial data as required by the project and internal organizational procedures; submitting Monthly Cost Reports, Cost Allocation Plans, and the H10; tracking daily expenditures, ensuring budget compliance, and initiating cost transfers where appropriate; balancing monthly and fiscal periods; managing personnel requisitions, and monitoring technology issues.

Employee Benefits: Calculated at 50% of total employee salaries.  
Total salaries = \$168,395.95, benefits are  $\$168,395.95 \times 50\% = \$84,197.97$

Employee Benefits are charged by the City to each employee working on the project at a total rate of 50%. This amount consists of the following: FICA @ 7.65% + SUI @ 4.25% + Retirement @ 16.77% + Medicare @ 1.47% + Workers Comp @ 5.59% + Health/Dental Insurance @ 14.27%.

***Total Salaries and Employee Benefits = \$252,593.92***

***Facility Rent/Lease***

The project will be located in space owned by the City of Long Beach. No rent or lease payments will be charged to the project.

***Equipment and/or Other Assets Leases***

Computer Information Services

Two Computers and 1 printer @ \$425.00/month x 12 months = \$5,100.00

The project will utilize 2-networked computers and 1 printer that are provided and maintained by the City's Technology Services Department. The charges for the equipment, maintenance and networking services (email, intranet/internet, financial systems) are administered through a MOU with the Technology Services Department. The computer equipment and networking services will be used by the program and administrative staff to update client records, prepare case progress notes and monthly reports, develop and revise forms, prepare correspondence, send and receive email, conduct research, enter data into the DCSF web-based Application system and USC Archive Database, prepare invoices, and compile and report data for activities related to the project.

***Total Equipment and/or Other Assets Leases = \$5,100.00***

***Services and Supplies***

Contractor: T&D/SARM Associate: One part-time T&D/SARM Associate @ \$16.25/hour for a total of 20 hours per week for 52 weeks.

\$16.25/hour x 20 hours/week x 52 weeks = \$16,900.00

The T&D/SARM Associate provides Supplementary services to Family Preservation clients as determined by the case plan. Duties include: providing in-home life skills instruction to primary caregivers on issues such as home safety, cleanliness, meal planning and budgeting; serving as a mentor to assigned youth and conducting home and school visits to monitor school attendance, achievement and behavior; maintaining documentation; and participating in MCPC meetings.

Intern Stipend: One student intern for \$240 a month for 9 months.

\$240 x 9 months = \$2,160.00

The LBDHHS Family Preservation Program generally receives an intern from the Master of Social Work (MSW) or Bachelor of Social Work (BSW) program at California State University, Long Beach or another university each school year. The intern will work 16-20 hours per week during the fall and spring semesters. The MSW intern functions as an IHOC and the BSW intern as T&D/SARM Associate, with a reduced caseload.

Subcontracting Agency: Joint Efforts: Total subcontract amount \$116,802.00

9.27 cases/month x \$1050 base rate per case x 12 months = \$116,802.00

Joint Efforts has served as the lead agency for its own Community Family Preservation Network since 1997. Under this proposal, Joint Efforts will continue to provide Family Preservation Base Rate and Supplementary Services for clients referred from zip codes in the San Pedro, Carson, Wilmington and Avalon areas (90704, 90731, 90732, 90744, 90745, 90746, and 90747). Services will include In-Home Outreach Counseling, clinical direction, Multidisciplinary Case Planning Committee, Child Follow-up Visits, Drug Testing, Parenting Training, Teaching and Demonstrating Homemaking, Child Focused Activities, Transportation, and Emergency Housing. Joint Efforts will also continue to provide Linkage services through a network of collaborative agencies in their area.

Joint Efforts will be reimbursed the \$1050 base rate per case per month, and is estimated to serve a caseload of approximately 9.27 cases at a time. Joint Efforts staff providing Family Preservation services will include a part-time Project Manager; a part-time Clinical Director with licensure as a Marriage and Family Therapist (LMFT); a part-time IHOC; a part-time Teaching & Demonstration worker; and a part-time van driver.

Subcontracting Agency: Parents Anonymous® Inc.: Total subcontract amount \$24,000.00  
Total Parents Anonymous® Inc. Cost \$2,000/mo. x 12 = \$24,000.00.

Parents Anonymous® Inc. has served as a member of the LBDHHS Community Family Preservation Network since 2001. Under this proposal, the agency will continue to provide ongoing, on-site 12-week Parenting Training/Anger Management Programs in both English and Spanish. Each class provides two hours of instruction per week with a standards-based curriculum developed in partnership with Parents Anonymous® Parent Leaders. While parents are attending parenting training, their infants, children and adolescents will participate in child focused activities through the Parents Anonymous® Children's Program. Parents Anonymous® Inc. will also provide ongoing telephone response, referrals and support for parents and professionals seeking information about these services.

Subcontracting Agency: Masada Homes: Total subcontract amount \$27,729.00  
Therapeutic Day Treatment @ \$1,027.00/month x 2.25 average clients/month x 12 months = \$27,729.00.

Masada Homes has served as a member of the LBDHHS Community Family Preservation Network since 1999. Under this proposal, the agency will continue to provide Therapeutic Day Treatment services to Probation youth. The program offers a comprehensive mental health program by providing transportation to and from school, educational opportunities at two Los Angeles Office of Education sites in Lakewood and Hawaiian Gardens, on-site Occupational Therapy services, Group and Individual Therapy, Case Management services, Psychiatric and Psychological services, and opportunities for Probation clients to complete community service hours.

Subcontracting Agency: Boys and Girls Club of Long Beach: Total subcontract amount \$7,920.00.  
\$660/month x 12 months = \$7,920.00

Boys and Girls Clubs of Long Beach has served as a member of the LBDHHS Community Family Preservation Network since 1999. The agency will provide Substitute Adult Role Model activities for youth ages 6 to 17, who will be enrolled at one of the four club sites in Long Beach. Club staff will facilitate a sign-up orientation and tour for the referred youth and the parent/caregiver and will assess which Club programs meet the youth's needs and interests. Youth will participate in programs that may include tutoring, computer training, sports education, arts and cultural enrichment, special events/trips/camps, leadership training, and homework help.

Transportation

Shuttle service: 1 evening a week for 4 hours each van at a cost of \$45.00 per hour.  
 $\$45.00 \times 4 \text{ hours/week} \times 52 \text{ weeks} = \$9,360.00$

Transportation is provided to clients who do not have another means of transportation to attend project services such as parenting classes, child focused activities, anger management counseling, and Multidisciplinary Case Planning Conferences. Evening programs take place on-site at the Center for Families and Youth, and a van shuttle service utilizing a 12 passenger van is used for four hours to transport parents and children to those programs.

Mileage

$3 \text{ staff} \times 600 \text{ miles per month} \times \$0.365 \text{ per mile} \times 12 = 7,884.00$

Staff is reimbursed for the cost of necessary traveling to and from client residences, community based organizations, and other project meetings/activities, based on the rate of \$0.365 per mile.

Hotel Vouchers:

$\$50.00/\text{night} \times 4 \text{ nights/month} \times 1 \text{ clients/month} \times 12 \text{ months} = \$2,400.00$

A voucher reimbursement system has been instituted with local motel owners to provide short-term emergency shelter for Family Preservation clients. This service provides a safe location for the family to remain together while efforts are made to find transitional or permanent housing.

Printing

$\$15.00 \text{ per month} \times 12 \text{ months} = \$180.00$

Cost of printing materials related to the project including program brochures, staff business cards, letterhead paper, banners, fliers, and other documents.

Utilities

$\$500 \text{ a month} \times 12 \text{ months} = \$6,000.00$

The cost of utilities at the facility includes electricity, gas, water and refuse.

Office Supplies

$\$275.00 \text{ a month} \times 12 \text{ months} = \$3,300.00$

Funds will be used to purchase office supplies to effectively operate the project, including items such as printer ink cartridges, photocopier toner, copy paper, colored paper for fliers, case file folders, pens and pencils, floppy disks, certificate paper, three-ring binders, etc.

Telephone Usage

\$1,000.00 a month x 12 months = \$12,000.00

Telephone usage includes costs of telephone switchboard/menu system, office telephone use and voice mailboxes for project staff, cell phone stipends for field staff and supervisors, and pager usage.

Postage

\$60.00 a month x 12 months = \$720.00

Funds will be used for mailing correspondence, invoices, meeting announcements, program fliers and other information to clients, DCFS, Probation, subcontractors, Collaborative partners, community agencies, etc.

Facility Maintenance

\$100.00 a month x 12 months = \$1,200.00

Cost to do minor repairs and maintenance of facility.

Discretionary Services/Items

\$100.00 a month x 12 months = \$1,200.00

Funds will be used to purchase discretionary services and items aimed at assisting families in achieving MCPC service plan goals related to child safety, permanency and well-being. Examples of such services and items are payment of an overdue utilities bill, purchase of children's school uniforms, or purchase of emergency groceries. Discretionary funds may also be used for costs related to special events such as the annual Family Preservation graduation ceremony. Documentation will be submitted to DCFS for reimbursement in accordance with contract requirements.

***Total Services and Supplies = \$239,755.00***

***Administrative Overhead***

0.510% (rounded) of total contract amount of \$500,000.00 = \$2,551.08

The City Controller's office develops indirect cost rates for all the Bureaus in DHHS. The latest available indirect cost rate for the Department of Health and Human Services – Human and Social Services Bureau (Organizational location of the program) is based on the City's 2003 fiscal year and is 13.79%. For this project, the City is requesting a rate of 0.510% (rounded).

Administrative Overhead represents costs that support the budgetary, personnel, and

management needs of the project. The City maintains a significant accounting, payroll, and financial staff that are not directly charged to this project but support the project's needs.

**TOTAL GROSS COST OF PROGRAM = \$500,000.00**

## EXHIBIT C

### CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

#### 1.0 Certification of Independent Price Determination

By submission of this proposal, the Proposer certifies that the statements included herein are true and that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other proposer or competitor for the purpose of restricting competition.

2.0 List name(s) and telephone number(s) of the person(s) authorized to legally commit the Proposer.

<u>Name</u>	<u>Phone Number</u>
<u>Ronald R. Arias</u>	<u>(562) 570-4016</u>
<u>Corinne Schneider</u>	<u>(562) 570-4001</u>
<u>Michael Johnson</u>	<u>(562) 570-4012</u>

City of Long Beach, a municipal corporation

Name of Proposer:



Tax ID Number

Ronald R. Arias, Director

Name and Title of Signer



Signature

8-15-05

Date

## EXHIBIT D

### PROPOSER'S/OFFEROR'S EEO CERTIFICATION

City of Long Beach, a municipal corporation

Legal Name of Agency

2525 Grand Avenue, Long Beach, CA 90815

Address

Internal Revenue Service Employer Identification Number

### GENERAL

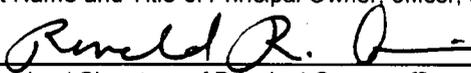
In accordance with the Section 22001, Administrative Code of the County of Los Angeles, the contractor, supplier, or vendor certifies and agrees that all persons employed by such firms, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

### PROPOSER'S CERTIFICATION

1. The proposer has a written policy statement prohibiting discrimination in all phases of employment. YES  NO
2. The proposer periodically conducts a self-analysis or utilization analysis of its work force. YES  NO
3. The proposer has a system for determining if its employment practices are discriminatory against protected groups. YES  NO
4. Where problem areas are identified in employment practices, the proposer has a system for taking reasonable corrective action to include establishment of goals or timetables. YES  NO

Ronald R. Arias, Director

Print Name and Title of Principal Owner, officer, or manager responsible for submission of the proposal to the County

  
Authorized Signature of Principal Owner, officer, or manager responsible for submission of the proposal to the County

8-15-05  
Date

# EXHIBIT E

## County of Los Angeles – Community Business Enterprise Program (CBE)

### Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form

**INSTRUCTIONS:** All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: Not applicable

I AM NOT  A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.

I AM

As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.  
My County (WebVen) Vendor Number n/a

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

n/a

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

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

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

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

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

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

Print Authorized Name Ronald R. Arias	Authorized Signature <i>Ronald R. Arias</i>	Title Director	Date 8-18-05
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EXHIBIT F-1

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name: Casey Brown

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer CB

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Kasey Brown

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR, proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: [Handwritten Signature]

DATE: 7/27/05

PRINTED NAME: KASEY BROWN

POSITION: Case Manager

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name:

Candida Giron

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer

CG

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Candida Giron

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Candida Giron

DATE: 7-27-05

PRINTED NAME: Candida Giron

POSITION: FP Case Manager

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name:

*James Mendez*

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer JM

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Damayra Mendez

CONFIDENTIALITY AGREEMENT:

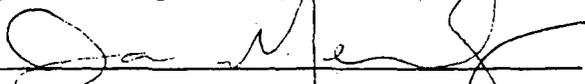
I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: 

DATE: 7/27/05

PRINTED NAME: Damayra Mendez

POSITION: Case Manager

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

\_\_\_\_\_  
CONTRACTOR NAME

Employee Name: Maria G. Leon

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer MBL

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Maria G. Leon

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Maria G. Leon

DATE: 7-27-05

PRINTED NAME: Maria G. Leon

POSITION: Public Health Assoc I / Front Office Coordinator

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name:

Cheer-Alexis Eggs

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer

CAE

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Cheer Alexis Epps

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: *Cheer Alexis Epps*

DATE: 7-27-05

PRINTED NAME: Cheer Alexis Epps

POSITION: Clinical Coordinator

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name: Roxanne Nevarez

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer R.N.

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Roxanne Nevarez

CONFIDENTIALITY AGREEMENT:

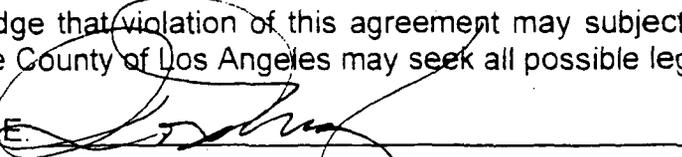
I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: 

DATE: 7/27/05

PRINTED NAME: Roxanne Nevarez

POSITION: Case Manager

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name:

Patrice Fuller

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer

PF

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Patrice Fuller

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Patrice Fuller

DATE: 7-27-05

PRINTED NAME: Patrice Fuller

POSITION: Receptionist

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

\_\_\_\_\_  
CONTRACTOR NAME

Employee Name:

Tyja Williams

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer

TW

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Tyja Williams

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Tyja Williams

DATE: 7-27-05

PRINTED NAME: Tyja Williams

POSITION: Case Manager

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name:

Denine Virgil

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer

SV

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Denine Virgil

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

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I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: *Denine Virgil*

DATE: 7-27-05

PRINTED NAME: Denine Virgil

POSITION: Resource Coordinator

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name: George Molina

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

Initials of Signer GM

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: George Molina

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: George Molina

DATE: 7-27-05

PRINTED NAME: George Molina

POSITION: Health Educator I

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name:

Victor James

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer VRJ

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Victor L. James

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Victor L. James

DATE: 7/24/05

PRINTED NAME: Victor L. James

POSITION: Case Manager

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name: Elizabeth Garcia

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer 

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Elizabeth Garcia

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: [Handwritten Signature]

DATE: 7/27/05

PRINTED NAME: Elizabeth Garcia

POSITION: Billing+Program Support Associate

**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name: Jose C. Alvarez

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer JCA

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: JOSE C. ALANIZ

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Jose C. Alaniz

DATE: 7/27/05

PRINTED NAME: JOSE C. ALANIZ

POSITION: IN-HOME COUNSELOR



CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Apaan Pepe

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Apaan Pepe

DATE: 4/27/05

PRINTED NAME: Apaan Pepe

POSITION: Case Manager

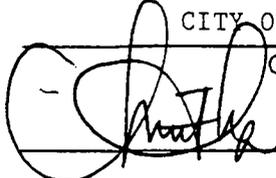
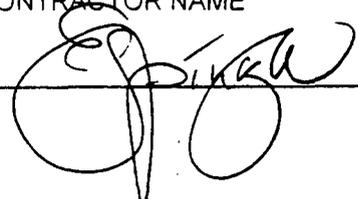
**EXHIBIT F-1**

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH  
 \_\_\_\_\_  
 CONTRACTOR NAME

Employee Name: \_\_\_\_\_

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer WLB

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Mirtha Espinoza

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Mirtha Espinoza

DATE: 7/27/05

PRINTED NAME: Mirtha Espinoza

POSITION: In Home Counselor

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name: Karen Bernstein

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer KB

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Karen Bernstein

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: [Handwritten Signature]

DATE: 7/27/05

PRINTED NAME: Karen Bernstein

POSITION: Program Manager

EXHIBIT F-1

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name: Jenny Ramirez

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer JR

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Jenny Ramirez

CONFIDENTIALITY AGREEMENT:

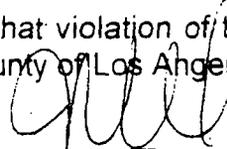
I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: 

DATE: 7-28-05

PRINTED NAME: Jenny Ramirez

POSITION: In Home Counselor

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH

CONTRACTOR NAME

Employee Name: Dale Worsham

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer

DW

EXHIBIT F-1

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Dale Worsham

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Dale Worsham

DATE: 7-27-05

PRINTED NAME: Dale Worsham

POSITION: Budget Analyst

EXHIBIT F-2

NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH  
CONTRACTOR NAME

Non-Employee Name: Idalia Razo

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer IR

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Idalia Razo

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced CONTRACTOR or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Idalia Razo

DATE: 7/26/05

PRINTED NAME: Idalia Razo

POSITION: Parenting class instructor

NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH  
CONTRACTOR NAME

Non-Employee Name:

SEVERLEE SPENCER

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer



EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: BEVERLEE SPENCER

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced CONTRACTOR or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Beverlee Spencer

DATE: 7/28/05

PRINTED NAME: BEVERLEE SPENCER

POSITION: ANGER MANAGEMENT FACILITATOR

EXHIBIT F-2

NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

Employees are to read and sign this document before starting work. Please send document to DCFS Contracts Administration, 425 Shatto Place, Room 400, Los Angeles, CA 90020 within ten (10) working days of when an employee begins work. Please return this form with a notation specifically identifying the contract.

CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name: AUGUSTO MINAKATA

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer AM

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: \_\_\_\_\_

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced CONTRACTOR or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Augusto Minakata

DATE: 8/8/07

PRINTED NAME: AUGUSTO MINAKATA

POSITION: Program Coordinator

## EXHIBIT F-2

Page 1 of 2

### NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

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CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name:

JESUS "JESSE" ROMERO

#### GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

#### NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer

J.R.

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: JESUS "JESSE" ROMERO

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

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I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: J. Romero

DATE: 08/08/05

PRINTED NAME: JESUS J. ROMERO

POSITION: PROGRAM ASSOCIATE

**EXHIBIT F-2**

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

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CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name: Ana Rosa Nijm

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

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Initials of Signer AN

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Ana Rosa Najera

CONFIDENTIALITY AGREEMENT:

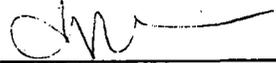
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I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: 

DATE: 8.8.05

PRINTED NAME: Ana Rosa Najera

POSITION: Group Facilitator 2

**EXHIBIT F-2**

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH  
CONTRACTOR NAME

Non-Employee Name: ANNICA NILSSON

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer 

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Annica Nilsson

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced CONTRACTOR or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Annica Nilsson

DATE: 7/27/05

PRINTED NAME: ANNICA NILSSON

POSITION: Group facilitator

NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH  
CONTRACTOR NAME

Non-Employee Name:

Idalia Razo

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

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Initials of Signer IR

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Idalia Razo

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

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I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Idalia Razo

DATE: 7/26/05

PRINTED NAME: Idalia Razo

POSITION: Parenting class instructor

**EXHIBIT F-2**

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH  
CONTRACTOR NAME

Non-Employee Name: Tina Limones

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

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Initials of Signer TL

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Tina Limanes

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

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I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Tina Limanes

DATE: 7-27-05

PRINTED NAME: Tina Limanes

POSITION: Child Care

EXHIBIT F-2

NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH  
CONTRACTOR NAME

Non-Employee Name: Joanna Andrade

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

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Initials of Signer JA

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Joanna Andrade

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

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I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: J. Andrade DATE: 7/27/05

PRINTED NAME: Joanna Andrade

POSITION: P.A. Childrens Prog. Wkr.

**EXHIBIT F-2**

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with CONTRACTOR's executed Contract. Work cannot begin on the Contract until County receives this executed document)

CITY OF LONG BEACH  
CONTRACTOR NAME

Non-Employee Name: Natalie C. Santiesteban

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

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Initials of Signer 

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Natalie C Santiesteban

CONFIDENTIALITY AGREEMENT:

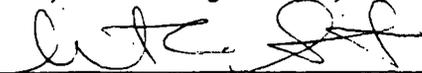
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I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced CONTRACTOR or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: 

DATE: 7/27/05

PRINTED NAME: Natalie C. Santiesteban

POSITION: P. A. Lead Children's Program Worker

**EXHIBIT F-2**

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

Employees are to read and sign this document before starting work. Please send document to DCFS Contracts Administration, 425 Shatto Place, Room 400, Los Angeles, CA 90020 within ten (10) working days of when an employee begins work. Please return this form with a notation specifically identifying the contract.

CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name: Johnnie Johnson

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer JJ

CONTRACTOR Name: CITY OF LONG BEACHEmployee Name: Johnnie JohnsonCONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

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I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Johnnie JohnsonDATE: 8/17/05PRINTED NAME: Johnnie JohnsonPOSITION: Director of Operations

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

Employees are to read and sign this document before starting work. Please send document to DCFS Contracts Administration, 425 Shatto Place, Room 400, Los Angeles, CA 90020 within ten (10) working days of when an employee begins work. Please return this form with a notation specifically identifying the contract.

CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name:

AMSA BROWN

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer

AB

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Alyse Hammond-Brown

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced CONTRACTOR or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: 

DATE: 8-11-05

PRINTED NAME: Alyse Hammond-Brown

POSITION: Program Aide

NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

Employees are to read and sign this document before starting work. Please send document to DCFS Contracts Administration, 425 Shatto Place, Room 400, Los Angeles, CA 90020 within ten (10) working days of when an employee begins work. Please return this form with a notation specifically identifying the contract.

CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name:

Tammie Corbin

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer

TC

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Tammie Corbin

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

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I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Tammie Corbin

DATE: 8/6-05

PRINTED NAME: Tammie Corbin

POSITION: Art and Crafts

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

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CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name: CHRIS GILMORE Sr.

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer CLG

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Chris Gilmore Sr

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

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I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Chris Gilmore Sr

DATE: 08/15/05

PRINTED NAME: Chris Gilmore Sr

POSITION: Director of Technology

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

Employees are to read and sign this document before starting work. Please send document to DCFS Contracts Administration, 425 Shatto Place, Room 400, Los Angeles, CA 90020 within ten (10) working days of when an employee begins work. Please return this form with a notation specifically identifying the contract.

CITY OF LONG BEACH  
\_\_\_\_\_  
CONTRACTOR NAME

Non-Employee Name:

*Terrence Taylor*

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer \_\_\_\_\_

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: *Francis Taylor*

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced CONTRACTOR or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: *Francis Taylor*

DATE: *5-15-00*

PRINTED NAME: *Francis Taylor*

POSITION: *Administrative*

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

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CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name: ANITA G. LAMBERSON

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contact.

Initials of Signer AGL

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: ANITA G. LAMBERSON

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

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I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Anita G. Lamberson

DATE: 8/15/05

PRINTED NAME: ANITA G. LAMBERSON

POSITION: Athletics Dept.

**EXHIBIT F-2**

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

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CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name:

ERIC Manning

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the CONTRACTOR referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the CONTRACTOR referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

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Initials of Signer

EM

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: ERIC Manning

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

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I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: 

DATE: 15/05

PRINTED NAME: ERIC Manning

POSITION: AD

**NON-CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT**

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CITY OF LONG BEACH

CONTRACTOR NAME

Non-Employee Name: Shannon Y. Smith-Delaney

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this CONTRACTOR Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

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initials of Signer SDSD

EXHIBIT F-2

CONTRACTOR Name: CITY OF LONG BEACH

Employee Name: Shannon Y. Smith-Delaney

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, to, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced CONTRACTOR for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between above-referenced CONTRACTOR and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced CONTRACTOR.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, CONTRACTOR proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced CONTRACTOR or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to the above-referenced CONTRACTOR any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced CONTRACTOR upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Shannon Y. Smith-Delaney

DATE: Aug. 15, 2005

PRINTED NAME: Shannon Y. Smith-Delaney

POSITION: Branch Director

**EXHIBIT G**

**AUDITOR-CONTROLLER  
CONTRACT ACCOUNTING AND ADMINISTRATION HANDBOOK**

*The following handbook is designed for inclusion in most contracts for services entered into by County departments. The purpose of the handbook is to establish accounting, internal control, financial reporting, and contract administration standards for organizations (contractors) who contract with the County.*

Revised: 6/23/04

## AUDITOR-CONTROLLER CONTRACT ACCOUNTING AND OPERATING HANDBOOK

The purpose of this Handbook is to establish required accounting, financial reporting, and internal control standards for entities (contractor) which contract with the Los Angeles County.

The accounting, financial reporting and internal control standards described in this Handbook are fundamental. These standards are not intended to be all inclusive or replace acceptable existing procedures or preclude the use of more sophisticated methods. Instead, this Handbook represents the minimum required procedures and controls that must be incorporated into a CONTRACTOR's accounting and financial reporting systems. The internal control standards described are those that apply to organizations with adequate staffing. Organizations with a smaller staff must attempt to comply with the intent of the standards and implement internal control systems appropriate to the size of their staff/organization. The CONTRACTOR's subcontractors must also follow these standards unless otherwise stated in the Agreement.

### A. ACCOUNTING AND FINANCIAL REPORTING

#### 1.0 Basis of Accounting

Contractors may elect to use either the cash basis or accrual basis method of accounting for recording financial transactions. Monthly invoices must be prepared on the same basis that is used for recording financial transactions.

- 1.1 The County recommends the use of the accrual basis for recording financial transactions.

#### Accrual Basis

Under the accrual basis, revenues are recorded in the accounting period in which they are earned (rather than when cash is received). Expenditures are recorded in the accounting period in which they are incurred (rather than when cash is disbursed).

#### Accruals

Accruals shall be recorded observing the following:

- ◆ Only accruals where cash will be disbursed within six months of the accrual date should be recorded.

- ◆ Recorded accruals must be reversed in the subsequent accounting period.

1.2 If an agent elects to use the cash basis for recording financial transactions during the year:

- ◆ Necessary adjustments must be made to record the accruals at the beginning and the end of the contract.
- ◆ All computations, supporting records, and explanatory notes used in converting from cash basis to the accrual basis must be retained.

1.3 Prepaid Expenses

Prepaid expenses (e.g., insurance, service agreements, lease agreements, etc.) should only be expensed during a given Agreement year to the extent goods and services are received during that Agreement year.

ACCOUNTING SYSTEM

2.0 Each agent shall maintain a double entry accounting system (utilizing debits and credits) with a General Journal, a Cash Receipts Journal, a General Ledger, and a Cash Disbursements Journal. The County recommends that a Payroll Register also be maintained. Postings to the General Ledger and Journals should be made on a monthly basis.

2.1 General Journal

A General Journal shall be maintained for recording adjusting entries, reversing entries, closing entries, and other financial transactions not normally recorded in the Cash Receipts Journal or Cash Disbursements Journal. Entries in the General Journal must be adequately documented, and entered in chronological order with sufficient explanatory notations.

Example:	DR	CR
Rent Expense	100	
Rent Payable		100

To record accrued rent to March 31, 20XX.

## 2.2 Cash Receipts Journal

A Cash Receipts Journal shall be maintained for recording all cash receipts (e.g., County warrants, contributions, interest income, etc.). The Cash Receipts Journal shall contain (minimum requirements) the following column headings:

- date
- receipt number
- cash debit columns
- income credit columns for the following accounts:
  - County payments (one per funding source)
  - Contributions
  - Other Income (Grants, sales of supplies/services, rental income, miscellaneous revenue, fees, etc.)
- Description (Entries in the description column must specify the source of cash receipts.)

## 2.3 Cash Disbursements Journal

A Cash Disbursements Journal shall be maintained for recording all cash disbursements (e.g., rent, utilities, maintenance, etc.)

The Cash Disbursements Journal shall contain (minimum requirements) the following column headings:

- date
- check number
- cash (credit) column
- expense account name
- description

Note (1) Separate expense columns are recommended for salary expense and other recurring expense classifications for each program.

Note (2) Entries in the description column must specify the nature of the expense and the corresponding expense classification if not included in the column heading.

Note (3) Checks should not be written to employees (other than payroll, mileage, travel, and petty cash custodian checks.)

A Check Register may be substituted for the Cash Disbursements Journal, but this is not recommended. If used, the Check Register must contain the same expense classifications and description information required when a Cash Disbursements Journal is used.

Disbursements without supporting documentation will be disallowed on audit. Cancelled checks and credit card statements (VISA, AMEX, department store, etc.) will not constitute acceptable support. (See Section A.3.2 and B.2.4) for additional guidance.

#### 2.4 General Ledger

A General Ledger shall be maintained with accounts for all assets, liabilities, fund balances, expenditures, and revenues. Separate accounts must be maintained for each County program's expenses and revenues.

#### 2.5 Chart of Accounts

A Chart of Accounts shall be maintained:

- The County recommends that agents use the expense account titles on the monthly invoice submitted to the County.
- If the contractor uses account titles which differ from the account titles on the monthly invoice, each account title must clearly identify the nature of the transaction(s) posted to the account.
- Contractor must consistently post transactions that are of a similar nature to the same account. For example, all expenses for travel shall be posted to the account titled "travel" or "travel expense" and not intermixed with other expense accounts.

#### 2.6 Payroll Register

The County recommends that a Payroll Register be maintained for recording all payroll transactions. The Register should contain the following:

- Name
- Position
- Social Security Number

- Salary (hourly wage)
- Payment Record including:
  - accrual period
  - gross pay
  - itemized payroll deductions
  - net pay amount
  - check number

If a Payroll Register is not used, the information in (2.6) must be recorded in the cash disbursements journal.

CONTRACTOR will ensure compliance with all applicable federal and State requirements for withholding payroll taxes (FIT, FICA, FUTA, SIT, SIU, etc.), reporting, filing (941, DE-7, W-2, W-4 and 1099s), and all applicable tax deposits.

Contractor will ensure compliance with Internal Revenue Service guidelines in properly classifying employees and independent contractors.

## 2.7 Contractor Invoices

Each agent shall present an invoice to the County each calendar month to report the financial activity of the month. In addition, if advanced funding is involved, an invoice shall be presented at the beginning of the contract period. Invoices shall be prepared in the manner prescribed by the County's contracting department.

## 3.0 Records

Adequate care shall be exercised to safeguard the accounting records and supporting documentation. Any destruction or theft of the CONTRACTOR's accounting records or supporting documentation shall be immediately reported to the County.

### 3.1 Retention

All accounting records (e.g., journals, ledgers, etc.), financial records and supporting documentation (e.g., invoices, receipts, checks, etc.) must be retained for a minimum of five years after the termination of the CONTRACTOR's agreement.

### 3.2 Supporting Documentation

All revenues and expenditures shall be supported by original vouchers, invoices, receipts, or other documentation and shall be maintained in the manner described herein.

Invoices, receipts and canceled checks will be required to support an outlay of funds. Unsupported disbursements will be disallowed on audit. CONTRACTOR will be required to repay COUNTY for all disallowed costs. **Photocopied invoices or receipts, any internally generated documents (i.e., vouchers, request for check forms, requisitions, canceled checks, etc.), and account statements do not constitute supporting documentation for purchases.**

Supporting documentation is required for various types of expenditures as follows:

**Payroll** – time and attendance records signed by the employee and approved in writing by the supervisor, time distribution records by program accounting for total work time on a daily basis for all employees, records showing actual expenditures for Social Security and unemployment insurance, State and federal quarterly tax returns, federal W-2 forms, and federal W-4 forms.

**Consultant Services** – contracts, time and attendance records, billing rates, travel vouchers detailing purpose, time and location of travel, purchase orders and invoices for supplies and invoices or other supporting documentation detailing the nature of services provided.

**Travel** – travel policies of the CONTRACTOR (written); travel expense vouchers showing location, date and time of travel, purpose of trip, and rates claimed; vehicle mileage logs showing dates, destination and headquarters, purpose of trip, and mileage. Travel related to conferences should include conference literature detailing purpose of the conference. Reimbursement rates for mileage shall not exceed applicable federal guidelines.

Reimbursement for actual receipts or per diem rates for meal expenses shall not exceed the maximum County's reimbursement rate for employees.

Receipts shall be required for lodging for approved out-of-town travel dates. Maximum reimbursable lodging amount is the

AUDITOR-CONTROLLER  
COUNTY OF LOS ANGELES

maximum County's reimbursement rate for employees for a single occupancy hotel accommodation.

**Operating Expenses** (e.g., utilities, office supplies, equipment rentals, etc.) – bona fide contracts or lease agreements, if any, and invoices and receipts detailing the cost and items purchased will constitute the primary supporting documentation. For internal control purposes, the CONTRACTOR may maintain vouchers, purchase orders, requisitions, stock received reports, bills of lading, etc.

**Outside Meals** - receipts and/or invoices for all meals, a record of the nature and purpose of each meal, and identification of the participants.

### 3.3 Payments to Affiliated Organizations or Persons

CONTRACTOR shall not make payments to affiliated organizations or persons for program expenses (e.g., salaries, services, rent, etc.) that exceed the lower of actual cost or the reasonable cost for such expenses. A reasonable cost shall be the price that would be paid by one party to another when the parties are dealing at arm's length (fair market price).

Organizations or persons (related parties) related to the CONTRACTOR or its members by blood, marriage, or through legal organization (corporation, partnership, association, etc.) will be considered affiliated for purposes of this Agreement. County shall be solely responsible for the determination of affiliation unless otherwise allowed and approved by the State or federal agencies.

Payments to affiliated organizations or persons will be disallowed on audit to the extent the payments exceed the lower of actual costs or the reasonable costs for such items.

### 3.4 Filing

All relevant supporting documentation for reported program expenditures and revenues shall be filed in a systematic and consistent manner. It is recommended that supporting documents be filed as follows:

- checks – numerically
- invoices – vendor name and date
- vouchers – numerically
- receipts – chronologically

- timecards – pay period and alphabetically

### 3.5 Referencing

Accounting transactions posted to the CONTRACTOR's books shall be appropriately cross-referenced to supporting documentation. It is recommended that expenditure transactions on the CONTRACTOR's books be cross-referenced to the supporting documentation as follows:

- invoices – vender name and date
- checks – number
- vouchers – number
- revenue – receipt number

Supporting documentation for non-payroll expenditures (i.e., operating expenditures) should be cross-referenced to the corresponding check issued for payment. If multiple invoices are paid with one check, all related invoices should be bound together and cross-referenced to the check issued for payment.

### 4.0 Donations and Other Sources of Revenue

Restricted donations and other sources of revenue earmarked specifically for the Contract must be utilized on allowable contract expenditures.

### 5.0 Audits

The agent will make available for inspection and audit to County representatives, upon request, during working hours, during the duration of the contract and for a period of five years thereafter, all of its books and records relating to the operation by it of each project or business activity which is funded in whole or part with governmental monies, whether or not such monies are received through the County. All such books and records shall be maintained at a location within Los Angeles County.

### 6.0 Single Audit Requirements

OMB Circular 133, "Audits of State, Local Governments and Non Profit Organizations" requires that certain organizations receiving federal awards, including pass-through awards, have annual audits. Details are contained in the respective Circular.

A copy of any Single Audit reports must be filed with the County within the timeframes prescribed by the applicable Circular.

## 7.0 Subcontracts

No CONTRACTOR shall subcontract services without the prior written consent of the County.

CONTRACTOR shall provide County with copies of all executed subcontracts and shall be responsible for the performance of their subcontractors.

## B. INTERNAL CONTROLS

Internal controls safeguard the CONTRACTOR's assets from misappropriations, misstatements or misuse. Each CONTRACTOR shall prepare necessary written procedures establishing internal controls for its personnel. The CONTRACTOR shall instruct all of its personnel in these procedures and continuously monitor operations to ensure compliance with them.

### 1.0 Cash Receipts

#### 1.1. Separate Fund or Cost Center

All contract revenues shall be maintained in a bank account. If revenues from other sources are maintained in the same bank account, revenues for each source must be clearly identifiable on the accounting records through the use of cost centers or separate accounts.

#### 1.2 Deposits

All checks shall be restrictively endorsed upon receipt.

Cash received shall be recorded on pre-numbered receipts. Checks shall be recorded on a check remittance log at the time of receipt.

Cash receipts (i.e., cash and checks) totaling \$500 or more shall be deposited within one day of receipt. Collections of less than \$500 may be held and secured and deposited weekly or when the total reaches \$500, whichever occurs first.

Duplicate deposit slips shall be retained and filed chronologically, and shall contain sufficient reference information for comparison to the Cash Receipts Journal (and individual receipts, if applicable).

### 1.3 Separation of Duties

An employee who does not handle cash shall record all cash receipts.

### 1.4 Bank Reconciliations

Bank statements should be received and reconciled by someone with no cash handling, check writing, or bookkeeping functions.

Monthly bank reconciliations should be prepared within 30 days of the bank statement date and reviewed by management for appropriateness and accuracy. The bank reconciliations should be signed by both the preparer and the reviewer. Reconciling items should be resolved timely.

## 2.0 Disbursements

### 2.1 General

All disbursements for expenditures, other than petty cash, shall be made by check.

Blank check stock shall be secured and accounted for to preclude unauthorized use.

Checks shall not be payable to "cash" or signed in advance. Checks written to employees for reimbursement of out-of-pocket costs must be supported by receipts and invoices.

A second signature shall be required on all checks, unless otherwise specified in contract.

If the bookkeeper signs checks, a second signature shall be required on the checks, regardless of limits specified in contract.

Voided checks shall be marked void with the signature block cut out. The voided checks must be filed with the cancelled checks.

Unclaimed or undelivered checks shall be cancelled periodically.

All supporting documentation shall be referenced to check numbers and marked "paid" or otherwise canceled to prevent reuse or duplicate payments.

Disbursements without adequate supporting documentation will be disallowed on audit.

## 2.2. Approvals and Separation of Duties

Employees responsible for approving cash disbursements and/or signing of checks shall examine all supporting documentation at the time the checks are approved and signed.

All disbursements, excluding petty cash purchases, shall be approved by persons independent of check preparation and bookkeeping activities.

## 2.3 Petty Cash

A petty cash fund up to \$500 may be maintained for payment of small incidental expenses incurred by the CONTRACTOR (e.g., postage due, small purchases of office supply items, etc.). The CONTRACTOR must obtain written approval from the County to establish a petty cash fund greater than \$500.

Petty cash disbursements must be supported by invoices, store receipts or other external authenticating documents indicating the item purchased and the employee making the purchase. In the event that outside (external) supporting documentation is not obtainable for minor disbursements (under \$10), such as parking meters, etc., then documentation shall be considered as proper supporting documentation on a basis of reasonableness. Petty cash disbursements should not be used as a substitute for normal purchasing and disbursement practices i.e., payment by check).

The petty cash fund shall be maintained on an imprest basis. A check should be drawn to set up the fund and to make periodic reimbursements. Receipts, vouchers, etc., supporting each fund replenishment must be bound together, filed chronologically and cross referenced to the reimbursement check.

## 2.4 Credit Cards

The use of credit cards, both CONTRACTOR issued credit cards and an employee's personal credit cards used on behalf of the CONTRACTOR, should be limited to purchases where normal purchasing and disbursement practices are not suitable.

Credit cards issued in the CONTRACTOR's name must be adequately protected and usage monitored to ensure that only authorized and necessary items are purchased.

Credit card purchases should be pre-approved by CONTRACTOR management to ensure that they are reasonable and necessary.

All credit card disbursements must be supported by original invoices, store receipts or other external authenticating documents indicating the item purchased and the employee making the purchase. Credit card statements are not sufficient support for credit card purchases.

### 3.0 Timekeeping

#### 3.1 Timecards

Timecards or time reports must be prepared for each pay period. Timecards or time reports must indicate total hours worked each day by program and total hours charged to each of the CONTRACTOR's programs. Time estimates do not qualify as support for payroll expenditures and will be disallowed on audit.

All timecards and time reports must be signed in ink by the employee and the employee's supervisor to certify the accuracy of the reported time.

#### 3.2 Personnel and Payroll Records

Adequate security must be maintained over personnel and payroll records with access restricted to authorized individuals.

Personnel and payroll records should include (but not be limited to) the following:

- Employee's authorized salary rate
- Employee information sheet
- Resume and/or application
- Proof of qualifications for the position, if required (e.g., notarized copy or original diploma, license, etc.)
- Performance evaluations
- Criminal record clearance
- Citizenship Status
- Benefit balances (e.g., sick time, vacation, etc.)

### Benefit Balances

Employee benefit balances (e.g., sick time, vacation, personal time, etc.) should be maintained on at least a monthly basis. Benefit balances should be increased when benefit hours are earned and decreased as hours are used.

### Limitations on Positions and Salaries

The CONTRACTOR shall pay no salaries higher than those authorized in the contract, or the attachments thereto, **including this Auditor-Controller Contract Accounting and Administrative Handbook (Exhibit G)**, except as proscribed by state or federal law.

**For purposes of establishing a reasonable level of compensation for CONTRACTORS personnel, County may refer to the applicable Child Welfare League of America (CWLA) Salary Study.**

If an employee serves in the same or dual capacities under more than one Agreement or program, the employee may not charge more than 100% of their time to the contracts or programs taken as a whole.

Salaried employees who work less than 40 hours per week shall be paid a salary that corresponds with the employee's work schedule.

The salary expense of salaried employees working on more than one Agreement or program shall be allocated to each program based on the ratio of the number of hours worked on each program during the pay period to the total number hours worked during the pay period.

The CONTRACTOR will make no retroactive salary adjustment for any employee without written approval from the County.

### Separation of Duties

Payroll checks should be distributed by persons not involved in timekeeping, preparing of payroll, or reconciling bank accounts.

All employee hires and terminations, or pay rate changes, shall be approved by authorized persons independent of payroll functions.

All employee hires and terminations, or pay rate changes shall be approved in writing by authorized persons independent of payroll functions.

