**LOS ANGELES COUNTY AFFORDABLE HOUSING SOLUTIONS AGENCY
REQUEST FOR PROPOSALS**

ATTACHMENT 1: PRIME CONTRACTOR PROPOSAL FORM

Instructions:

All organizations applying to serve as a **Prime Contractor** must complete **Section I** of the proposal form and the **applicable subsection(s) of Section II** corresponding to each Prime Contractor role for which they are applying. Applicants seeking consideration for **multiple Prime Contractor roles** must complete the relevant Section II subsection(s) for **each role.**

Responses should clearly demonstrate the organization's qualifications and experience aligned with the scope of services for the selected Prime Contractor role(s).

If you need more space to respond to any question field, please attach additional sheets that clearly label the section, question, and response.

Responses to each prime contractor role should be submitted as a single PDF that includes the following sections.

- Signed Cover Letter
- Section I: General Prime Contractor Background And Qualifications
- Section II: Prime Contractor Proposal Questions
- Section III: Prime Contractor Cost Proposal

Responses that do not include each required section OR are submitted as multiple PDF files may be deemed incomplete.

SECTION I: GENERAL PRIME CONTRACTOR BACKGROUND AND QUALIFICATIONS

A.   Organization Information

Prime Contractor Role Selection

Please indicate the specific Prime Contractor roles for which the organization is applying. Organizations may propose to serve in multiple Prime Contractor roles. See section 5 of this RFP for a description of the scope of services required for each role. (Check all that **apply).**

☐ Renter Outreach
☐ Housing Stability Linkage Team
☐ Central Fiscal Administration
☐ Legal Services
☐ Relocation and Stabilization Services

Organization's Legal Name: _____

Organization Type
☐ Non-Profit Organization
☐ Public Agency
☐ For-Profit Organization

Address of Organization's Physical Location (if more than one, please list all physical addresses):

| |
| |

Name, Title, Email and Phone Number of designated point of contact for this RFP submission

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| |

B. Organization Background and Experience

1. *Provide an overview of the organization, including its mission, services offered, and length of time in operation, both generally and within Los Angeles County. Include a brief description of the organization's experience working with local governments and managing government contracts. (250 word maximum)*

2. *Indicate the geographic area(s) where organization currently operates. For each area, select whether organization has **full, partial, or no geographic coverage**. If you marked partial on any of the regions, please provide a short explanation of your current coverage. If the organization is not currently providing services in an area but is willing to serve that area, please check "willing to serve."*

Geographic Area	Full Coverage	Partial Coverage	No Coverage	Willing to Serve
Unincorporated Los Angeles County	☐	☐	☐	☐
City of Los Angeles	☐	☐	☐	☐
City of Long Beach	☐	☐	☐	☐
City of Glendale	☐	☐	☐	☐
City of Santa Clarita	☐	☐	☐	☐
Burbank-Glendale-Pasadena RHT	☐	☐	☐	☐
Gateway Cities COG/RHT	☐	☐	☐	☐
Las Virgenes/Malibu COG	☐	☐	☐	☐
North Los Angeles County Transportation Coalition JPA	☐	☐	☐	☐
San Fernando Valley COG	☐	☐	☐	☐
San Gabriel Valley COG	☐	☐	☐	☐
South Bay Cities COG	☐	☐	☐	☐
Westside Cities COG	☐	☐	☐	☐

3. Describe the organization's experience managing complex programs and meeting contractual, fiscal, and reporting requirements. (200 word maximum)

4. Pending Litigation – Does the organization have any pending litigation with any California government agency, including homelessness prevention or financial assistance services rendered?

☐ Yes
☐ No

If yes, please describe all instances.

C. Experience with Collaboration

1. *Please indicate the organization's experience in collaborative, multi-partner service networks. Check all that apply.*
   ☐ Experience as a system lead, coordinating entity, or backbone organization
   ☐ Experience as a prime or lead contractor within a multi-partner network
   ☐ Experience as a subcontractor or service partner within a coordinated system
   ☐ Limited experience in formal collaborative networks

2. *Describe the organization's experience in a collaborative, multi-partner service network like the ISM. Include the role the organization played and how this experience prepares you to operate effectively within a coordinated, system-level model. If the organization previously acted as a lead or prime contractor, include how many subcontracts were held and total dollar amounts subcontracted. (200 word maximum)*

D. References

Provide three (3) references that are of similar size and scope of services being requested through this RFP. Please note that evaluation preference will be given to California references. LACAHSA reserves the right to contact each of the references listed for additional information regarding the organization's qualifications.

Reference #1

Name and Address of Reference	
Reference Point of Contact	
Point of Contact Telephone	
Point of Contact Email Address	
Contract Period of Performance	
Total Contract Amount	
Description of Services Provided	

Reference #2

Name and Address of Reference	
Reference Point of Contact	
Point of Contact Telephone	
Point of Contact Email Address	
Contract Period of Performance	
Total Contract Amount	
Description of Services Provided	

Reference #3

Name and Address of Reference	
Reference Point of Contact	
Point of Contact Telephone	
Point of Contact Email Address	
Contract Period of Performance	
Total Contract Amount	
Description of Services Provided	

SECTION II: PRIME CONTRACTOR PROPOSAL QUESTIONS – Central Fiscal Agent

Complete this section only if the organization intends to apply as the Prime Contractor for the Central Fiscal Agent. LACAHSA intends to select 1 Prime Contractor for Central Fiscal Administration.

1. ***Central Fiscal Administration Experience:*** *Please indicate the organization's experience providing Central Fiscal Administration including:*
   ☐ Processing and disbursing housing-related financial assistance
   ☐ Managing high-volume payment processing with time-sensitive requirements
   ☐ Implementing internal controls and separation of duties
   ☐ Preventing, identifying, or addressing fraud or improper payments
   ☐ Tracking expenditures by program, funding source, or component
   ☐ Supporting monitoring, audits, or fiscal reviews
   ☐ Coordinating fiscal workflows with intake, legal, or service providers
   ☐ Conducting budget planning, tracking, and forecasting

2. ***Central Fiscal Administration Approach and Proposed Outcomes (****750 words maximum – attach separate sheet for response)****: Describe the organization's Central Fiscal Administration approach for carrying out the key responsibilities identified in Section 5.3 and achieving the performance measures in Section 5.6. Describe the estimated number of households that will be assisted/ services that will be carried out. For example:*
   * *Estimated number of households for which payments are made*
   * *Average number of payments per household*
   * *Speed in which a payment is made*

3. ***Previous Fiscal Administration Roles:*** *Please indicate the role(s) the organization has previously performed that are relevant to the ISM Central Fiscal Administration:*
☐ Served as a fiscal agent or fiscal administrator for housing, homelessness prevention, or public benefit programs
☐ Administered direct financial assistance (e.g., rental assistance, flexible financial assistance)
☐ Managed payments to landlords, vendors, or third parties
☐ Provided fiscal oversight for multi-partner or multi-program systems

4. ***Scale of Previous Experience:*** *Please indicate the scale of financial assistance programs the organization has previously administered:*

Total payments issued annually:
☐ Fewer than 1,000
☐ 1,000–5,000
☐ 5,000–10,000
☐ More than 10,000

Approximate number of distinct households or payees served annually:
☐ Fewer than 1,000
☐ 1,000–5,000
☐ 5,000–10,000
☐ More than 10,000

5. *Financial Assistance Administration Experience: Describe the organization's experience of issuing financial assistance on behalf of eligible households in compliance with detailed program requirements. Include the types of assistance administered, approximate payment volume, typical turnaround timelines, and experience coordinating with service providers, legal partners, landlords, or other entities to resolve payment issues and support housing stabilization outcomes. (200-word maximum)*

6. *Fiscal Controls and Quality Assurance: Describe the organization's approach to ensuring payments are accurate, timely, and compliant with program requirements. Include experience designing or implementing quality control measures, internal review processes, error mitigation strategies, or audit practices. (200-word maximum)*

7. ***Data Management and Performance***: *Describe the organization's approach to collecting, analyzing, and using data, including what data systems the organization currently uses and how the organization ensures data quality. Describe the organization's experience integrating or managing data across multiple systems for payment processing and tracking. Include experience managing landlord repositories or similar datasets, and how the organization uses data to improve system performance and participant outcomes. (200-word maximum).*

8. ***Implementation Readiness and Ability to Scale:*** *Describe the organization's readiness to staff up and operationalize the Central Fiscal Administration role at program launch, as well as capacity and willingness to scale staffing and operational infrastructure if ISM funding or service demand increases in the future. Include anticipated timelines for onboarding initial staff, existing infrastructure or systems that support timely implementation, and strategies the organization would use to expand capacity if program scope grows. (200-word maximum)*