#### 4.0 Fixed Assets

A fixed asset is defined as an article of nonexpendable tangible personal property having a useful life of more than two years. The County recommends all fixed assets with an acquisition cost of \$1,000 or more per unit be capitalized.

Acquisition cost means the net invoice unit price of an item, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it was acquired.

#### 4.1 Acquisition

Fixed asset purchases shall be approved by the Agency's Board of Directors or their authorized representative.

#### 4.2 Identification and Inventory

All fixed assets purchased with Contract funds are to be used solely for the benefit of the Contract and should be appropriately tagged.

Each CONTRACTOR shall maintain a current listing of fixed assets, including the item description, serial number, date of purchase, acquisition cost and sources of funding.

An inventory of all fixed assets should be conducted at least once each year to ensure that all fixed assets are accounted for and maintained in proper working order.

#### 4.3 Security

Physical security should be adequately maintained over fixed assets to prevent misuse and theft of County property.

#### 4.4 Property Management

The CONTRACTOR shall assume responsibility and accountability for the maintenance of all non-expandable property purchased, leased, or rented with Contract funds.

The CONTRACTOR shall report promptly, in writing, to the County all cases of theft, loss, damage, or destruction of fixed assets. The report shall contain at a minimum, item identification, recorded value, facts relating to loss, and a copy of the law enforcement report.

CONTRACTOR shall dispose of or return to the County all fixed assets, in accordance with their Contract.

- 5.0 Bonding – All officers, employees, and agents who handle cash or have access to the agent's funds shall be bonded.

## C. COST PRINCIPLES

### 1.0 Policy

It is the intent of the COUNTY to provide funds for the purpose of CONTRACTOR providing services required by the Agreement. CONTRACTOR shall use these funds on actual expenses in an economical and efficient manner and ensure they are reasonable, proper and necessary costs of providing services and are allowable in accordance with the applicable OMB Circular.

#### 1.1. Limitations on Expenditures of Program Funds

CONTRACTOR shall comply with the Agreement and the applicable OMB Circular. The Circular defines direct and indirect costs, discusses allowable cost allocation procedures and the development of Indirect Cost Rates, and specifically addresses the allowability of a variety of different costs.

If a CONTRACTOR is unsure of the allowability of any particular type of cost or individual cost, the CONTRACTOR should request advance written approval from the County prior to incurring the cost.

#### 1.2 Expenses Incurred Outside the Agreement Period

Expenses charged against program funds may not be incurred prior to the effective date of the Agreement or subsequent to the Agreement termination date.

### 1.3 Budget Limitation

Expenses may not exceed the maximum limits shown on the contract budget.

### 1.4 Unspent Funds

The County will determine the disposition of unspent program funds upon termination of the contract.

### 1.5 Necessary, Proper and Reasonable

Only those expenditures that are necessary, proper and reasonable to carry out the purposes and activities of the Program are allowable.

## 2.0 Allocation of Cost Pools

For CONTRACTORS that provide services in addition to the services required under contract, the CONTRACTOR shall allocate expenditures that benefit programs or funding sources on an equitable basis.

In accordance with the applicable OMB Circular, agencies shall define their allocable costs as either direct or indirect costs (as defined below) and allocate each cost using the basis most appropriate and feasible.

The CONTRACTOR shall maintain documentation related to the allocation of expenses (e.g., timecards, time summaries, square footage measurements, number of employees, etc.).

Under no circumstances shall allocated costs be charged to an extent greater than 100% of actual costs or the same cost be charged both directly and indirectly.

### 2.1 Direct Costs

Direct costs are those costs that can be identified specifically with a particular final cost objective (i.e., a particular program, service, or other direct activity of an organization). Examples of direct costs include salaries and benefits of employees working on the program, supplies and other items purchased specifically for the program, costs related to space used by employees working on the program, etc.

For all employees, other than general and administrative, the hours spent on each program (activity) should be recorded on employees' timecards and the payroll expense should be treated as direct charges and distributed on the basis of recorded hours spent on each program.

Joint costs (i.e., costs that benefit more than one program or activity) which can be distributed in reasonable proportion to the benefits received may also be direct costs.

Examples of bases for allocating joint costs as direct costs:

- Number of direct hours spent on each program
- Number of employees in each program
- Square footage occupied by each program
- Other equitable methods of allocation

## 2.2 Indirect Costs

Indirect costs are those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Examples of indirect costs include salaries, employee benefits, supplies, and other costs related to general administration of the organization, depreciation and use allowances, and the salaries and expenses of executive officers, personnel administration, and accounting.

Examples of bases for allocating indirect costs:

- Total direct salaries and wages
- Total direct costs (excluding capital expenditures and other distorting items such as subcontractor payments)

## 2.3 Acceptable Indirect Cost Allocation Methods

OMB Circulars describe the following allowable methods for allocating indirect costs:

- Simplified allocation method
- Direct allocation method
- Multiple allocation base method
- Negotiated indirect cost rate

Simplified Allocation Method

This method can be used when an organization's major functions benefit from its indirect costs to approximately the same degree. Using this method, all allocable costs are considered indirect costs and an indirect cost rate is determined by dividing total allowable indirect costs by an equitable distribution base.

Example

Agency-wide indirect costs	\$250,000
Less: Capital expenditures	<u>10,000</u>
Allocable indirect costs	240,000
Total agency-wide indirect salaries	\$1,000,000
Indirect cost rate ( $\$240,000/\$1,000,000$ )	24%
Program direct salaries	\$100,000
Program indirect costs ( $24\% \times \$100,000$ )	<u>\$24,000</u>

Direct Allocation Method

This method can also be used when an organization's major functions benefit from its indirect costs to approximately the same degree. Using this method, all costs except general administration and general expenses are treated as direct costs. Joint costs for depreciation, rental, facilities maintenance, telephone, and other similar expenses are prorated individually to each direct activity on a basis appropriate for that type of cost.

The remaining costs, which consist exclusively of general administration and general expenses are then allocated using the simplified allocation method previously discussed.

Multiple Base Allocation Method

This method can be used when an organization's major functions benefit from its indirect costs in varying degrees. Using this method, indirect costs are grouped to permit allocation of each grouping on the basis of the benefits provided to the major functions. Each grouping is then allocated individually using the basis most appropriate for the grouping being allocated.

## 2.4 Cost Allocation Plan

If the CONTRACTOR has a negotiated indirect cost rate approved by a federal agency, it shall submit a copy of the approval letter when requested by County.

If the CONTRACTOR does not have a negotiated indirect cost rate, CONTRACTOR shall submit an annual Agency-wide Cost Allocation Plan when requested by County. The Cost Allocation Plan shall be prepared in accordance with County instructions and the applicable OMB Circular and include the following information:

1. CONTRACTOR general accounting policies:
  - Basis of accounting (cash or accrual)
  - Fiscal year
  - Method for allocating indirect costs (simplified, direct, multiple, negotiated rate)
  - indirect cost rate allocation base
2. Identify the CONTRACTOR's direct and indirect costs (by category) and describe the cost allocation methodology for each category.
3. Signature of CONTRACTOR management certifying the accuracy of the plan.

### Negotiated Indirect Cost Rates

Agencies have the option of negotiating an indirect cost rate or rates for use on all their Federal programs. The CONTRACTOR must submit a cost allocation plan to the federal agency providing the most funds to the organization. The approved indirect cost rate is then applied to the total approved direct cost base.

If CONTRACTOR has a federally approved indirect cost rate, CONTRACTOR shall submit a copy of the approval letter to COUNTY upon request.

#### D. UNALLOWABLE COSTS

OMB Circulars address the allowability of a variety of different costs. For all costs, there are certain restrictions and limitations; however, the following costs are not allowable under any circumstances:

- Bad debts
- Contingency provisions
- Contributions and donations
- Fines and penalties
- Fundraising activities
- Interest expense (unless expressly allowed by Federal guidelines)
- Losses on other awards

#### E. OVERPAYMENTS

If upon audit, or at any time during the Agreement year, it is determined that invoices submitted to the County and used as a basis for payments to the CONTRACTOR were inaccurate, County shall determine the total overpayment and require the CONTRACTOR to repay County. The County may withhold payments from CONTRACTOR's future payments for any amounts not returned to the COUNTY or credited to the Contract unless otherwise prohibited by State or federal regulations.

#### F. MISCELLANEOUS REQUIREMENTS

##### 1.0 Insurance

CONTRACTOR is responsible for securing and maintaining insurance coverage as required by the Agreement. CONTRACTOR must notify County when insurance is revoked, reduced to a level or coverage less than required, or otherwise made ineffective.

Insurance shall include an endorsement naming the COUNTY as an additional insured.

##### 2.0 Activity

No funds, materials, property, or services contributed to the COUNTY or the CONTRACTOR under this Agreement shall be used in the performance of any political activity, the election of any candidate, or the defeat of any candidate for public office.

# EXHIBIT H

## IRS NOTICE 1015

(Obtain latest version from IRS website -  
<http://ftp.fedworld.gov/pub/irs-pdf/n1015.pdf>)



Department of the Treasury  
Internal Revenue Service

### Notice 1015

(Rev. December 2003)

## Have You Told Your Employees About the Earned Income Credit (EIC)?

### What Is the EIC?

The EIC is a refundable tax credit for certain workers. A change to note. Workers cannot claim the EIC if their 2003 investment income (such as interest and dividends) is over \$2,600.

### Which Employees Must I Notify About the EIC?

You must notify each employee who worked for you at any time during the year and from whom you did not withhold income tax. However, you do not have to notify any employee who claimed exemption from withholding on Form W-4, Employee's Withholding Allowance Certificate.

*Note: You are encouraged to notify each employee whose wages for 2003 are less than \$34,692 that he or she may be eligible for the EIC.*

### How and When Must I Notify My Employees?

You must give the employee one of the following:

- The IRS Form W-2, Wage and Tax Statement, which has the required information about the EIC on the back of Copy B.
- A substitute Form W-2 with the same EIC information on the back of the employee's copy that is on Copy B of the IRS Form W-2.
- Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC).
- Your written statement with the same wording as Notice 797.

If you are required to give Form W-2 and do so on time, no further notice is necessary if the Form W-2 has the required information about the EIC on the back of the employee's copy. If a substitute Form W-2 is given on time but does not have the required information, you must notify the employee within 1 week of the date the substitute Form W-2 is given. If Form W-2 is required but is not given on time, you must give the employee Notice 797 or your written statement by the date Form W-2 is required to be given. If Form W-2 is not required, you must notify the employee by February 9, 2004.

You must hand the notice directly to the employee or send it by First-Class Mail to the employee's last known address. You will not meet the notification requirements by posting Notice 797 on an employee bulletin board or sending it through office mail. However, you may want to post the notice to help inform all employees of the EIC. You can get copies of the notice by calling 1-800-829-3676, or from the IRS website at [www.irs.gov](http://www.irs.gov).

### How Will My Employees Know If They Can Claim the EIC?

The basic requirements are covered in Notice 797. For more detailed information, the employee needs to see the 2003 instructions for Form 1040, 1040A, 1040EZ, or Pub. 596, Earned Income Credit (EIC).

### How Do My Employees Claim the EIC?

Eligible employees claim the EIC on their 2003 tax return. Even employees who have no tax withheld from their pay or owe no tax can claim the EIC and get a refund, but they must file a tax return to do so. For example, if an employee has no tax withheld in 2003 and owes no tax but is eligible for a credit of \$791, he or she must file a 2003 tax return to get the \$791 refund.

### How Do My Employees Get Advance EIC Payments?

Eligible employees who expect to have a qualifying child for 2004 can get part of the credit with their pay during the year by giving you a completed Form W-5, Earned Income Credit Advance Payment Certificate. You must include advance EIC payments with wages paid to these employees, but the payments are not wages and are not subject to payroll taxes. Generally, the payments are made from withheld income, social security, and Medicare taxes. For details, see Circular E (Pub. 15), Employer's Tax Guide.

Notice 1015  
(Rev. 12-2003)

Cat. No. 205961

Sample  
SUBCONTRACT

This SUBCONTRACT is made and entered into this \_\_\_\_\_ day  
of \_\_\_\_\_, 2005 by and between \_\_\_\_\_  
(hereafter "CONTRACTOR") located at:

\_\_\_\_\_  
and \_\_\_\_\_  
(hereafter "SUBCONTRACTOR"), located at:

WHEREAS, CONTRACTOR has entered into a Contract for \_\_\_\_\_  
Services (hereafter "Prime Contract") with the County of Los Angeles, (hereafter  
"COUNTY") and

WHEREAS, in order to fulfill its obligations to COUNTY under the Prime Contract,  
CONTRACTOR desires to engage SUBCONTRACTOR to \_\_\_\_\_ Services,  
and

WHEREAS, SUBCONTRACTOR desires to perform such work in accordance with the  
Terms and Conditions of this Subcontract.

NOW, therefore, CONTRACTOR and SUBCONTRACTOR agree as follows:

1.0 PRIME CONTRACT

Notwithstanding any other provision of this Subcontract, this Contract is a  
Subcontract under the terms of the Prime Contract with COUNTY and each and  
all of the provisions of the Prime Contract and any amendments thereto shall  
extend to and be binding upon the parties to this Subcontract. All  
representations and warranties contained in this Subcontract shall inure to the  
benefit of the COUNTY.

1.1 The CONTRACTOR shall attach a copy of the Prime Contract as Exhibit  
A to this Subcontract.

**EXHIBIT I**

**2.0 TERM OF SUBCONTRACT**

The term of this Subcontract shall commence on \_\_\_\_\_, and shall expire on \_\_\_\_\_, unless terminated earlier pursuant to any of the conditions for termination in the Prime Contract.

**3.0 PAYMENT**

3.1 CONTRACTOR shall compensate SUBCONTRACTOR a total maximum contract sum not to exceed \$ \_\_\_\_\_ for the term of this Subcontract to provide the services designated in Section 3.3 of this Subcontract for the following Fiscal Year (FY):

1 <sup>st</sup> FY	\$ _____
2 <sup>nd</sup> FY	\$ _____
3 <sup>rd</sup> FY	\$ _____

3.2 SUBCONTRACTOR shall invoice CONTRACTOR monthly in arrears for services provided. CONTRACTOR shall compensate SUBCONTRACTOR by check within thirty (30) days of receipt and approval of monthly invoice.

3.3 The SUBCONTRACTOR shall provide the following activities/services:

Services:

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

3.4 Payment to SUBCONTRACTOR will be

3.4.1 Fixed Fee for Service Rate. The rate of payment to SUBCONTRACTOR for specific units of service provided will be as follows:

Type of Service \_\_\_\_\_

Number of Units of Service \_\_\_\_\_

Payment Rate per Unit of Service \$ \_\_\_\_\_

3.4.2 Line Item Service Rate. The line item service rate is based on the actual cost in providing the activity/service units:

Type of Service \_\_\_\_\_

Number of Units of Service \_\_\_\_\_

Actual Cost per Unit of Service \$ \_\_\_\_\_

3.5 CONTRACTOR shall have no obligation to pay for any work performed by SUBCONTRACTOR except for those services which are expressly authorized pursuant to this Subcontract and which are provided during the term of this Subcontract.

3.6 COUNTY shall not be liable or responsible in any way to SUBCONTRACTOR or its officer, employees and agents, for any compensation or costs related to this Subcontract.

4.0 THIRD PARTY BENEFICIARY

4.1 CONTRACTOR and SUBCONTRACTOR understand and agree that this Subcontract is entered into for the benefit of COUNTY, and that COUNTY is hereby expressly made a third party beneficiary of this Subcontract.

4.2 Notwithstanding any other provision of this subcontract, the COUNTY, does not intend for Subcontractor to acquire any rights as a third party beneficiary of prime contract.

5.0 INSURANCE

Without limiting SUBCONTRACTOR's indemnification of COUNTY, and during the term of this Subcontract, SUBCONTRACTOR shall provide and maintain at its own expense the following programs of insurance. Such programs and evidence of insurance shall be satisfactory to the COUNTY and shall be primary to, and not contributing with, any other insurance maintained by the COUNTY. As stated in Section 8.27.6, Insurance Coverage Requirements for Subcontractors, SUBCONTRACTOR may be endorsed and named as an additional insured on Contractor's liability insurance, if applicable.

## EXHIBIT I

Certificates or other evidence of coverage shall be delivered to CONTRACTOR and to:

Department of Children and Family Services  
Contracts Administration  
425 Shatto Place, Room 400  
Los Angeles, CA 90020  
Attention: Walter Chan, Manager

prior to commencing services under this Contract, shall specifically identify this Contract, and shall contain the express condition that COUNTY is to be given written notice by registered mail at least thirty (30) days in advance of any modification or termination of insurance.

- A. Liability: Such insurance shall be endorsed, naming COUNTY as an additional insured and shall include:
1. General liability insurance written on a commercial general liability form covering the hazards of premises/operations, contractual, independent contractors, products/completed operations, broad form property damage, and personal injury with a combined single limit of no less than one million dollars (\$1,000,000) per occurrence.
  2. Comprehensive auto liability endorsed for all owned, non-owned, and hired vehicles with a combined single limit of no less than one million dollars (\$1,000,000) per occurrence.
- B. Workers' Compensation: Insurance in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employers Liability with one million dollars (\$1,000,000) limit, covering all persons who provide services for the CONTRACTOR.
- C. Professional Liability: Insurance covering liability arising from any error, omission, or negligent act of the (CONTRACTOR, its officers, or employees with a limit of liability of no less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate. The coverage also shall provide an extended two-year (2) reporting period commencing upon termination or cancellation of this Contract.
- D. Notwithstanding any other provision of this Contract, failure by SUBCONTRACTOR to procure and maintain the required insurance shall constitute a material breach of this Contract and COUNTY may immediately terminate or suspend this Contract as a result thereof.

**EXHIBIT I**

**SUBCONTRACT FOR**

---

(TYPE OF SERVICE)

The parties hereto have caused this Subcontract to be executed:

**CONTRACTOR:**

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Name of Agency

---

Authorized Signature

---

Print Name and Title

**SUBCONTRACTOR:**

---

Name of Agency

---

Authorized Signature

---

Print Name and Title

---

Tax Identification Number

**EXHIBIT J**

**CONTRACTOR EMPLOYEE JURY SERVICE  
APPLICATION FOR EXCEPTION AND CERTIFICATION FORM**

**AND**

**LOS ANGELES COUNTY CODE 2.203  
(JURY SERVICE PROGRAM)**



# EXHIBIT M

## FIXED ASSETS LIST INSTRUCTIONS

Please complete the entire form by entering the following information:

Agency Name-

- Name of Item purchased/leased-(Any item over \$5,000 including leased automobiles or equipment).
- Price of Item
- Model Number
- Serial Number
- Date Purchased

A copy of the Fixed Asset list will be maintained in the files of each agency. An additional copy will be mailed to the PSSF program manager

### **¿Qué es la Ley de Entrega de Bebés Sin Peligro?**

La Ley de Entrega de Bebés Sin Peligro de California permite a los padres entregar a su recién nacido confidencialmente. Siempre que el bebé no haya sufrido abuso ni negligencia, padres pueden entregar a su recién nacido sin temor a ser arrestados o procesados.

### **¿Cómo funciona?**

El padre/madre con dificultades que no pueda o no quiera cuidar de su recién nacido puede entregarlo en forma legal, confidencial y segura, dentro de los tres días del nacimiento. El bebé debe ser entregado a un empleado de una sala de emergencias o de un cuartel de bomberos del Condado de Los Angeles. Siempre que el bebé no presente signos de abuso o negligencia, no será necesario suministrar nombres ni información alguna. Si el padre/madre cambia de opinión posteriormente y desea recuperar a su bebé, los trabajadores utilizarán brazaletes para poder vincularlos. El bebé llevará un brazalete y el padre/madre recibirá un brazalete igual.

### **¿Qué pasa si el padre/madre desea recuperar a su bebé?**

Los padres que cambien de opinión pueden empezar el proceso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Services) del Condado de Los Angeles, al 1-800-540-4000.

### **¿Sólo los padres podrán llevar al recién nacido?**

En la mayoría de los casos, los padres son los que llevan al bebé. La ley permite que otras personas lleven al bebé si tienen la custodia legal del menor.

### **¿Los padres deben llamar antes de llevar al bebé?**

No. El padre/madre puede llevar a su bebé en cualquier momento, las 24 horas del día, los 7 días de la semana, mientras que entregue a su bebé a un empleado del hospital o de un cuartel de bomberos.

### **¿Es necesario que el padre/madre diga algo a las personas que reciben al bebé?**

No. Sin embargo, el personal del hospital le pedirá que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de gran utilidad para los cuidados que recibirá el bebé. Es recomendado llenar este cuestionario, pero no es obligatorio hacerlo.

### **¿Qué ocurrirá con el bebé?**

El bebé será examinado y, de ser necesario, recibirá tratamiento médico. Luego el bebé se entregará a un hogar preadoptivo.

### **¿Qué pasará con el padre/madre?**

Una vez que los padres hayan entregado a su bebé en forma segura, serán libres de irse.

### **¿Por qué California hace esto?**

La finalidad de la Ley de Entrega de Bebés Sin Peligro es proteger a los bebés del abandono por parte de sus padres y de la posibilidad de que mueran o sufran daños. Usted probablemente haya escuchado historias trágicas sobre bebés abandonados en basureros o en baños públicos. Es posible que los padres que cometieron estos actos hayan estado atravesando dificultades emocionales graves. Las madres pueden haber ocultado su embarazo, por temor a lo que pasaría si sus familias se enteraran. Abandonaron a sus recién nacidos porque tenían miedo y no tenían adónde recurrir para obtener ayuda. El abandono de un recién nacido lo pone en una situación de peligro extremo. Además es ilegal. Muy a menudo el abandono provoca la muerte del bebé. Ahora, gracias a la Ley de Entrega de Bebés Sin Peligro, esta tragedia ya no debe suceder nunca más en California.

### **Historia de un bebé**

A las 8:30 a.m. del jueves 25 de julio de 2002, se entregó un bebé recién nacido saludable en el St. Bernardine Medical Center en San Bernardino, en virtud de las disposiciones de la Ley de Entrega de Bebés Sin Peligro. Como lo establece la ley, la madre del bebé no se tuvo que identificar. Cuando el bebé llegó a la sala de emergencias, un pediatra lo revisó y determinó que el bebé estaba saludable y no tenía problemas. El bebé fue ubicado con una buena familia, mientras se iniciaban los trámites de adopción.

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**Cada recién nacido merece una oportunidad de tener una vida saludable. Si alguien que usted conoce está pensando en abandonar a un recién nacido, infórmele qué otras opciones tiene.**

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*Es mejor que las mujeres busquen ayuda para recibir atención médica y asesoramiento adecuado durante el embarazo. Pero al mismo tiempo, queremos asegurarles a los padres que optan por no quedarse con su bebé que no irán a la cárcel si dejan a sus bebés en buenas manos en cualquier sala de emergencia de un hospital o en un cuartel de bomberos del Condado de Los Angeles.*

# Sin pena. Sin culpa. Sin peligro.

**Los recién nacidos pueden ser entregados  
en forma segura en la sala de emergencia de  
cualquier hospital o en un cuartel de bomberos  
del Condado de Los Angeles.**



**En el Condado de Los Angeles:**

**1-877-BABY SAFE**

**1-877-222-9723**

**[www.babysafela.org](http://www.babysafela.org)**



**Estado de California**  
Gray Davis, Gobernador

**Agencia de Salud y Servicios Humanos**  
(Health and Human Services Agency)  
Grantland Johnson, Secretario

**Departamento de Servicios Sociales**  
(Department of Social Services)  
Rita Saenz, Directora



**Consejo de Supervisores del Condado de Los Angeles**

Gloria Molina, Supervisora, Primer Distrito

Yvonne Brathwaite Burke, Supervisora, Segundo Distrito

Zev Yaroslavsky, Supervisor, Tercer Distrito

Don Knabe, Supervisor, Cuarto Distrito

Michael D. Antonovich, Supervisor, Quinto Distrito

Esta iniciativa también está apoyada por First 5 LA y INFO LINE de Los Angeles.

### **What is the Safely Surrendered Baby Law?**

California's Safely Surrendered Baby Law allows parents to give up their baby confidentially. As long as the baby has not been abused or neglected, parents may give up their newborn without fear of arrest or prosecution.

### **How does it work?**

A distressed parent who is unable or unwilling to care for a baby can legally, confidentially and safely give up a baby within three days of birth. The baby must be handed to an employee at a Los Angeles County emergency room or fire station. As long as the child shows no signs of abuse or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, workers will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent.

### **What if a parent wants the baby back?**

Parents who change their minds can begin the process of reclaiming their newborns within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

### **Can only a parent bring in the baby?**

In most cases, a parent will bring in the baby. The law allows other people to bring in the baby if they have legal custody.

### **Does the parent have to call before bringing in the baby?**

No. A parent can bring in a baby anytime, 24 hours a day, 7 days a week so long as the parent gives the baby to someone who works at the hospital or fire station.

### **Does a parent have to tell anything to the people taking the baby?**

No. However, hospital personnel will ask the parent to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the child. Although encouraged, filling out the questionnaire is not required.

### **What happens to the baby?**

The baby will be examined and given medical treatment, if needed. Then the baby will be placed in a pre-adoptive home.

### **What happens to the parent?**

Once the parent(s) has safely turned over the baby, they are free to go.

### **Why is California doing this?**

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned by their parents and potentially being hurt or killed. You may have heard tragic stories of babies left in dumpsters or public bathrooms. The parents who committed these acts may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had nowhere to turn for help, they abandoned their infants. Abandoning a baby puts the child in extreme danger. It is also illegal. Too often, it results in the baby's death. Because of the Safely Surrendered Baby Law, this tragedy doesn't ever have to happen in California again.

### **A baby's story**

At 8:30 a.m. on Thursday, July 25, 2002, a healthy newborn baby was brought to St. Bernardine Medical Center in San Bernardino under the provisions of the California Safely Surrendered Baby Law. As the law states, the baby's mother did not have to identify herself. When the baby was brought to the emergency room, he was examined by a pediatrician, who determined that the baby was healthy and doing fine. He was placed with a loving family while the adoption process was started.

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**Every baby deserves a chance for a healthy life. If someone you know is considering abandoning a newborn, let her know there are other options.**

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*It is best that women seek help to receive proper medical care and counseling while they are pregnant. But at the same time, we want to assure parents who choose not to keep their baby that they will not go to jail if they deliver their babies to safe hands in any Los Angeles County hospital ER or fire station.*

**No shame.**

**No blame.**

**No names.**

**Newborns can be safely given up  
at any Los Angeles County  
hospital emergency room or fire station.**



**In Los Angeles County:**

**1-877-BABY SAFE**

**1-877-222-9723**

**[www.babysafela.org](http://www.babysafela.org)**



**State of California**  
Gray Davis, Governor

**Health and Human Services Agency**  
Grantland Johnson, Secretary

**Department of Social Services**  
Rita Saenz, Director



**Los Angeles County Board of Supervisors**

Gloria Molina, Supervisor, First District

Yvonne Brathwaite Burke, Supervisor, Second District

Zev Yaroslavsky, Supervisor, Third District

Don Knabe, Supervisor, Fourth District

Michael D. Antonovich, Supervisor, Fifth District

This initiative is also supported by First 5 LA and INFO LINE of Los Angeles.

**EXHIBIT L**

**SAFELY SURRENDERED BABY LAW FACT SHEET**

**THE FOLLOWING FACT SHEETS ARE WRITTEN IN  
ENGLISH AND SPANISH**



## EXHIBIT J

### 2.203.070. Exceptions.

A. Other Laws. This chapter shall not be interpreted or applied to any contractor or to any employee in a manner inconsistent with the laws of the United States or California.

B. Collective Bargaining Agreements. This chapter shall be superseded by a collective bargaining agreement that expressly so provides.

C. Small Business. This chapter shall not be applied to any contractor that meets all of the following:

1. Has ten or fewer employees during the contract period; and,
2. Has annual gross revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, are less than \$500,000; and,
3. Is not an affiliate or subsidiary of a business dominant in its field of operation.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation. (Ord. 2002-0015 § 1 (part), 2002)

### 2.203.090. Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. 2002-0015 § 1 (part), 2002)

**2.203.030 Applicability.**

This chapter shall apply to contractors who enter into contracts that commence two or more months after the effective date of this chapter. This chapter shall also apply to contractors with existing contracts which are extended into option years that commence two or more months after the effective date of this chapter. (Ord. 2002-0015 § 1 (part), 2002)

**2.203.040 Contractor Jury Service Policy.**

A contractor shall have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees' regular pay the fees received for jury service. (Ord. 2002-0015 § 1 (part), 2002)

**2.203.050 Other Provisions.**

A. Administration. The chief administrative officer shall be responsible for the administration of this chapter. The chief administrative officer may, with the advice of county counsel, issue interpretations of the provisions of this chapter and shall issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other county departments.

B. Compliance Certification. At the time of seeking a contract, a contractor shall certify to the county that it has and adheres to a policy consistent with this chapter or will have and adhere to such a policy prior to award of the contract. (Ord. 2002-0015 § 1 (part), 2002)

**2.203.060 Enforcement and Remedies.**

For a contractor's violation of any provision of this chapter, the county department head responsible for administering the contract may do one or more of the following:

1. Recommend to the board of supervisors the termination of the contract; and/or,
2. Pursuant to chapter 2.202, seek the debarment of the contractor. (Ord. 2002-0015 § 1 (part), 2002)

**Los Angeles County Code Sections 2.203.010 through 2.203.090**

**“Contractor Employee Jury Service”**

**2.203.010 Findings.**

The board of supervisors makes the following findings. The county of Los Angeles allows its permanent, full-time employees unlimited jury service at their regular pay. Unfortunately, many businesses do not offer or are reducing or even eliminating compensation to employees who serve on juries. This creates a potential financial hardship for employees who do not receive their pay when called to jury service, and those employees often seek to be excused from having to serve. Although changes in the court rules make it more difficult to excuse a potential juror on grounds of financial hardship, potential jurors continue to be excused on this basis, especially from longer trials. This reduces the number of potential jurors and increases the burden on those employers, such as the county of Los Angeles, who pay their permanent, full-time employees while on juror duty. For these reasons, the county of Los Angeles has determined that it is appropriate to require that the businesses with which the county contracts possess reasonable jury service policies. (Ord. 2002-0015 § 1 (part), 2002)

**2.203.020 Definitions.**

The following definitions shall be applicable to this chapter:

- A. “Contractor” means a person, partnership, corporation or other entity which has a contract with the county or a subcontract with a county contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more such contracts or subcontracts.
- B. “Employee” means any California resident who is a full-time employee of a contractor under the laws of California.
- C. “Contract” means any agreement to provide goods to, or perform services for or on behalf of, the county.
- D. “Full time” means 40 hours or more worked per week, or a lesser number of hours if the lesser number is a recognized industry standard as determined by the chief administrative officer.
- E. “County” means the county of Los Angeles or any public entities for which the board of supervisors is the governing body. (Ord. 2002-0015 § 1 (part), 2002)

**FORM 12**  
**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM**  
**APPLICATION FOR EXCEPTION AND CERTIFICATION FORM**

**EXHIBIT J**

The County's solicitation for this contract/purchase order (Request for Proposal or Invitation for Bid) is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program) (Los Angeles County Code, Chapter 2.203). All bidders or proposers, whether a contractor or subcontractor, must complete this form to either 1) request an exception from the Program requirements or 2) certify compliance. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the bidder or proposer is excepted from the Program.

Company Name:	City of Long Beach, a municipal corporation		
Company Address:	2525 Grand Avenue		
City:	Long Beach,	State:	CA Zip Code: 90815
Telephone Number:	(562) 570-4001		
Solicitation For (Type of Goods or Services):	Services		

**Complete Part I or Part II below, as appropriate.**

**Part I - Application for Exception From the Program**

I request an exception from the Program for the following reason(s) (check the appropriate box(es) and attach documentation that supports your claim):

- My business does not meet the definition of "contractor," as defined in the Program," because my business has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract/purchase order itself will exceed \$50,000 in any 12 month period). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- My business is a small business as defined in the Program. It 1) has 10 or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exemption will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than 10 employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

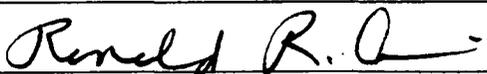
- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

**OR**

**Part II - Certification of Compliance**

My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

***I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.***

Print Name: Ronald R. Arias	Title: Director
Signature: 	Date: 8-15-05

## EXHIBIT FP-B-1

### PRICING SCHEDULE

#### BASE RATE AND SUPPLEMENTARY SERVICES RATES

Base Rate Services per family (includes in-Home Outreach Counseling Visits, Indirect Costs, Clinical Direction and Multidisciplinary Case Planning)	\$ 1,050.00
In-Home Outreach Counseling (Professional with License)	\$ 70.00
In-Home Outreach Counseling (MA/MSW under licensed supervision)	\$ 60.00
In-Home Outreach Counseling (BA)	\$ 50.00
Counseling (to include substance abuse, Domestic Violence, Teen Pregnancy and Anger Management)	\$ 60.00
Drug Testing	\$ 25.00
Parenting Training/Fatherhood Program	\$ 20.00
Child Focused Activities	\$ 25.00
Substitute Adult Role Model	\$ 20.00
Teaching and Demonstrating Homemaking	\$ 35.00
Transportation	\$ 35.00
Child Follow-Up Visit	\$ 20.00
Emergency Housing	\$ 50.00

# EXHIBIT FP-1

## COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH SERVICES

### FAMILY PRESERVATION PROGRAM MENTAL HEALTH SERVICES REFERRAL

1. NAME OF REFERRED INDIVIDUAL (S): A. _____ B. _____ C. _____ D. _____	INDICATE ADULT _____ _____ _____ _____	2. DATE OF BIRTH: _____ _____ _____ _____	3. SOCIAL SECURITY NO. _____ _____ _____ _____
4. STREET ADDRESS: zip code _____ _____ _____		5. TELEPHONE NUMBER: ( ) _____ 6. LANGUAGE _____	
7. CASE NAME: _____		8. CASE NUMBER: _____	
9. DCFS/DPO (circle one) CASE WORKER'S NAME _____		10. TELEPHONE NUMBER: ( ) _____	
11. DCFS/DPO (circle one) SUPERVISOR'S NAME _____		12. TELEPHONE NUMBER: ( ) _____	
13. FP LEAD AGENCY: _____		14. TELEPHONE NUMBER: ( ) _____	
15. FP CONTACT PERSON _____		16. TELEPHONE NUMBER: ( ) _____	
17. REASON FOR REFERRAL: (List symptoms/behaviors. Be as specific as possible.) _____ _____ _____ _____ _____ _____ _____			
18. NAME OF MENTAL SERVICES PROVIDER _____		19. DATE OF REFERRAL _____	
20. DCFS/DPO SIGNATURE AND DATE _____		21. FP SIGNATURE AND DATE _____	

GAIN/CALWORKS

GSW/EW NAME:  
\_\_\_\_\_

GSW/EW PHONE:  
\_\_\_\_\_

DISTRIBUTION: Original to Mental Services Provider  
1st copy to FP/Lead Agency  
2nd copy CSW

MH 305 Revision 7/1/05  
Family Preservation  
Exhibits



# EXHIBIT FP-3

## FAMILY PRESERVATION PROGRAM REFERRAL/SERVICE AUTHORIZATION

F.P # \_\_\_\_\_

*ENTER/CHECK ALL APPLICABLE INFORMATION (Type or Print)*

<b>EFFECTIVE DATE:</b>		<b>LEAD AGENCY:</b>			
<b>Minor's Name:</b>			<b>S.S.N. #:</b>		
<b>PDJ #:</b>		<b>Sex:</b>	<b>Male</b>	<b>Female</b>	
<b>Ethnicity:</b>		<b>D.O.B.</b>		<b>Age:</b>	
<b>Parent/Guardian Name:</b>			<b>Primary Language:</b>		
<b>Parent/Guardian Name:</b>			<b>S.S.N. #:</b>		
<b>Address:</b>		<b>City:</b>		<b>Zip:</b>	
<b>Primary Language:</b>		<b>Telephone #:</b>			
<b>Siblings:</b>	<b>Name:</b>	<b>Age:</b>		<b>Name:</b>	<b>Age:</b>
	<b>Name:</b>	<b>Age:</b>		<b>Name:</b>	<b>Age:</b>
<b>Start/Term</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Extend</b> <input type="checkbox"/> (Three Months) <b>Restart</b> <input type="checkbox"/>					
<b>Transfer Case</b> <input type="checkbox"/>		<b>From Agency:</b>		<b>To Agency:</b>	
<b>Reason:</b>					
<b>Services Rate</b>		<b>Base</b> <input type="checkbox"/>	<b>TDT</b> <input type="checkbox"/>	<b>Three Months</b> <input type="checkbox"/>	<b>Six Months</b> <input type="checkbox"/>
<b>Court Ordered</b> <input type="checkbox"/>					
<b>Assessment of Services Needed/Comments:</b>					
<b>DPO Name:</b>			<b>Caseload #:</b>		
<b>Telephone #:</b>			<b>Fax #:</b>		
<b>Area Office:</b>					
<b>Address:</b>					
<b>SDPO Name:</b>			<b>Telephone #:</b>		
<b>DPO Signature:</b>			<b>Date:</b>		
<b>SDPO Signature:</b>			<b>Date:</b>		
<b>FP Approved:</b>			<b>Date:</b>		

**\*\*PLEASE ATTACH A COPY OF THE MINOR'S DISPO or PRE PLEA REPORT  
AND CONDITIONS OF PROBATION**

**EXHIBIT FP-4**

COUNTY OF LOS ANGELES  
**PROBATION DEPARTMENT**  
FAMILY PRESERVATION ON-SITE CONTACT REPORT

**I. IDENTIFICATION:**

A. Lead Agency / School Site \_\_\_\_\_

B. Date of Visit \_\_\_\_\_

C. Capacity \_\_\_\_\_

Ethnicity Breakdown: Black \_\_\_ Hisp. \_\_\_ Cauc. \_\_\_ Asian \_\_\_ Other \_\_\_

D. Reason for Visit: Record Check \_\_\_ Complaint Investigation \_\_\_

E. Person Seen (Title) \_\_\_\_\_

F. Observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. Follow Up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Deputy Probation Officer  
Family Preservation Program

\_\_\_\_\_  
Lead Agency / TDT  
Representative

**EXHIBIT FP-4**

	<u>Present</u>	<u>Non-Present</u>	<u>N/A</u>
<b>I. Confidential Releases</b>	( )	( )	( )
If not in file why not?	_____		
Comments	_____		
	_____		

<b>J. Monthly Reports</b>	( )	( )	( )
Summaries clear and concise		Yes ( )	No ( )
Reports reflect minor current issues		Yes ( )	No ( )
Comments	_____		
	_____		

<b>K. Record of Contacts</b>	( )	( )	( )
Appropriate Case Notes for each contact		Yes ( )	No ( )
Notes reflect ongoing contact with clients		Yes ( )	No ( )
Comments	_____		
	_____		

<b>L. Mental Health Records</b>	( )	( )	( )
If not in file why not?	_____		
Comments	_____		
	_____		

<b>M. School Records</b>	( )	( )	( )
If not in file why not?	_____		
Comments	_____		
	_____		

<b>N. Court Reports/Disposed</b>	( )	( )	( )
If not in file why not?	_____		
Comments	_____		
	_____		

**EXHIBIT FP-4**

**II. AGENCY RECORDS:**

Case Name: \_\_\_\_\_

	Present	Non-Present	N/A
A) 1324	( )	( )	( )
B) Intake Reports	( )	( )	( )
C) MCPC / Service Plan	( )	( )	( )
D) Confidential Releases	( )	( )	( )
E) Monthly Reports	( )	( )	( )
F) Record of Contacts	( )	( )	( )
G) Mental Health Records	( )	( )	( )
H) School Records	( )	( )	( )
I) Court Report / Disposition	( )	( )	( )

Case Name: \_\_\_\_\_

	Present	Non-Present	N/A
A) 1324	( )	( )	( )
B) Intake Reports	( )	( )	( )
C) MCPC / Service Plan	( )	( )	( )
D) Confidential Releases	( )	( )	( )
E) Monthly Reports	( )	( )	( )
F) Record of Contacts	( )	( )	( )
G) Mental Health Records	( )	( )	( )
H) School Records	( )	( )	( )
I) Court Report / Disposition	( )	( )	( )

Case Name: \_\_\_\_\_

	Present	Non-Present	N/A
A) 1324	( )	( )	( )
B) Intake Reports	( )	( )	( )
C) MCPC / Service Plan	( )	( )	( )
D) Confidential Releases	( )	( )	( )
E) Monthly Reports	( )	( )	( )
F) Record of Contacts	( )	( )	( )
G) Mental Health Records	( )	( )	( )
H) School Records	( )	( )	( )
I) Court Report / Disposition	( )	( )	( )

FPPRO1 (1/97)

**EXHIBIT FP-5**

**COUNTY OF LOS ANGELES PROBATION DEPARTMENT  
FAMILY PRESERVATION PROGRAM AUXILIARY FUND AUTHORIZATION**

Enter/Check All Applicable Information (Please Type or Print)

- 1. Minor's Name: \_\_\_\_\_ 2. PDJ Number: \_\_\_\_\_
- 2. Parent/Guardian: \_\_\_\_\_ 4. Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_
- 5. FPP Original Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. Auxiliary Fund Eff. Date; \_\_\_\_/\_\_\_\_/\_\_\_\_
- 7. DPO Name: \_\_\_\_\_ 8. Area Office & Unit: \_\_\_\_\_
- 9. DPO Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ 10. DPO FAX: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_
- 11. Lead Agency: \_\_\_\_\_ 12. Agency Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

13. Item Requested:	Amount	Vendor/Payee Name
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

14. Vendor Contact Person & Delivery Address (Inc. City & State):  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_-\_\_\_\_\_

15. Indicate specifically how the auxiliary funds will help the minor avoid being placed out of the home.  
\_\_\_\_\_  
\_\_\_\_\_

16. What other resources were explored?  
\_\_\_\_\_  
\_\_\_\_\_

17. F.P. DPO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

18. FP SDPO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXHIBIT FP-5**

**For Procurement Section Use Only:**

19. Purchase Order Number: \_\_\_\_\_ 20. Vendor Payee Name: \_\_\_\_\_

21. Items Ordered:

---

22. Approved By \_\_\_\_\_ Date \_\_\_\_\_

**For Finance Section Use Only:**

23. Check Number	Amount	Vendor/Payee Name:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

24. Disbursement Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

25. Check Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

26. Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**AUXILIARY FUND PROCEDURES**

CONTRACTOR will use the following procedures for DCFS authorized purchases to be reimbursed with auxiliary funds. Items and services, which may be purchased as reimbursable items, include Deaf Services, bedding, clothing, dishes, temporary emergency housing (e.g., motel fees) and other items, approved by DCFS. Purchases that shall be procured directly by the COUNTY and will not be authorized for CONTRACTOR reimbursement include, but are not limited to: beds, mattresses, stoves, refrigerators, washers, dryers, sofa-beds, cribs, dinette sets, chest of drawers, moving costs, rental payments, and security deposits. For these purchases, CONTRACTOR shall provide the CSW with the required documentation as further described in Sections B and C below:

**A. AUXILIARY SERVICES VIA FP AGENCY REIMBURSEMENT**

1. After the need for auxiliary services has been discussed and agreed upon in the MCPC meeting or staffing, the CONTRACTOR shall provide written documentation of their agreement of the services/items to be purchased to the CSW/DPO and maintain a copy in the CONTRACTOR'S case file. If the need was discussed at an MCPC meeting, the written documentation should be attached to the approved MCPC service plan. The written documentation shall include:
  - a. How the purchased will promote the safety, health, and placement prevention and/or safe reunification of the child, and how it relates to the MCPC service plan goals;
  - b. What other resources were explored to avoid use of auxiliary funds;
  - c. Why the purchase is needed immediately.
2. Upon DCFS approval, the DCFS Community-Based Liaison (CBL) shall provide the CONTRACTOR a copy of the fully authorized DCFS 800-1 (refer to attachment), allowing the issuance of auxiliary funds for reimbursement to the CONTRACTOR for the purchase. The original of the DCFS 800-1 shall be forwarded to the DCFS Finance Section by the (CBL). The CONTRACTOR shall not make any purchase for auxiliary fund reimbursement prior to receiving the authorized DCFS 800-1 form.
3. If, when the purchase is to be made, it is determined that the actual cost of the agreed upon item(s) or service(s) will exceed the approved cost by more than 10%, CONTRACTOR shall, before the purchase is made, obtain from the (CBL) modification of the amount on a copy of the previously authorized DCFS 800-1. The modified DCFS 800-1 must be

## EXHIBIT FP-6

Page 2 of 4

initialed by the Regional Administrator (R/A)/Assistant Regional Administrator (ARA) approving the additional amount. The modified DCFS 800-1 with the original initials shall be forwarded to the Finance Section by the CBL.

4. CONTRACTOR shall prepare a check made payable to the vendor for the authorized amount of the item(s) or service(s) identified on the DCFS 800-1. CONTRACTOR shall retain original receipts for all purchases.
5. To obtain reimbursement for authorized auxiliary fund purchases, CONTRACTOR cashier shall on the fifteenth and the last day of the month complete the Expense Claim for LEAD Agency Auxiliary Fund Reimbursement form (refer to attachment), attach the original receipt(s), a copy of the authorizing DCFS 800-1 and forward these documents to the Executive Director or designee for approval and signature. The Executive Director or designee (i.e., staff person other than the cashier) shall mail the approved claim and supporting documents according to the instructions below
6. CONTRACTOR shall place in a sealed envelope the completed original expense claim, a copy of the DCFS 800-1 with authorizing signatures, the original receipt(s) and forward them to: Department of Children and Family Services, 425 Shatto Place, Room 204, Los Angeles, CA 90020, Attention: Accounting Section, Family Preservation Payment Unit. CONTRACTOR shall photocopy all documentation for their files.
7. COUNTY shall attempt to process all complete requests for CONTRACTOR Auxiliary Fund Reimbursement within 15 business days from the date the approved request is received in the Finance Section.
8. In the event the original receipts and documentation are lost in transmission to the Finance Section, the CONTRACTOR may submit a memo signed by the Executive Director specifying the reason(s) for not submitting original receipts and copy of all documentation and receipts form their files, to facilitate reimbursement.

### B. AUXILIARY SERVICES VIA DCFS CHECK ISSUANCE

1. After the need for auxiliary services has been discussed and agreed upon in the MCPC meeting or staffing, the CONTRACTOR shall provide written documentation of their agreement of the services/items to be purchased to the CSW and maintain a copy in the CFPN case file. If the need was discussed at an MCPC meeting, the written documentation should be attached to the approved MCPC service plan. The written documentation shall include information described in Section A.1.a., b., and c. above.

## EXHIBIT FP-6

Page 3 of 4

2. CONTRACTOR shall receive a copy of the DCFS 800-1 subsequent to DCFS approval. If the DCFS 800-1 authorizes payment of rent or security deposit, CONTRACTOR shall obtain and submit to the CSW written documentation of the following:
  - a. Client's ability to pay the ongoing rent amount;
  - b. Copy of the original rental agreement signed by the client and the properly owner or authorized agent; and
  - c. The original "Return of Security and Rental Deposit Agreement" signed by the client and the property owner or authorized agent.
3. COUNTY shall issue/make check payable to the vendor for the authorized amount and shall be responsible for resolving any discrepancies with the vendor. CONTRACTOR shall assist COUNTY in resolving any such disputes upon request by COUNTY.

### C. AUXILIARY SERVICES VIA PURCHASE ORDER

1. After the need for auxiliary services has been discussed and agreed upon in the MCPC meeting or staffing, the CONTRACTOR shall provide written documentation (i.e., MCPC service plan) of their agreement of the services/items to be purchased to the CSW and maintain a copy in the CFPN case file. The written documentation shall include information described in Section A. 1.a., b. and c. above.
2. COUNTY shall issue purchase order to the vendor for the authorized amount and shall be responsible for resolving any discrepancies with the vendor. CONTRACTOR shall assist COUNTY in resolving any such disputes upon request by COUNTY.
3. CONTRACTOR shall verify existence of items and/or provision of services and immediately notify CSW of any discrepancies between items/services approved and items/services received.



# EXHIBIT FP-7

## EXPENSE CLAIM FOR LEAD AGENCY AUXILIARY FUND REIMBURSEMENT

1. Auxiliary Fund

2. Deaf Interpretive Services

<b>Lead Agency Name</b>
<b>Lead Agency Address:</b>

<b>Date of Claim:</b>
<b>Claim Period:</b>

Date	Case Number	Vendor/Payee	Check Number	Amount	
			<b>TOTAL CLAIMED</b>		

I certify the above expenses were necessary and incurred  
in the performance of Agency's contractual responsibilities.

Approved by:

\_\_\_\_\_  
Cashier's Name

\_\_\_\_\_  
Print Name of Exec./Prog. Director

\_\_\_\_\_  
Cashier's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

Attachments:  
Original Receipts

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

# EXHIBIT FP 8

COUNTY OF LOS ANGELES · DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## FAMILY PRESERVATION PROGRAM (FPP) SERVICE AGREEMENT

Alternative Response

FAMILY PRESERVATION

1. CASE NAME	2. CASE NUMBER
3. PARENT'S/GUARDIAN'S NAMES (if different than Case Name)	4. ARS REFERRAL DATE
5. DATE OF ARS SERVICE PLAN MEETING	6. PROJECTED ARS COMPLETION DATE
7. SERVICE AGREEMENT STATEMENT  Those present agreed to work together toward achieving the goals identified in the case/service plan. Additionally, the Contractor has agreed to provide the CSW with a written report(s) each month regarding services that were provided and the family's progress.	
8. SIGNATURE OF PARENT(S)/GUARDIAN(S)  _____	
9. CSW'S SIGNATURE  _____	10. FP AGENCY SIGNATURE  _____

76F104T DCFS801 (7/1/05)

SPANISH VERSION ON REVERSE

DISTRIBUTION: Original to Referral file (Additional Services Documentation folder)  
Copy to FP/MCPC  
Copy to Parent/Guardian

**EXHIBIT FP 8**

CONDADO DE LOS ANGELES · DEPARTAMENTO DE SERVICIOS PARA NIÑOS

**RESPUESTA ALTERNATIVA (ARS)  
CONVENIO PARA SERVICIOS**

1. NOMBRE DEL CASO	2. NÚMERO DEL CASO
3. NOMBRE DE PADRE(S) / MADRE(S) O GUARDIANES (Si es diferente al Nombre del Caso)	4. FECHA DE REFERENCIA AL FPP
5. FECHA DE JUNTA MCPC	6. FECHA ESPERADA PARA COMPLETAR EL FPP
7. DECLARACIÓN DE CONVENIO PARA SERVICIOS <p>Durante la junta del Comité Multidisciplinario en la cual se formularon los planes para los casos/servicios (MCPC), tanto el MCPC, la familia y el Trabajador Social para Niños (CSW) representante del Departamento de Servicios para Niños y Familias (DCFS), estuvieron de acuerdo con la evaluación apegada y el término para completarse.</p> <p>Las personas presentes estuvieron de acuerdo en coordinar sus esfuerzos para lograr los objetivos identificados en el plan de casos/servicios. Además, el Grupo de Preservación Familiar en la Comunidad (FP) está de acuerdo proveerle mensualmente al Trabajador Social para Niños un o unos reportes por escrito referente a los servicios que fueron proporcionados y el progreso de la familia.</p> <p>Finalmente, los miembros del MCPC o implícito consideran que el Departamento de Servicios para Niños y Familias (DCFS) y el Trabajador Social para Niños (CSW) legalmente son responsables por la seguridad de niños y cómo director del caso, reserva la responsabilidad final para el desarrollo, contenido y la ejecución del plan del caso/servicio para la familia.</p>	
8. FIRMA DE PADRE(S) / MADRE(S) O GUARDIANES  _____	
9. FIRMA DEL TRABAJADOR SOCIAL (CSW)  _____	10. FIRMA DEL FP (AGENCIA PRINCIPAL)  _____

76F104T DCFS801 (7/1/050)

Attachments

DISTRIBUTION: Original to Case file (Additional Services Documentation folder)  
Copy to FP/MCPC  
Copy to Parent/Guardian

ENGLISH VERSION ON REVERSE

FAMILY PRESERVATION CONTRACT EXHIBITS-PBN  
08/16/05

**EXHIBIT FP-8**

CONDADO DE LOS ANGELES · DEPARTAMENTO DE SERVICIOS PARA NIÑOS

**PROGRAMA DE PRESERVACIÓN (FPP)  
CONVENIO PARA SERVICIOS**

1. NOMBRE DEL CASO	2. NÚMERO DEL CASO
3. NOMBRE DE PADRE(S) / MADRE(S) O GUARDIANES (Si es diferente al Nombre del Caso)	4. FECHA DE REFERENCIA AL FPP
5. FECHA DE JUNTA MCPC	6. FECHA ESPERADA PARA COMPLETAR EL FPP
7. DECLARACIÓN DE CONVENIO PARA SERVICIOS <p>Durante la junta del Comité Multidisciplinario en la cual se formularon los planes para los casos/servicios (MCPC), tanto el MCPC, la familia y el Trabajador Social para Niños (CSW) representante del Departamento de Servicios para Niños y Familias (DCFS), estuvieron de acuerdo con la evaluación apegada y el término para completarse.</p> <p>Las personas presentes estuvieron de acuerdo en coordinar sus esfuerzos para lograr los objetivos identificados en el plan de casos/servicios. Además, el Grupo de Preservación Familiar en la Comunidad (CFPN) está de acuerdo proveerle mensualmente al Trabajador Social para Niños un o unos reportes por escrito referente a los servicios que fueron proporcionados y el progreso de la familia.</p> <p>Finalmente, los miembros del MCPC por implícito consideran que el Departamento de Servicios para Niños y Familias (DCFS) y el Trabajador Social para Niños (CSW) legalmente son responsables por la seguridad de niños y cómo director del caso, reserva la responsabilidad final para el desarrollo, contenido y la ejecución del plan del caso/servicio para la familia.</p>	
8. FIRMA DE PADRE(S) / MADRE(S) O GUARDIANES  _____	
9. FIRMA DEL TRABAJADOR SOCIAL (CSW)  _____	10. FIRMA DEL CFPN (AGENCIA PRINCIPAL)  _____

76F104T DCFS801 (7/1/050)

Attachments

DISTRIBUTION: Original to Case file (Additional Services Documentation folder)  
Copy to CFPN/MCPC  
Copy to Parent/Guardian

ENGLISH VERSION ON REVERSE

FAMILY PRESERVATION CONTRACT EXHIBITS-PBN  
08/16/05

**EXHIBIT FP - 9**

**FAMILY PRESERVATION MCPC CONFIDENTIALITY DECLARATION**

We the undersigned fully understand and agree to abide with MCPC Plan as outlined above

Caregiver Signature	Date
Caregiver Signature	Date
DCFS CSW Signature	Date
In-Home Counselor /Signature	Date
Lead Agency Representative Signature	Date
Name/Agency/Title	Date
Name/Agency/Title	Date
Name/Agency/Title	Date

Revised 7/1/05

**EXHIBIT FP-10**

**M.C.P.C. SERVICE PLAN**

MCPC Date: \_\_\_/\_\_\_/\_\_\_ Next Court Date: \_\_\_/\_\_\_/\_\_\_

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Level: Base Rate \_\_\_ Supplementary Services \_\_\_ (Please check one)  
Day Treatment \_\_\_\_\_

CSW/PO: \_\_\_\_\_ In-Home Family Support  
Specialist/Worker: \_\_\_\_\_

MCPC Committee Members Present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENTING PROBLEM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT GOAL:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

# EXHIBIT FP-10

## M.C.P.C. SERVICE PLAN

Services Provided (Check all that apply)	Critical Services	Service Recipient	Service Provider (Contact person)	Time Frame	
				Start Mo./Yr.	Stop Mo./yr.
<input type="checkbox"/> Employment/ Training	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Health Care	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Housing	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Income Support Services	_____	_____	_____	_/__	_/__
<input type="checkbox"/> In-Home Counseling	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Mental Health Services	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Parenting Training	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Physical/ Developmental Services	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Respite Care	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Special Education	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Substance Abuse Treatment	_____	_____	_____	_/__	_/__
<input type="checkbox"/> Substitute Role					

**EXHIBIT FP-10**

**M.C.P.C. SERVICE PLAN**

Model	_____	_____	_____	___/___/___
<input type="checkbox"/> Teaching/ Demonstrating	_____	_____	_____	___/___/___
<input type="checkbox"/> Transportation	_____	_____	_____	___/___/___
<input type="checkbox"/> Auxiliary Services	_____	_____	_____	___/___/___

Revised 1/25/05

# EXHIBIT FP-11

## MCPC SERVICE PLAN

MCPC #: Initial 2 3 4 5 6 7 8 9	Court Date:		
MCPC Date:	Agency	In-Home Counselor:	Phone:
Case Name:	CSW/DPO		Phone:
DCFS Case Number:			

**Family Members Included in this Service Plan**

1.	(Mother)	6.
2.	(Father)	7.
3.		8.
4.		9.
5.		10.

**Present Problem:**


**Treatment Goals:**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**SERVICES TO BE PROVIDED:** (Complete all fields, answer "NA" for those services not required at this time)

**A. CORE SERVICES**

Service	Critical Services	Family Member(s) to Receive Service	Frequency per Month	Services Provider
In-Home Counseling	<input type="checkbox"/>			
Child Focused Activities	<input type="checkbox"/>			
Counseling	<input type="checkbox"/>			
Parenting	<input type="checkbox"/>			
Substitute Adult Role Model	<input type="checkbox"/>			
Teaching and Demonstrating	<input type="checkbox"/>			

MCPD SERVICE PLAN

Child Focused Activities	<input type="checkbox"/>			
--------------------------	--------------------------	--	--	--

A. Core Services - Continued

Service	Critical Services	Family Member(s) to Receive Service	Frequency per Month	Services Provider
Therapeutic Day Treatment (Probation)	<input type="checkbox"/>			
Transportation	<input type="checkbox"/>			

B. LINKAGE SERVICES

Service	Critical Services	Family Member(s) to Receive Service	Frequency per Month	Services Provider
Child Care	<input type="checkbox"/>			
Educational Services	<input type="checkbox"/>			
Employment/Training Services	<input type="checkbox"/>			
Health Care Services	<input type="checkbox"/>			
Housing	<input type="checkbox"/>			
Income Support Services	<input type="checkbox"/>			
Mental Health Services	<input type="checkbox"/>			
Alcohol & Substance Abuse Treatment Svcs.	<input type="checkbox"/>			
Physical & Developmental Services	<input checked="" type="checkbox"/>			
Special Education	<input type="checkbox"/>			

C. OTHER SERVICES

Service	Critical Services	Family Member(s) to Receive Service	Frequency per Month	Services Provider
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input checked="" type="checkbox"/>			

**Auxiliary Funds** (List services and/or items which have been identified as needed in order for family to remain safely intact)



**MONTHLY PROGRESS REPORT**

FP  ARS

Reporting/Service Month: _____	Case #: _____
Case Name: _____	Front End: <i>Yes or No</i> : _____
Referral Date: _____	Expected Date of Termination: _____

Agency In Home Counselor/Family Case Manager:		
Last _____	First _____	Phone # _____

Region/Office:	Fax #: _____
<input type="checkbox"/> Children Social Worker <input type="checkbox"/> Probation Officer	Phone #: _____
Last _____ First _____	
SCSW/SCPO	Fax #: _____
Last _____ First _____	Phone#: _____

<b>Family Members</b>					
Adults:	<input type="checkbox"/> Father (BF)	<input type="checkbox"/> Mother (BM)	<input type="checkbox"/> Caregiver (CG)	_____	
Minors:	<input type="checkbox"/> _____ (M1)	<input type="checkbox"/> _____ (M2)	<input type="checkbox"/> _____ (M3)	<input type="checkbox"/> _____ (M4)	<input type="checkbox"/> _____ (M5)
	<input type="checkbox"/> _____ (M6)	<input type="checkbox"/> _____ (M7)	<input type="checkbox"/> _____ (M8)	<input type="checkbox"/> _____ (M9)	<input type="checkbox"/> _____ (M10)
Others:	<input type="checkbox"/> _____ (O1)	<input type="checkbox"/> _____ (O2)	<input type="checkbox"/> _____ (O3)	<input type="checkbox"/> _____ (O4)	<input type="checkbox"/> _____ (O5)

Number of Base visits: \_\_\_\_\_  TDT (*Probation only*)

Face to Face Contact		
Family Members	Type of Contact**	Dates Seen

	1	

\*\* IHV=In-Home Visit MM=MCPC Mtg. CFU=Child Follow-Up FTF=Face-To-Face Contact (outside of home)  
 Father (BF) Mother (BM) Caregiver (CG)

PRESENTING PROBLEM:

**SERVICE PLAN GOALS**

SERVICES				
Base Rate	Recommended	Actual	Agency	Level of Participation
In-Home Outreach Counseling: License Level Master Level BA Level				
*PLEASE NOTE UNDER EACH SUPPLEMENTAL SERVICE IS A BLANK LINE TO INSERT NOTES ON SPECIFIC SERVICE (I.E. INDIVIDUAL, CON-JOINT, FAMILY THERAPY), AND FOCUS OF TREATMENT.				
Supplemental Services	Recommended	Actual	Agency	Level of Participation
Counseling: (SA, AM, O)				
Substance Abuse (SA)				
Anger Management (AM)				
Other (O)				
Drug Testing				
Parent Training				
Teaching and Demonstration				
Transportation				
Child Follow-up Visit				
Supplemental Services - Continued	Recommended	Actual	Agency	Level of Participation

# EXHIBIT 12

Child Focused Activities				
Substitute Adult Role Model				
Emergency Housing				
Other:				

*Supplemental Services Codes: \* SA-Substance Abuse, AM- Anger Management, O-Other*

Linkage Services	Recommended	Actual	Level of Participation	Linkage Services	Recommended	Actual	Level of Participation
AUX- Auxiliary Funds				MC-Medical Care			
Partnership for Families (PFFP)				Special Educ. Srv.			
Physical & Dvlpmnt. Services				Employmnt. Train Srv.			
Self-Help/Family Support Grp.				Health Care			
PSSF Services				Edu-Educational			
Dms Mental Health Services				HS-Healthy Start			
HOU- Housing				IS-Income Support			
CC-Child Care							
RC-Regional Center							

**Level of Participation Codes:** AP-Adequate Participation MP-Marginal Participation IP-Inadequate Participation NP-No Participation

**1. List MCPC/Service Plan Goals** *(discuss progress, family's level of participation and effectiveness of services being provided)*

**2. Child Safety Issues (Risk Assessments)**

[Empty rectangular box for text entry]

**3. Challenges to Goals (s) Achievement and Intervention (discuss factors hindering goal attainment or progress, any barriers to service provision, family's level of participation by client and other related issues)**

[Empty rectangular box for text entry]

**4. Recommendation**

[Empty rectangular box for text entry]

\_\_\_\_\_  
In Home Counselor/Family Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Director

\_\_\_\_\_  
Date

Distribution:  
Original-File Copy to-CSW/PO

**EXHIBIT FP-13  
EXCUSED ABSENCE APPROVAL CONFIRMATION**

DATE \_\_\_\_\_

TO: CSW \_\_\_\_\_

FAX \_\_\_\_\_

SCSW \_\_\_\_\_

SPA \_\_\_\_\_

FROM: Program Director \_\_\_\_\_  
Family Preservation Program

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

RE: CASE NAME \_\_\_\_\_

CASE # \_\_\_\_\_

The following individuals have asked to be excused from In-home Counseling sessions:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

The date of the absence is from \_\_\_\_\_ to \_\_\_\_\_

The date(s) of sessions that will be missed are \_\_\_\_\_

The reason for this absence is: \_\_\_\_\_

This absence has been discussed with \_\_\_\_\_ (CSW) and \_\_\_\_\_

\_\_\_\_\_ (Contractor) on \_\_\_\_\_ (date) in person or by telephone.

County representative agrees to the excused absence(s) as noted above.

**Reviewed and approved**

Signature: \_\_\_\_\_  
Program Director

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
SCSW

Date: \_\_\_\_\_

**Instructions:**

In-home Counselors will complete this form and obtain the Program Director's Signature. FAX the form to CSW. The form should be placed in the case file.

CSW – Review the faxed form, obtain the SCSW approval signature and CBL or SCSW if more than two visits will be missed. FAX the completed form back to Community Family Preservation Network.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Director

**EXHIBIT FP-14**

**FAMILY PRESERVATION  
FIRST UNEXCUSED  
ABSENCE ALERT**

Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
St# \_\_\_\_\_

DATE: \_\_\_\_\_

TO: RA \_\_\_\_\_ FAX ( ) \_\_\_\_\_

To Be Distributed To ARA for CSW  
Region/Office \_\_\_\_\_

FROM: FP In-Home Counselor \_\_\_\_\_  
FP Name \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_

**A. Circumstance:**

\_\_\_\_ Parent(s)/Legal Guardian(s) \_\_\_\_ Child(ren) Was Absent For A Scheduled Visit

**B. Notification:**

This is to notify you that I attempted to contact family member(s) on the  
\_\_\_\_\_ Date

However, (s)he was not at the following address:  
\_\_\_\_\_

C. \_\_\_\_ Reason for Concern (or) \_\_\_\_ Subsequent Contact Made  
\_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

**D. Joint CSW/FP Staffing Conference Decision:**

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

**E. Instructions:**

Telephone Staffing Attempt On \_\_\_\_\_ and \_\_\_\_\_  
Complete Form: Fax To SCSW \_\_\_\_\_ Insert Form In FP Service Folder

**EXHIBIT FP-14**

**FAMILY PRESERVATION  
SECOND UNEXCUSED  
ABSENCE ALERT**

Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
St.# \_\_\_\_\_

DATE: \_\_\_\_\_

TO: RA \_\_\_\_\_ FAX ( ) \_\_\_\_\_

To Be Distributed To ARA for CSW  
Region/Office \_\_\_\_\_

FROM: FP In-Home Counselor \_\_\_\_\_  
FP Name \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_

**A. Circumstance:**

\_\_\_\_ Parent(s)/Legal Guardian(s) \_\_\_\_ Child(ren) Was Absent For A Scheduled Visit

**B. Notification:**

This is to notify you that I attempted to contact family member(s) on the

\_\_\_\_\_ Date

However, (s)he was not at the following address:

\_\_\_\_\_

**C. \_\_\_\_ Reason for Concern (or) \_\_\_\_ Subsequent Contact Made.**

\_\_\_\_\_ Yes \_\_\_\_ NO \_\_\_\_

**D. Joint CSW/FP Staffing Conference Decision:**

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

**E. Instructions:**

Telephone Staffing Attempt On \_\_\_\_\_ and \_\_\_\_\_

Complete Form: Fax To SCSW, Insert Form In FP Service Folder



**EXHIBIT FP-16**  
**FP FAMILY FUNCTION TOOL**

**1. Intake : Case Identification**

Family ID* <input type="text"/>	Lead Agency #* <input type="text"/>	Date of Referral* <input type="text"/>	SPA #* <input type="text"/>
------------------------------------	--	---	--------------------------------

Family Zip Code* <input type="text"/>	Referral Agency* <input type="checkbox"/> DCFS <input type="checkbox"/> Probation	DCFS Office <input type="text"/>	Probation Office <input type="text"/>
--	---	-------------------------------------	--

<u>DCFS Referral Code</u> (check one)	<u>Probation Code</u> (check one)	<u>Reasons for Referral*</u> (check all that apply)
<input type="checkbox"/> Adoption	<input type="checkbox"/> ER/FE	<input type="checkbox"/> Physical Abuse →(Perpetrator in home? <input type="checkbox"/> Yes <input type="checkbox"/> No)
<input type="checkbox"/> FM (Court Ordered)	<input type="checkbox"/> ERCP	<input type="checkbox"/> Emotional Abuse →(Perpetrator in home? <input type="checkbox"/> Yes <input type="checkbox"/> No)
<input type="checkbox"/> Voluntary FM	<input type="checkbox"/> PP	<input type="checkbox"/> Sexual Abuse →(Perpetrator in home? <input type="checkbox"/> Yes <input type="checkbox"/> No)
<input type="checkbox"/> DI	<input type="checkbox"/> Prob.	<input type="checkbox"/> Substance Abuse →(Perpetrator in home? <input type="checkbox"/> Yes <input type="checkbox"/> No)
<input type="checkbox"/> FR (Court Ordered)	<input type="checkbox"/> Other	<input type="checkbox"/> Severe Neglect
<input type="checkbox"/> ER	<input type="checkbox"/> AR	<input type="checkbox"/> Caregiver Absence/Incapacity
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> General Neglect
		<input type="checkbox"/> Conditions of Probation
		<input type="checkbox"/> Other Substantial Risk

Case closed within 45 days?  Yes  No  
 (If yes, complete Sections 2 & 3 and go to Closing Summary)

**2. Intake : Service Provider Information**

<u>In-Home Counselor:</u>			
<u>Race/Ethnicity*</u>	<u>Education*</u>	<u>Language*</u>	<u>Gender*</u>
<input type="checkbox"/> African-American	<input type="checkbox"/> Licensed PhD	<input type="checkbox"/> English	<input type="checkbox"/> Female
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Licensed MSW	<input type="checkbox"/> Spanish Only	<input type="checkbox"/> Male
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Licensed MFT	<input type="checkbox"/> Spanish/Bilingual	
<input type="checkbox"/> Latino	<input type="checkbox"/> Unlicensed MSW	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Native American	<input type="checkbox"/> Unlicensed MA		
<input type="checkbox"/> Multi-racial/ethnic	<input type="checkbox"/> BSW		
<input type="checkbox"/> Other _____	<input type="checkbox"/> BA/BS		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other		

**3. Intake : Family Information**

Number of Primary Caregivers In Home: \* \_\_\_\_\_  
 Number of Other Adults In The Home: \* \_\_\_\_\_  
 Number of Children In The Home: \* \_\_\_\_\_  
 Number of Children In Out-of-Home Placement: \* \_\_\_\_\_  
 Number of Children with Open DCFS Case: \* \_\_\_\_\_  
 Number of Children with Open Probation Case: \* \_\_\_\_\_

<u>Primary Caregiver Marital Status: *</u>	<u>Monthly Family Income: *</u>
<input type="checkbox"/> Married	<input type="checkbox"/> Less than \$1,000
<input type="checkbox"/> Divorced/Separated	<input type="checkbox"/> \$3,000-\$3,499

**EXHIBIT FP-16**

- |   |                                  |   |  |
|---|----------------------------------|---|--|
| <input type="checkbox"/> Cohabiting           | <input type="checkbox"/> Widowed | <input type="checkbox"/> \$1,000 -\$1,499 | <input type="checkbox"/> \$3,500-\$3,999 |
| <input type="checkbox"/> Single-Never Married | <input type="checkbox"/> Unknown | <input type="checkbox"/> \$1,500-\$1,999  | <input type="checkbox"/> \$4000 & more   |
| <input type="checkbox"/> N/A                  |                                  | <input type="checkbox"/> \$2,000-\$2,499  | <input type="checkbox"/> Variable        |
|   |                                  | <input type="checkbox"/> \$2,500-\$2,999  | <input type="checkbox"/> N/A             |

**4. Intake : Primary Caregiver Information**

Family ID\*

Date of Referral\*

Primary Caregiver 1:  
 Date of Birth\*

Gender\*      Language\*  
 Female       English       Spanish/Bilingual  
 Male       Spanish Only       Other \_\_\_\_\_

Relationship: \*  
 (check all that apply)  
 Mother  
 Father  
 Grandmother  
 Grandfather  
 Step Parent  
 Other Kin  
 Foster Parent  
 Other Caregiver

Race/Ethnicity: \*  
 African-American  
 Asian/Pacific Islander  
 Caucasian  
 Latino  
 Native American  
 Multi-racial/ethnic  
 Other \_\_\_\_\_  
 Unknown

Education: \*  
 No formal schooling  
 6th grade or less  
 7-12th grade, no graduation  
 High school graduate/GED  
 Vocational School  
 Some college  
 College Graduate  
 Post Grad work

Source of Income: \*  
 (check all that apply)  
 Public Assistance  
 GAIN  
 Cal Works  
 TANF  
 Disability  
 Retirement  
 Employment  
 Family/Relatives  
 Other Income Source: \_\_\_\_\_

Prior History: Problems  
 (check all that apply)  
 Substance Abuse  
 Domestic Abuse  
 Childhood Abuse  
 Criminal Involvement  
 Emotional Disorder  
 Other: \_\_\_\_\_

Prior History: Service  
 (check all that apply)  
 Substance Abuse Treatment  
 Mental Health Treatment  
 Other Individual Counseling  
 Other Family Counseling  
 Probation/Parole Services  
 Family Preservation Services  
 Other: \_\_\_\_\_

Primary Caregiver 2:  
 Date of Birth\*

Gender\*      Language\*  
 Female       English       Spanish/Bilingual  
 Male       Spanish Only       Other \_\_\_\_\_

Relationship: \*  
 (check all that apply)  
 Mother  
 Father  
 Grandmother  
 Grandfather  
 Other Kin  
 Foster Parent  
 Step Parent  
 Other Caregiver

Race/Ethnicity: \*  
 African-American  
 Asian/Pacific Islander  
 Caucasian  
 Latino  
 Native American  
 Multi-racial/ethnic  
 Other \_\_\_\_\_  
 Unknown

Education: \*  
 No formal schooling  
 6th grade or less  
 7-12th grade, no graduation  
 High school graduate/GED  
 Vocational School  
 Some college  
 College Graduate  
 Post Grad work

**EXHIBIT FP-16**

**Source of Income: \***

**(check all that apply)**

- Public Assistance
- GAIN
- Cal Works
- TANF
- Disability
- Retirement
- Employment
- Family/Relatives
- Other Income Source: \_\_\_\_\_

**Prior History: Problems**

**(check all that apply)**

- Substance Abuse
- Domestic Abuse
- Childhood Abuse
- Criminal Involvement
- Emotional Disorder
- Other: \_\_\_\_\_

**Prior History: Service**

**(check all that apply)**

- Substance Abuse Treatment
- Mental Health Treatment
- Other Individual Counseling
- Other Family Counseling
- Probation/Parole Services
- Family Preservation Services
- Other: \_\_\_\_\_

**5. Child Intake Information (complete for each child 17 and under)**

**(OPTIONAL IF CHILD UNDER 18 MONTHS)**

Family ID*	Child Identifier	Date of Referral*	Date of Birth*

- |   |   |   |
|---|---|---|
| <p><b>Gender: *</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Female</li> <li><input type="checkbox"/> Male</li> </ul>  | <p><b>Language: *</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> English</li> <li><input type="checkbox"/> Spanish Only</li> <li><input type="checkbox"/> Spanish/Bilingual</li> <li><input type="checkbox"/> Other _____</li> </ul> | <p><b>Race/Ethnicity: *</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> African-American</li> <li><input type="checkbox"/> Asian/Pacific Islander</li> <li><input type="checkbox"/> Caucasian</li> <li><input type="checkbox"/> Latino</li> </ul> |
| <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Multi-racial/ethnic</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Unknown</p> |   |   |

- |  |  |  |
|--|--|--|
| <p><b>School Information: *</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Regular Education Status</li> <li><input type="checkbox"/> Special Education Status</li> <li><input type="checkbox"/> Gifted</li> <li><input type="checkbox"/> Alternative School</li> <li><input type="checkbox"/> Home school</li> <li><input type="checkbox"/> N/A</li> </ul> | <p><b>Attendance: *</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attending—regular</li> <li><input type="checkbox"/> Attending—irregular</li> <li><input type="checkbox"/> Not attending—too young</li> <li><input type="checkbox"/> Not attending-- other reason</li> <li>_____</li> <li><input type="checkbox"/> N/A</li> </ul> | <p><b>Grade in School: *</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preschool</li> <li><input type="checkbox"/> Kindergarten</li> <li><input type="checkbox"/> 1st grade</li> <li><input type="checkbox"/> 2nd grade</li> <li><input type="checkbox"/> 3rd grade</li> <li><input type="checkbox"/> 4th grade</li> <li><input type="checkbox"/> 5th grade</li> <li><input type="checkbox"/> 6th grade</li> </ul> |
|  |  | <ul style="list-style-type: none"> <li><input type="checkbox"/> 7th grade</li> <li><input type="checkbox"/> 8th grade</li> <li><input type="checkbox"/> 9th grade</li> <li><input type="checkbox"/> 10th grade</li> <li><input type="checkbox"/> 11th grade</li> <li><input type="checkbox"/> 12th grade</li> <li><input type="checkbox"/> N/A</li> </ul>  |

- |   |   |
|---|---|
| <p><b>Special Needs: (check all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Developmental Disability</li> <li><input type="checkbox"/> Health Problem</li> <li><input type="checkbox"/> Mental Health Problem</li> <li><input type="checkbox"/> Other: _____</li> </ul> | <p><b>Prior Services: (check all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Protective Services</li> <li><input type="checkbox"/> Substance Abuse</li> <li><input type="checkbox"/> Prenatal Exposure to Drugs</li> <li><input type="checkbox"/> Mental Health Treatment</li> <li><input type="checkbox"/> Probation Services</li> <li><input type="checkbox"/> Regional Centers for Developmental Disability</li> </ul> |
|---|---|

Ever been arrested?  Yes  No  Don't Know

If yes, number of times: \_\_\_\_\_

Types of offences: \_\_\_\_\_

Ever placed out of home? \*  Yes  No

If yes, number of times: \_\_\_\_\_

Age of first placement: \_\_\_\_\_

Types of placement: \_\_\_\_\_

## EXHIBIT FP-16

Child Functioning (Please check one response for each):

	Clear Strength	Mild Strength	Baseline /Adequate	Mild Problem	Moderate Problem	Serious Problem
Child's Behavior*	<input type="checkbox"/>					
Mental Health*	<input type="checkbox"/>					
School Performance († N/A) *	<input type="checkbox"/>					
Motivation/Cooperation*	<input type="checkbox"/>					
Relationship with Peers*	<input type="checkbox"/>					
Relationship with Caregiver*	<input type="checkbox"/>					
Relationship with Siblings († N/A) *	<input type="checkbox"/>					

### 6. Intake: Family Functioning at Case Opening

Please assess family functioning using the indicated choices: (See Rating Instructions.)

Family ID:\*

Date Completed: \*



	Clear Strength	Mild Strength	Baseline /Adequate	Mild Problem	Moderate Problem	Serious Problem
<b>ENVIRONMENT</b>						
Housing Stability*	<input type="checkbox"/>					
Safety in Community*	<input type="checkbox"/>					
Habitability of Housing*	<input type="checkbox"/>					
Income/Employment*	<input type="checkbox"/>					
Financial Management*	<input type="checkbox"/>					
Food And Nutrition*	<input type="checkbox"/>					
Personal Hygiene*	<input type="checkbox"/>					
Transportation*	<input type="checkbox"/>					
Learning Environment*	<input type="checkbox"/>					

#### **FAMILY INTERACTION**

Bonding with Child(ren) *	<input type="checkbox"/>					
Expectations of the Child(ren) *	<input type="checkbox"/>					
Mutual Support Within the Family*	<input type="checkbox"/>					
Relationship Bet, Parents/Caregivers(† N/A)*	<input type="checkbox"/>					

#### **CHILD WELL-BEING**

Child (ren's) Mental Health*	<input type="checkbox"/>					
Child (ren's) Behavior*	<input type="checkbox"/>					
Child (ren's) Relationship w/ Caregiver(s) *	<input type="checkbox"/>					
Child(ren's) Relationship w/Siblings(†N/A)*	<input type="checkbox"/>					
Child(ren)'s Motivation/Cooperation*	<input type="checkbox"/>					
School Performance († N/A) *	<input type="checkbox"/>					

**EXHIBIT FP-16**

Child(ren)'s Relationship with Peers*							
---------------------------------------	--	--	--	--	--	--	--

**PARENTING**

Supervision of Child(ren)*							
Disciplinary Practices*							
Provision of Developmental Enrichment Opportunities*							
Parent/Caretaker's Mental Health*							
Parent/Caretaker's Physical Health*							
Parent/Caretaker's Use of Drugs/Alcohol*							

**FAMILY SAFETY**

Absence/presence of physical abuse*							
Absence/Presence of sexual abuse*							
Absence/Presence of Neglect*							
Absence/Presence of domestic violence between parent/caretakers (N/A) *							
Absence/Presence of Emotional Abuse*							

**7. MCPC Checklist: Base and Supplementary Services**

Family ID: \*

Date of MCPC: \*

- A - In-home Outreach Counseling
- B - Therapeutic Day Treatment
- C - Child Focused Activities
- D - Child Follow-up Observation
- E - Counseling
- F - Drug Testing
- G - Employment/Training Services
- H - Gain Program

- I - In-home Emergency Caregiver
- J - Parent Training
- K - Self Help, Support Group
- L - Substance Abuse Treatment
- M - Sub. Adult Role Model
- N - T and D Homemaking
- O - Emergency Housing
- P - Transportation

	<u>Service(s) Recommended</u> (From list above, e.g. A, B, etc.)	<u>Availability:</u> 1 = available 2 = not available locally 3 = available but not affordable 4 = not available in client's language 5 = not available other reason (Service + code, e.g. A1, G2)	<u>Cooperation:</u> 4=excellent 3=good 2=fair 1= poor N/A = Not Attending (Service + code, e.g. A3, G1)
All (family members in case plan)*			
Caregiver 1			
Caregiver 2			
Child 1 DOB:			

## EXHIBIT FP-16

Child Identifier:			
Child 2 DOB: _____ Child Identifier:			
Child 3 DOB: _____ Child Identifier:			
Child 4 DOB: _____ Child Identifier:			
Child 5 DOB: _____ Child Identifier:			
Child 6 DOB: _____ Child Identifier:			
Child 7 DOB: _____ Child Identifier:			
Child 8 DOB: _____ Child Identifier:			

### 8. MCPC Checklist: Linkage Services

Family ID:\*

Date of MCPC: \*

Q – Auxiliary Funds

R – Child Care

S – Developmental Services

T – Educational Services

U- Health Care

V – Healthy Start Support Services

W – Housing

X – Income Support

Y – Mental Health

Z – Physical and Developmental

AA – Regional Center

BB – Respite Services

CC – Special Education

DD – Temporary Placement

EE – Anger Management Classes

FF – Domestic Violence Classes

GG – Section 8

	<u>Service(s) Recommended</u> (From list above, e.g. Q, R, etc.)	<u>Availability:</u> 1 = available 2 = not available locally 3 = available but not affordable 4 = not available in client's language 5 = not available other reason (Service + code, e.g. Q1, T2)	<u>Cooperation:</u> 4=excellent 3=good 2=fair 1= poor N/A = Not Attending (Service + code, e.g. Z1, Y2)
All (family members in case plan)*			
Caregiver 1			
Caregiver 2			
Child 1			

## EXHIBIT FP-16

DOB: _____ Child Identifier: _____			
Child 2 DOB: _____ Child Identifier: _____			
Child 3 DOB: _____ Child Identifier: _____			
Child 4 DOB: _____ Child Identifier: _____			
Child 5 DOB: _____ Child Identifier: _____			
Child 6 DOB: _____ Child Identifier: _____			
Child 7 DOB: _____ Child Identifier: _____			
Child 8 DOB: _____ Child Identifier: _____			

### 9. MCPC Checklist: Base and Supplementary Services

Family ID:\* \_\_\_\_\_

Date of MCPC: \* \_\_\_\_\_

MCPC #\* \_\_\_\_\_

- A - In-home Outreach Counseling
- B - Therapeutic Day Treatment
- C - Child Focused Activities
- D - Child Follow-up Observation
- E - Counseling
- F - Drug Testing
- G - Employment/Training Services
- H - Gain Program

- I - In-home Emergency Caregiver
- J - Parent Training
- K - Self Help, Support Group
- L - Substance Abuse Treatment
- M - Sub. Adult Role Model
- N - T and D Homemaking
- O - Emergency Housing
- P - Transportation

	<u>Service(s) Recommended</u> (From list above, e.g. A, B, etc.)	<u>Availability:</u> 1 = available 2 = not available locally 3 = available but not affordable 4 = not available in client's language 5 = not available other reason	<u>Reason if available service has not been provided:</u> 1 = service refused 2 = delayed by service provider (e.g. still on waiting list) 3 = delayed by family member 4 - other reason	<u>Cooperation</u> 4=excellent 3=good 2=fair 1 = poor N/A = Not Attending  (Service + code, e.g. A4, N1)	<u>Outcome:</u> 4= very positive 3=somewhat positive 2=somewhat negative 1=very negative  (Service + code, e.g. A3, G1)

### EXHIBIT FP-16

		(Service + code, e.g. A1, G2)	(Service + code, e.g. F1, G2)		
All (family members in case plan)*					
Caregiver 1					
Caregiver 2					
Child 1 DOB: _____ Child Identifier: _____					
Child 2 DOB: _____ Child Identifier: _____					
Child 3 DOB: _____ Child Identifier: _____					
Child 4 DOB: _____ Child Identifier: _____					
Child 5 DOB: _____ Child Identifier: _____					
Child 6 DOB: _____ Child Identifier: _____					
Child 7 DOB: _____ Child Identifier: _____					
Child 8 DOB: _____ Child Identifier: _____					

### 10. MCPC Checklist: Linkage Services

Family ID:\*

Date of MCPC: \*

MCPC #\*

Q - Auxiliary Funds

R - Child Care

S - Developmental Services

T - Educational Services

U - Health Care

V - Healthy Start Support Services

W - Housing

X - Income Support

Y - Mental Health

Z - Physical and Developmental

AA - Regional Center

BB- Respite Services

CC- Special Education

DD- Temporary Placement

EE - Anger Management Classes

FF - Domestic Violence Classes

GG - Section 8

	<u>Service(s)</u> <u>Recommended</u> (From list above,	<u>Availability:</u> 1 = available 2 = not available	<u>Reason if available service has not been provided:</u>	<u>Cooperation</u> 4=excellent 3=good	<u>Outcome:</u> 4= very positive 3= somewhat

## EXHIBIT FP-16

	e.g. Q, S, AA, etc.)	locally 3 = available but not affordable 4 = not available in client's language 5 = not available other reason (Service + code, e.g. Q1, EE2)	1 = service refused 2 = delayed by service provider (e.g. still on waiting list) 3 = delayed by family member 4 = other reason (Service + code, e.g. T1, EE2)	2=fair 1 = poor N/A = Not Attending  (Service + code, e.g. U1, Y2)	positive 2=somewhat negative 1=very negative  (Service + code, e.g. U2, FF3)
All(family members in case plan)*					
Caregiver 1					
Caregiver 2					
Child 1 DOB: _____ Child Identifier:					
Child 2 DOB: _____ Child Identifier:					
Child 3 DOB: _____ Child Identifier:					
Child 4 DOB: _____ Child Identifier:					
Child 5 DOB: _____ Child Identifier:					
Child 6 DOB: _____ Child Identifier:					
Child 7 DOB: _____ Child Identifier:					
Child 8 DOB: _____ Child Identifier:					

### 11. Case Updates

(To be completed if changes occur in the case previously not documented)

Family ID:\*

Date of Update: \*

MCPC #\*

Change in In-Home Outreach Counselor

If  changed?  Yes  No

Date IHC changed:

If yes, reason:

- Moved
- Family's request
- Counselor's request

**EXHIBIT FP-16**

↑ Other: \_\_\_\_\_

Demographics of New In-Home Outreach Counselor

<u>Race/Ethnicity</u>	<u>Education</u>	<u>Language</u>	<u>Gender</u>
↑ African-American	↑ Licensed PhD	↑ English	↑ Female
↑ Asian/Pacific Islander	↑ Licensed MSW	↑ Spanish Only	↑ Male
↑ Caucasian	↑ Licensed MFT	↑ Spanish/Bilingual	
↑ Latino	↑ Unlicensed MSW	↑ Other _____	
↑ Native American	↑ Unlicensed MA		
↑ Multi-racial/ethnic	↑ BSW		
↑ Other _____	↑ BA/BS		
↑ Unknown	↑ Other		

Change in DCFS Case Worker

\_\_\_\_\_ changed?    ↑ Yes    ↑ No    Date Worker changed:    If yes, reason:

↑ Left DCFS  
 ↑ Moved to another DCFS position  
 ↑ Family's request  
 ↑ Counselor's request  
 ↑ Transfer to FP Worker  
 ↑ Other: \_\_\_\_\_

Family Information Update

*Indicate only if changes after Intake in:*

	# at Intake	Current #
Number of Primary Caregivers In-Home:	_____	_____
Number of Other Adults In The Home:	_____	_____
Number of Children In The Home:	_____	_____
Number of Children In Out-of-Home Placement:	_____	_____
Number of Children with Open DCFS Case:	_____	_____
Number of Children with Open Probation Case:	_____	_____

Prior History: Problems Identified After intake  
(check all that apply)

↑ Substance Abuse  
 ↑ Domestic Abuse  
 ↑ Childhood Abuse  
 ↑ Criminal Involvement  
 ↑ Emotional Disorder  
 ↑ Other: \_\_\_\_\_

Prior History: Service Identified After intake  
(check all that apply)

↑ Substance Abuse Treatment  
 ↑ Mental Health Treatment  
 ↑ Other Individual Counseling  
 ↑ Other Family Counseling  
 ↑ Probation/Parole Services  
 ↑ Family Preservation Services  
 ↑ Other: \_\_\_\_\_

12. MCPC Checklist - Final

Family ID: \*

Date of Last MCPC: \*

## EXHIBIT FP-16

GG – Section 8

**Base and Supplementary Services:**

- A - In-home Outreach Counseling
- B - Therapeutic Day Treatment
- C - Child Focused Activities
- D - Child Follow-up Observation
- E - Counseling
- F - Drug Testing
- G - Employment/Training Services
- H - Gain Program
- I - In-home Emergency Caregiver
- J - Parent Training
- K - Self Help, Support Group
- L - Substance Abuse Treatment
- M - Sub. Adult Role Model
- N - T and D Homemaking
- O - Emergency Housing
- P - Transportation

**Linkage Services:**

- Q - Auxiliary Funds
- R - Child Care
- S - Developmental Services
- T - Educational Services
- U - Health Care
- V - Healthy Start Support Services
- W - Housing
- X - Income Support
- Y - Mental Health
- Z - Physical and Developmental
- AA - Regional Center
- BB- Respite Services
- CC- Special Education
- DD- Temporary Placement
- EE – Anger Management Classes
- FF – Domestic Violence Classes

	<u>Service(s) Received</u>	<u>Service(s) to be referred for Continuation after case closing</u>	<u>Service(s) to be continued in DCFS</u>
All(family members in case plan)*			
Caregiver 1			
Caregiver 2			
Child 1 DOB: _____ Child Identifier: _____			
Child 2 DOB: _____ Child Identifier: _____			
Child 3 DOB: _____ Child Identifier: _____			
Child 4 DOB: _____ Child Identifier: _____			
Child 5 DOB: _____ Child Identifier: _____			
Child 6 DOB: _____ Child Identifier: _____			
Child 7 DOB: _____ Child Identifier: _____			
Child 8 DOB: _____ Child Identifier: _____			

**EXHIBIT FP-16**

**13. Child Closing Summary**

(REPEAT FOR EACH CHILD ASSESSED AT INTAKE)

Family ID*	Child Identifier	Date of Birth*	Date Completed*
<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>

Did the child go into out-of-home placement during the Family Preservation Service period? \*  Yes  No

If yes, type of placement:

- |  |   |
|--|---|
| <input type="checkbox"/> Adoption            | <input type="checkbox"/> Kinship Foster Care          |
| <input type="checkbox"/> Regular Foster Care | <input type="checkbox"/> Treatment Foster Care        |
| <input type="checkbox"/> Emergency Shelter   | <input type="checkbox"/> Residential Treatment Center |
| <input type="checkbox"/> Group Home          | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Juvenile Detention  |   |

Describe other placement:

---



---



---



---

Was child arrested during Family Preservation service period?  Yes  No

If yes, describe offence: \_\_\_\_\_

Child Functioning:

	Clear Strength	Mild Strength	Baseline /Adequate	Mild Problem	Moderate Problem	Serious Problem
Child's Behavior	<input type="checkbox"/>					
Mental Health	<input type="checkbox"/>					
School Performance ( <input type="checkbox"/> N/A)	<input type="checkbox"/>					
Motivation/Cooperation	<input type="checkbox"/>					
Relationship with Peers	<input type="checkbox"/>					
Relationship with Caregiver	<input type="checkbox"/>					
Relationship with Siblings ( <input type="checkbox"/> N/A)	<input type="checkbox"/>					

**14. Family Functioning at Case Closing**

Please assess family functioning using the indicated choices: (See Rating Instructions.)

Family ID: *	Date Completed: *
<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>

## EXHIBIT FP-16

	Clear Strength	Mild Strength	Baseline /Adequate	Mild Problem	Moderate Problem	Serious Problem
<b>ENVIRONMENT</b>						
Housing Stability*	↑	↑	↑	↑	↑	↑
Safety in Community*	↑	↑	↑	↑	↑	↑
Habitability of Housing *	↑	↑	↑	↑	↑	↑
Income/Employment*	↑	↑	↑	↑	↑	↑
Financial Management*	↑	↑	↑	↑	↑	↑
Food And Nutrition*	↑	↑	↑	↑	↑	↑
Personal Hygiene*	↑	↑	↑	↑	↑	↑
Transportation*	↑	↑	↑	↑	↑	↑
Learning Environment*	↑	↑	↑	↑	↑	↑

### FAMILY INTERACTION

Bonding with Child(ren) *	↑	↑	↑	↑	↑	↑
Expectations of the Child(ren) *	↑	↑	↑	↑	↑	↑
Mutual Support Within the Family*	↑	↑	↑	↑	↑	↑
Relationship Bet, Parents/Caregivers (↑ N/A)*	↑	↑	↑	↑	↑	↑

### CHILD WELL-BEING

Child (ren's) Mental Health*	↑	↑	↑	↑	↑	↑
Child (ren's) Behavior*	↑	↑	↑	↑	↑	↑
Child (ren's) Relationship w/ Caregiver(s) *	↑	↑	↑	↑	↑	↑
Child(ren's) Relationship w/Siblings(↑N/A)*	↑	↑	↑	↑	↑	↑
Child(ren)'s Motivation/Cooperation*	↑	↑	↑	↑	↑	↑
School Performance (↑ N/A) *	↑	↑	↑	↑	↑	↑
Child(ren)'s Relationship with Peers*	↑	↑	↑	↑	↑	↑

### PARENTING

Supervision of Child(ren)*	↑	↑	↑	↑	↑	↑
Disciplinary Practices*	↑	↑	↑	↑	↑	↑
Provision of Developmental Enrichment Opportunities*	↑	↑	↑	↑	↑	↑
Parent/Caretaker's Mental Health*	↑	↑	↑	↑	↑	↑
Parent/Caretaker's Physical Health*	↑	↑	↑	↑	↑	↑
Parent/Caretaker's Use of Drugs/Alcohol*	↑	↑	↑	↑	↑	↑

### FAMILY SAFETY

Absence/presence of physical abuse*	↑	↑	↑	↑	↑	↑
Absence/Presence of sexual abuse*	↑	↑	↑	↑	↑	↑
Absence/Presence of Neglect*	↑	↑	↑	↑	↑	↑
Absence/Presence of domestic violence between parent/caretakers (↑ N/A) *	↑	↑	↑	↑	↑	↑
Absence/Presence of Emotional Abuse*	↑	↑	↑	↑	↑	↑

**EXHIBIT FP-16**  
**15. Closing Summary**

Family ID:\*

Closing Date:\*

A

Reason For Case Closing: (No Family Preservation Services Provided or Case Closed within 45 days)

- † Family moved from area
- † Case Closed for Administrative Reasons
- † Family Refused Services/Dropped Out
- † Case Never Activated
- † Other (Describe other reason)  
*Minimal or no risk to child(ren)*
- † All of objectives in case plan achieved/ \_\_\_\_\_  
risk to child(ren) minimal or none \_\_\_\_\_
- † Primary objectives in case plan achieved/ \_\_\_\_\_  
risk to child(ren) minimal or none \_\_\_\_\_
- † Some of objectives in case plan achieved/  
risk to child(ren) minimal or none, fp time expired
- † Some of objectives in case plan achieved/  
risk to child(ren) minimal or none; court terminated services
- † Other : \_\_\_\_\_

B

Reason for Case Closing: (Family Preservation Services Provided)

- Some risk to child(ren), continuing services in community recommended*
- † Some of objectives in case plan achieved/  
some risk to child(ren) but not at a level requiring placement; fp time expired.
- † Some of objectives in case plan achieved/  
probationer detained.
- † Other : \_\_\_\_\_
- (Risk to child(ren) require(s) more oversight than can be provided in community)*
- † Primary objectives in case plan not achieved; child(ren) at  
unacceptable risk; voluntary placement
- † Primary objectives in case plan not achieved; child(ren) at  
unacceptable risk; involuntary placement
- † Other : \_\_\_\_\_

Please answer the following question if you have checked one of the reasons in Part B  
Overall, how cooperative was the family in implementing the case plan ?  
† Excellent † Good † Fair † Poor

How many In-Home Counseling sessions did the family receive? \_\_\_\_\_

# EXHIBIT FP-17

## CALIFORNIA FAMILY RISK ASSESSMENT

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 County Name: \_\_\_\_\_ Worker Name: \_\_\_\_\_ Worker ID #: \_\_\_\_\_

**NEGLECT** **Score** **ABUSE** **Score**

- |   |  |
|---|--|
| <p><b>N1. Current Complaint is for Neglect</b></p> <p>a. No .....0</p> <p>b. Yes.....1 _____</p> <p><b>N2. Prior Investigation (assign highest score that applies)</b></p> <p>a. None .....0</p> <p>b. One or more, abuse only .....1</p> <p>c. One or two for neglect .....2</p> <p>d. Three or more for neglect.....3 _____</p> <p><b>N3. Household has Previously Received CPS (voluntary/court-ordered)</b></p> <p>a. No .....0</p> <p>b. Yes.....1 _____</p> <p><b>N4. Number of Children Involved in the CA/N Incident</b></p> <p>a. One, two, or three .....0</p> <p>b. Four or more .....1 _____</p> <p><b>N5. Age of Youngest Child in the Home</b></p> <p>a. Two or older .....0</p> <p>b. Under two .....1 _____</p> <p><b>N6. Primary Caretaker Provides Physical Care Inconsistent with Child Needs</b></p> <p>a. No .....0</p> <p>b. Yes.....1 _____</p> <p><b>N7. Primary Caretaker has a Past or Current Mental Health Problem</b></p> <p>a. No .....0</p> <p>b. Yes.....1 _____</p> <p><b>N8. Primary Caretaker has Historic or Current Alcohol or Drug Problem (Check applicable items and add for score)</b></p> <p>a. Not applicable .....0</p> <p>b. Alcohol (current or historic).....1</p> <p>c. Drug (current or historic) .....1 _____</p> <p><b>N9. Characteristics of Children in Household (Check applicable items and add for score)</b></p> <p>a. Not applicable.....0</p> <p>b. Medically fragile/failure to thrive .....1</p> <p>c. Developmental or physical disability.....1</p> <p>d. Positive toxicology screen at birth .....1 _____</p> <p><b>N10. Housing (check applicable items and add for score)</b></p> <p>a. Not applicable .....0</p> <p>a. Current housing is physically unsafe .....1</p> <p>b. Homeless at time of investigation.....2 _____</p> | <p><b>A1. Current Complaint is for Abuse</b></p> <p>a. No .....0</p> <p>b. Yes.....1 _____</p> <p><b>A2. Number of Prior Abuse Investigations (number: ____)</b></p> <p>a. None .....0</p> <p>b. One.....1</p> <p>c. Two.....2 _____</p> <p><b>A3. Household has Previously Received CPS (voluntary/court ordered)</b></p> <p>a. No .....0</p> <p>b. Yes.....1 _____</p> <p><b>A4. Prior Injury to a Child Resulting from CA/N</b></p> <p>a. No .....0</p> <p>b. Yes.....1 _____</p> <p><b>A5. Primary Caretaker's Assessment of Incident (check applicable items &amp; add for score)</b></p> <p>a. Not applicable.....0</p> <p>b. Blames child .....1</p> <p>c. Justifies maltreatment of a child.....2 _____</p> <p><b>A6. Domestic Violence in the Household in the Past Year</b></p> <p>a. No .....0</p> <p>b. Yes.....2 _____</p> <p><b>A7. Primary Caretaker Characteristics (check applicable items and add for score)</b></p> <p>a. Not applicable .....0</p> <p>b. Provides insufficient emotional/psychological support..1</p> <p>c. Employs excessive/inappropriate discipline.....1</p> <p>d. Domineering parent.....1 _____</p> <p><b>A8. Primary Caretaker has a History of Abuse or Neglect as a Child</b></p> <p>a. No .....0</p> <p>b. Yes.....1 _____</p> <p><b>A9. Secondary Caretaker has Historic or Current Alcohol or Drug Problem</b></p> <p>a. No .....0</p> <p>b. Yes, alcohol and/or drug (check all applicable).....1 _____</p> <p style="padding-left: 40px;">Alcohol _____ Drug _____</p> <p><b>A10. Characteristics of Children in Household (check appropriate items and add for score)</b></p> <p>a. Not applicable .....0</p> <p>b. Delinquency history.....1</p> <p>c. Developmental disability.....1</p> <p>d. Mental Health/behavioral problem.....1 _____</p> |
|---|--|

**TOTAL NEGLECT RISK SCORE** \_\_\_\_\_

**TOTAL ABUSE RISK SCORE** \_\_\_\_\_

Scored Risk Level. Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
0-1	0-1	Low
2-4	2-4	Moderate
5-8	5-7	High
9+	7+	Very High

**POLICY OVERRIDES:** Circle yes if a condition shown below is applicable in his case. If any condition is applicable, override final risk level to very high.

Yes No 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.

Yes No 2. Non-accidental injury to a child under age two.

Yes No 3. Severe non-accidental injury.

Yes No 4. Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current).

**DISCRETIONARY OVERRIDE.** If yes, circle override risk level, and indicate reason. Risk level may be overridden one level higher.

Yes No 5. If yes, override risk level (circle one): Low Moderate High Very High

Discretionary override reason: \_\_\_\_\_

**FINAL RISK LEVEL** (circle final level assigned): Low Moderate High Very High

**EXHIBIT FP -18**

**SAMPLE**

Los Angeles County, Department of Children and Family Services

**(Agency Name)**

**Statement of Received, Expended, and Unexpended**

**Family Preservation Services Funds**

For Fiscal Year Ending June 30, \_\_\_\_\_

Beginning Balance of Unexpended Essential Services Funds		\$	-
<b>Revenues</b>			
Base Rate, Supplementary Services and Therapeutic Day Treatment Funds		\$	-
Interest		\$	-
Donations restricted of offset CFPN allowable costs		\$	-
Accrued Revenues (attach supporting schedule)		\$	-
<b>Total Revenues</b>		<b>\$</b>	<b>-</b>
<b>Expenses</b>			
Salaries	\$		-
Employee Benefits	\$		-
Rent	\$		-
Insurance	\$		-
Utilities	\$		-
Subcontractors	\$		-
Other (specify)	\$		-
Accrued Expenses (attach supporting schedule)	\$		-
<b>Total Expenses</b>		<b>\$</b>	<b>-</b>
<b>Ending Balance Family Preservation Funds</b>		<b>\$</b>	<b>-</b>
Less: Maximum reserve funds carry over (15% of unexpended annual allocation)		\$	-
<b>Funds Due County</b>		<b>\$</b>	<b>-</b>

Under the penalty of perjury, I affirm that the above information is true and accurate, and the reported program costs agree with the official accounting records of the agency, and were necessary, reasonable and allowable costs under the Community Family Preservation Network Services Agreement and Office of Management and Budget Circular A-122 or A-87, whichever is applicable.

\_\_\_\_\_  
Authorized CONTRACTOR Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**EXHIBIT FP 19**

**ALTERNATIVE RESPONSE CONFIDENTIALITY DECLARATION**

We the undersigned fully understand and agree to abide with Alternative Response Plan as outlined above

Caregiver Signature	Date
---------------------	------

Caregiver Signature	Date
---------------------	------

DCFS CSW Signature	Date
--------------------	------

In-Home Counselor /Signature	Date
------------------------------	------

Lead Agency Representative Signature	Date
--------------------------------------	------

Name/Agency/Title	Date
-------------------	------

Name/Agency/Title	Date
-------------------	------

Name/Agency/Title	Date
-------------------	------

**EXHIBIT FP-20**  
**ALTERNATIVE RESPONSE. SERVICE PLAN**

ARS Date: \_\_\_ / \_\_\_ / \_\_\_

Referral Name \_\_\_\_\_ Referral# \_\_\_\_\_

Level: Base Rate \_\_\_ Supplementary Services \_\_\_ (please check one)

CSW/PO: \_\_\_\_\_ In-Home Family Support Specialist/Worker: \_\_\_\_\_

ARS Committee Members Present: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRESENTING PROBLEM:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TREATMENT GOAL:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Services to be Provided (check all that apply)	Service Recipient	Service Provider (contact Person)	Time Frame	
			Start mo./yr.	Stop mo./yr.
<input type="checkbox"/> Child Care	_____	_____	___/___	___/___
<input type="checkbox"/> Counseling	_____	_____	___/___	___/___
<input type="checkbox"/> Developmental Services	_____	_____	___/___	___/___

## EXHIBIT FP-20

### ALTERNATIVE RESPONSE SERVICE PLAN

Services to be Provided (check all that apply)	Service Recipient	Service Provider (contact person)	Time Frame	
			Start mo./yr.	Stop mo./yr.
<input type="checkbox"/> Employment / Training	_____	_____	___/___	___/___
<input type="checkbox"/> Health Care	_____	_____	___/___	___/___
<input type="checkbox"/> Housing	_____	_____	___/___	___/___
<input type="checkbox"/> Income Support Services	_____	_____	___/___	___/___
<input type="checkbox"/> In-Home Counseling	_____	_____	___/___	___/___
<input type="checkbox"/> In-Home Emergency Caretaker	_____	_____	___/___	___/___
<input type="checkbox"/> Mental Health Services	_____	_____	___/___	___/___
<input type="checkbox"/> Parenting Training	_____	_____	___/___	___/___
<input type="checkbox"/> Physical/Developmental Services	_____	_____	___/___	___/___
<input type="checkbox"/> Respite Care	_____	_____	___/___	___/___
<input type="checkbox"/> Special Education	_____	_____	___/___	___/___
<input type="checkbox"/> Substance Abuse Treatment	_____	_____	___/___	___/___
<input type="checkbox"/> Substitute Role Model	_____	_____	___/___	___/___
<input type="checkbox"/> Teaching/ Demonstrating	_____	_____	___/___	___/___
<input type="checkbox"/> Transportation	_____	_____	___/___	___/___
<input type="checkbox"/> Auxiliary Services	_____	_____	___/___	___/___
<input type="checkbox"/> Advocacy	_____	_____	___/___	___/___

# EXHIBIT FP-21

COUNTY OF LOS ANGELES · DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## FAMILY PRESERVATION PROGRAM (FPP) CONSENT TO RELEASE AND EXCHANGE INFORMATION

1. CASE NAME	2. CASE NUMBER
3. PARENT'S/GUARDIAN'S NAMES (if different than Case Name)	4. DATE OF BIRTH
5. PARENT'S/GUARDIAN'S NAMES	6. DATE OF BIRTH
7. NAME(S) OF CHILD(REN)  _____  _____  _____  _____	8. DATE(S) OF BIRTH  _____  _____  _____  _____
<b>9. CONSENT STATEMENT</b>  I/we understand that as a necessary part of my/our participation in the Family Preservation Program (FPP), the agencies involved must have access to records pertaining to my/our family. Therefore, I/we give permission to the Department of Children and Family Services (DCFS) to release, disclose, and/or exchange information about myself and my child(ren) listed above with a Family Preservation Agency and the participants in its Family Preservation Multidisciplinary Case Planning Committee (agencies which may include, but are not limited to: the Departments of Health Services, Mental Health, Public Social Services and Education). This consent includes both written and oral communication about social, medical, developmental, psychological, educational, behavioral and other individual and family issues.  This signed consent form will remain in effect for the duration of my/our family's participation in the FPP.	
10. SIGNATURE OF PARENT(S)/GUARDIAN(S)  _____  _____	11. DATE OF SIGNATURE(S)  _____  _____
12. CSW'S SIGNATURE  _____	13. DATE OF SIGNATURE  _____

76F58A DCFS 802 (7/1/05)

**SPANISH VERSION ON REVERSE**

# EXHIBIT FP-21

CONDADO DE LOS ANGELES · DEPARTAMENTO DE SERVICIOS PARA NIÑOS

## PROGRAMA DE PRESERVACIÓN (FPP) CONSENTIMIENTO PARA REVELAR Y CAMBIAR INFORMACIÓN

1. NOMBRE DEL CASO	2. NÚMERO DEL CASO
3. NOMBRE DE PADRE(S) / MADRE(S) O GUARDIANES (Si es diferente al Nombre del Caso)	4. FECHA DE NACIMIENTO
5. NOMBRE DE PADRE(S) / MADRE(S) O GUARDIANES	6. FECHA DE NACIMIENTO
7. NOMBRE(S) DEL NIÑO*S /NIÑA(S)  _____ _____ _____ _____	8. FECHA(S) DE NACIMIENTO  _____ _____ _____ _____
9. DECLARACIÓN DE CONSENTIMIENTO PARA REVELAR INFORMACIÓN  Yo/nosotros entiendo/entendemos que cómo una parte necesaria de mi/nuestra participación en el Programa de Preservación Familiar (FPP), las agencias involucradas tienen que tener acceso a los archivos pertinentes a mi/nuestra familia. Por lo tanto, yo/nosotros le damos nuestro permiso al Departamento de Servicio para Niños y Familias (DCFS) para revelar, divulgar, y/o intercambiar información sobre mi persona y mi niño(s)/niña(s) los antes mencionados con el Grupo de Preservación Familiar en la Comunidad (CFPN) y con los del Comité Multidisciplinario. Estas agencias pueden incluir, pero no son limitadas a el Departamento de Servicios de Salud, Salud Mental, Servicios Sociales Públicos y Educación. Este consentimiento incluye tanto la comunicación por escrito como la comunicación oral pertinente a los asuntos sociales, médicos, de desarrollo, psicológicos, educativos, de compartimiento y otros asuntos individuales o familiares.  Este consentimiento firmado continuará vigente durante la participación de mi familia en el Programa de Preservación Familiar (FPP).	
10. FIRMA DE PADRE(S) / MADRE(S) O GUARDIANES  _____ _____	11. FECHA DE FIRMA  _____ _____
12. FIRMA DEL TRABAJADOR SOCIAL PARA NIÑOS  _____	13. FECHA DE FIRMA  _____

76F58A DCFS802-S (1/83)

ENGLISH VERSION ON REVERSE



**Exhibit FP-23**

**County of Los Angeles  
Department of Children and Family Services  
Family Preservation  
Contract Allocation for FY 05-08**

	<b>DCFS District Offices</b>	<b>ALLOCATION FOR FY 2005-2006 (11 months)</b>	<b>ALLOCATION FOR EACH FY FY 2006-2007 AND 2007-2008</b>
SPA 1	Antelope Valley West	\$ 936,307.00	\$ 1,021,426.00
	Antelope Valley East	\$ 809,807.00	\$ 883,426.00
SPA 2	North Hollywood	\$ 1,496,670.00	\$ 1,632,730.00
	Santa Clarita	\$ 483,649.00	\$ 527,617.00
SPA 3	Covina	\$ 2,379,125.00	\$ 2,595,409.00
	Pomona	\$ 1,420,464.00	\$ 1,549,597.00
	Pasadena	\$ 1,244,685.00	\$ 1,357,838.00
SPA 4	Metro North	\$ 1,400,143.00	\$ 1,527,429.00
SPA 5	West Los Angeles	\$ 1,298,028.00	\$ 1,416,030.00
SPA 6	Hawthorne	\$ 1,069,411.00	\$ 1,166,631.00
	Wateridge	\$ 2,274,470.00	\$ 2,481,240.00
	Century	\$ 1,148,666.00	\$ 1,253,090.00
	Compton	\$ 802,695.00	\$ 875,667.00
SPA 7	Belvedere	\$ 1,422,496.00	\$ 1,551,814.00
	Santa Fe Springs	\$ 1,771,008.00	\$ 1,932,009.00
SPA 8	Torrance	\$ 1,491,589.00	\$ 1,627,188.00
	Lakewood	\$ 2,976,574.00	\$ 3,247,171.00
<b>County-wide Service Category:</b>			
SPA 9 (A.I.)	American Indian	\$ 404,534.00	\$ 441,310.00
CW (A.P.)	Asian Pacific	\$ 505,668.00	\$ 551,638.00
<b>Total FP Allocation</b>		<b>\$ 25,335,989.00</b>	<b>\$ 27,639,260.00</b>
<b>Add Variance due to Rounding</b>		<b>\$ 15.00</b>	<b>\$ 7.00</b>
<b>Total Reconciled w/ Agency Allocation</b>		<b>\$ 25,336,004.00</b>	<b>\$ 27,639,267.00</b>

*Based on data from July 1, 2003-December 31, 2004  
As of 04/22/05*

EXHIBIT - FP 24A

DEPARTMENT OF CHILDREN & FAMILY SERVICES  
COMMUNITY-BASED SUPPORT DIVISION

FAMILY PRESERVATION AGENCY WEEKLY CASE COUNT FORM  
Contact Person: ROZ THORNTON, ADMINISTRATIVE ASSISTANT  
FAX NUMBER: (213) 637-2552  
PHONE NUMBER: (213) 351-3226

Week Ending: \_\_\_\_\_  
(Friday)

DCFS	(A) ANNUAL ALLOCATION	PROBATION	(A) ANNUAL ALLOCATION
Annual/Six (6) Month Estimated Target (FAMILIES) _____	\$ _____	Annual/Six (6) Month Estimated Target (FAMILIES) _____	\$ _____
	(B) REMAINING ALLOCATION		(B) REMAINING ALLOCATION
	\$ _____		\$ _____
Monthly Estimated Target (FAMILIES) _____	(C) FUNDS AVAILABLE	Monthly Estimated Target (FAMILIES) _____	(C) FUNDS AVAILABLE
	\$ Formula: C = B + # of months remaining	TDT Clients _____	\$ Formula: C = B + # of months remaining
Total Clients Served _____		Base Rate Clients _____	
Outstanding 800's _____		Total Clients Served _____	
Cases Requested _____		Outstanding 1324's _____	
Cases Received _____		Cases Requested _____	
Date CBL contacted if additional referrals are needed _____		Cases Received _____	
		Date Probation contacted if additional referrals are needed _____	

IF TOTAL CLIENTS SERVED IS LESS THAN MONTHLY TARGET PLEASE INDICATE THE REASON CODE\* BELOW.

Family Preservation Agency Name \_\_\_\_\_

Program/Project Director's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE NOTE:

FAX to Roz Thornton, at fax number indicated above no later than Tuesday, 12:00 p.m. of each Week.

\*Reason Codes can be found on the second page, at the bottom, of the Weekly Case/Family Counts Report

Family Preservation





SERVICE PROGRESS NOTES

T&D  SARM

PARENTING

OTHER

Site of Visit	Agency:	Name of Person Providing Service:			Home	Location of Visit
Case Name:	Title:			School		
Case Number:				Placement		
Person Seen On this Date	Absent Family Members	Excused	Unexcused	Agency		
1)				Other		
2)				Start Time		
3)				Ending Time		
4)				Time In Session		
5)						
6)						
7)						
8)						
9)						

**Service/Activity Provided** (Describe the activity, who participated, teaching tools used, how receptive were the clients.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tasks/Issues Followed-Up from Previous Visit**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Safety and Family Issues**  
 (Discuss child safety, conditions of the home, family members' progress/problems and other pertinent information.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tasks/Issues Planned/Assigned for the Next Visit**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next visit scheduled for: \_\_\_\_\_

## Exhibit FP - 26

### Customer Satisfaction Survey for the Family Preservation Program WE WANT TO HELP, PLEASE TELL US HOW WE ARE DOING!

We welcome your comments about our services. Please tell us how you were treated during your visit and the quality of the care you received by our staff. Your comments are confidential and will assist us with improving future services.

Your Zip Code: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of agency where you are receiving services:

1) Age: \_\_\_\_\_

2) Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

3) Mark the Ethnic group that best describes your origin/identity:

Caucasian (White) \_\_\_\_\_

African American (Black) \_\_\_\_\_

Mexican \_\_\_\_\_

Central/South American (please specify) \_\_\_\_\_

Asian/Pacific Islander (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

4) Please indicate the primary language you speak:

\_\_\_\_\_

5) How were you referred to this agency?

Self \_\_\_ DCFS \_\_\_ Court \_\_\_ Probation \_\_\_ School \_\_\_ Mental Health \_\_\_ Hospital \_\_\_

Other (specify) \_\_\_\_\_

6) How long have you been receiving services at this agency?

1-3 months \_\_\_ 4-6 months \_\_\_ 7-9 months \_\_\_ 9-12 months \_\_\_

Other specify) \_\_\_\_\_

7) What type of services are you receiving at this agency (check all that apply):

In-Home Outreach Counseling \_\_\_\_\_ Teaching & Demonstrating Homemaker \_\_\_\_\_

Substitute Adult Role Model \_\_\_\_\_ Transportation \_\_\_\_\_ Parenting \_\_\_\_\_

Education/Fatherhood \_\_\_\_\_ Child Focused Activity \_\_\_\_\_ Substance Abuse Treatment

\_\_\_\_\_ Emergency Housing \_\_\_\_\_ Counseling (Anger Management, Domestic

Violence, Family, Group, Individual \_\_\_\_\_ Other (specify) \_\_\_\_\_

For questions 8 through 12, please check one of the numbers from 1 to 5 to let us know how you feel: 1=poor, 2= fair, 3= good, 4= very good, and 5 for excellent.

**Exhibit FP - 26**

8) Do you feel the services you are receiving helping you?

1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_

9) Are you satisfied with the services you are receiving?

1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_

10) How courteous and respectful is the staff regarding your cultural background?

1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_

11) Please rate the agencies performance:

1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_

12) Rate your chances of returning to this agency again for services if the need arrives:

1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_

13) Of the services mentioned below, which is the most difficult to obtain in your Community?  
Circle all of those that apply.

Women and Infant Children\_\_\_ MediCal\_\_\_ Healthy Families\_\_\_ Family Planning\_\_\_ Child  
Care\_\_\_ Housing\_\_\_ Legal\_\_\_ Transportation\_\_\_ School\_\_\_ Work\_\_\_

Other (please specify)\_\_\_\_\_

14) Please provide any related comments on the services that you are receiving:

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If you have additional comments or questions regarding this questionnaire, please contact Otho Day Program Manager, at the Department of Children and Family Services at , (213) 351-5715.



## EXHIBIT FP-27

### COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES FAMILY CENTERED SERVICE REQUEST - SERVICE AUTHORIZATION (PAGE 2 OF 2)

*The Safety of A Child is Our First Priority*

CASE NAME: \_\_\_\_\_ FP NUMBER: \_\_\_\_\_ or STATE ID/SERIAL #: \_\_\_\_\_

#### F. OTHER INFORMATION

<b>GAIN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>CALWORKS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>WORKER NAME:</b> _____	<b>PHONE:</b> _____
		<b>START DATE:</b> _____	<b>END DATE:</b> _____
<b>REFERRAL BEING MADE TO:</b> <input type="checkbox"/> PREVENT PLACEMENT <input type="checkbox"/> FACILITATE REUNIFICATION <input type="checkbox"/> ADOPTIVE PLACEMENT <input type="checkbox"/> COURT ORDERED			
<b>REFERRAL INITIATED BY:</b> <input type="checkbox"/> ERCP <input type="checkbox"/> ER <input type="checkbox"/> DI <input type="checkbox"/> FM <input type="checkbox"/> FR <input type="checkbox"/> PP <input type="checkbox"/> ADOPT			
<b>COURT STATUS:</b> <input type="checkbox"/> NONE <input type="checkbox"/> PRE-ADJUDICATION <input type="checkbox"/> POST-ADJUDICATION <input type="checkbox"/> POST-DISPOSITION <input type="checkbox"/> LEGAL GUARDIANSHIP <input type="checkbox"/> ADOPTION			

#### G. PLEASE DESCRIBE THE PRESENTING PROBLEMS/AREAS OF CONCERN (Comments, Maximum 500 Characters)

#### H. PLEASE DESCRIBE THE FAMILY STRENGTHS (Comments, Maximum 500 Characters)

#### I. PRELIMINARY ASSESSMENT OF SERVICES NEEDED IN ADDITION TO IN-HOME COUNSELING:

<input type="checkbox"/> AUXILIARY FUNDS	<input type="checkbox"/> TEACHING/DEMONSTRATING HOMEMAKER	<input type="checkbox"/> EMPLOYMENT TRAINING SERVICES
<input type="checkbox"/> PARENT SELF-HELP	<input type="checkbox"/> SUBSTANCE ABUSE TREATMENT	<input type="checkbox"/> HOUSING
<input type="checkbox"/> PARENT TRAINING	<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH SERVICES
<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> DRUG TESTING	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> SUBSTITUTE ADULT ROLE-MODEL	<input type="checkbox"/> MOTEL - EMERGENCY HOUSING	<input type="checkbox"/> SPECIAL EDUCATION
<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> COUNSELING (OUT OF HOME)	<input type="checkbox"/> OTHER
<input type="checkbox"/> INCOME SUPPORT SERVICES	<input type="checkbox"/> DEVELOPMENTAL SERVICES	

#### J. GOALS or OUTCOMES or TERMINATION NOTES or DENIAL REASON (Comments, Maximum 500 Characters)

#### TERMINATION - Code / Reason for Case Closing (This Code is Used in Section A for a TERMINATION Action)

1 - Successful Family Preservation	5 - Case Never Activated	9 - Suitable Placement (Probation)
2 - Successful Family Reunification	6 - Court Terminated Services	10 - Case Closed within 30 Days
3 - Family Moved from Area	7 - Case Closed for Administrative Reasons	11 - Case Created in Error
4 - Family Refused Services/Dropped Out	8 - Child Detained/Arrested	

#### K. SIGNATURES

CSW SIGNATURE	DATE	CDC SIGNATURE	DATE
SCSW SIGNATURE	DATE	ARA SIGNATURE	DATE

**EXHIBIT FP - 28A**

**COUNTY'S ADMINISTRATION**

CONTRACT NO. \_\_\_\_\_

**COUNTY'S PROGRAM DIRECTOR:**

Name: Lisa Parrish  
Title: Deputy Director, Bureau of Resources  
Address: 425 Shatto Place  
Telephone: 351-5858  
Facsimile: (213) 351-2022  
E-Mail Address: parril@dcfs.co.la.ca.us

**CONTRACTOR'S AUTHORIZED OFFICIAL(S)**

Name: Otho Day  
Title: County Program Manager  
Address: 425 Shatto Place, Los Angeles, California 90020  
Telephone: (213) 351-5715  
Facsimile: (213) 738-8375  
E-Mail Address: dayo@dcfs.co.la.ca.us

**COUNTY CONTRACT PROGRAM MONITOR**

Name: Otho Day  
Title: COUNTY PROGRAM MANAGER  
Address: 425 Shatto Place, Los Angeles, CA 90010  
Telephone: (213) 351-5715  
Facsimile: (213) 7388375  
E-Mail Address: dayo@dcfs.co.la.ca.us

**CONTRACTOR'S ADMINISTRATION**

CONTRACTOR'S NAME \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_

**CONTRACTOR'S PROJECT MANAGER:**

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**CONTRACTOR'S AUTHORIZED OFFICIAL(S)**

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Notices to Contractor shall be sent to the following address:**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



**FAMILY PRESERVATION DRUG AND ALCOHOL  
ASSESSMENT/TREATMENT SUMMARY REPORT**

**FP:**  
**CASC:**  
**TREATMENT CENTER:**

**COMPLETED BY:**  
**TELEPHONE:**  
**FAX:**  
**E-MAIL:**

<b>Newly Served During Report Month</b>	<b>Assessment</b>	<b>Alcohol Treatment</b>	<b>Drug Treatment</b>
Clients			
Total			
<b>Continuing Services From Prior Report Month(s)</b>			
Clients			
Total			
<b>Completing Services During Report Month(s)</b>			
Clients			
Total			
<b>Terminating Services During Report Month</b>			
Clients			
Total			

## Request for Taxpayer Identification Number and Certification

**EXHIBIT 30**  
Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
List account number(s) here (optional)		
Requester's name and address (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7 <sup>2</sup>

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov/online/ss-5.pdf](http://www.socialsecurity.gov/online/ss-5.pdf). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses/](http://www.irs.gov/businesses/) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

**EXHIBIT FP - 31**

**CONSENT TO COMPLY WITH THE BILL OF CHILDREN'S RIGHTS**

Since the vision of the Family Preservation Program (FPP) demands that there be developed in Los Angeles County a collaborative network of systems that work in concert to support and strengthen the capacity of families to provide their children's growth and development, therefore, I/we understand that as a necessary part of my/out participation in FPP, I shall comply with the following Bill of Children's Rights

1. Assure the safety and physical and emotional well being of children in my/our home while receiving the Family Preservation services.
2. Provide appropriate medical, dental, and mental health for my/our children and every one of them is covered by public or private health insurance and fully immunized by age 2 if appropriate.
3. Provide adequate food, sheiter, and income and my/our children will have access to resources that will assist them in sustaining an adequate standard of living.
4. Provide adequate education and training and my/our children will attend school and enroll in Independent Living Program (ILP) services if age-appropriate, and ensure that all my/our children are trained in the skills and competencies necessary for work.
5. Protect my/out children from abuse and neglect and have access to quality child care if appropriate
6. Preserve my/our children in my/our family or actively work to reunify my/our children.
7. Provide emotional and social support and my/our children will participate in early childhood education program, including Head Start and State Preschool Programs if appropriate.

This signed consent form will remain in effect for the duration of my/our family's participating in the FPP.

\_\_\_\_\_  
Signature(s) of parent(s)/guardian(s)

\_\_\_\_\_  
Date of signature(s)

\_\_\_\_\_  
Signature(s) of child(ren)

\_\_\_\_\_  
Date of signature(s)

\_\_\_\_\_  
CSW's signature

\_\_\_\_\_  
Date of signature