



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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Los Angeles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Long Beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Glendale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Santa Clarita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burbank-Glendale-Pasadena RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gateway Cities COG/RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las Virgenes/Malibu COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Los Angeles County Transportation Coalition JPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
San Fernando Valley COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
San Gabriel Valley COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Bay Cities COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Westside Cities COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. LACAHS 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 – Relocation and Stabilization Services

Complete this section only if the organization intends to apply as a Prime Contractor for Relocation and Stabilization Services.

1. ***Relocation and Stabilization Services Experience: Please indicate the organization's experience providing Relocation and Stabilization Services including:***
 - Short-term housing stabilization
 - Housing mediation with landlords and renters
 - Housing relocation
 - Unit identification and landlord engagement to secure units
 - Household reunification with family members or friends
 - Other additional services to resolve housing crises

2. ***Relocation and Stabilization Services Team Approach and Proposed Outcomes (750 words maximum – attach separate sheet for response): Describe the organization's Relocation and Stabilization Services approach for carrying out the key responsibilities identified in Section 5.5 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 receiving short-term, strength-based Relocation and Stabilization Services referred through the ISM*
 - *Estimated number of households receiving relocation assistance and support when remaining in current housing is not feasible*
 - *Approach to ensure services are accessible to households disproportionately impacted by housing instability across the various geographies across the County*

3. **Population Specific Experience:** Please indicate the organization’s experience serving the following populations. Check all that apply. For any population the organization identifies as having experience with, please indicate the level of experience: “limited to moderate” or “extensive.”

<i>Population</i>	<i>Limited to Moderate Experience (occasional or regular service delivery, but not organizational focus)</i>	<i>Extensive Experience (organizational focus, demonstrated track record)</i>
Renters with housing stability challenges	<input type="checkbox"/>	<input type="checkbox"/>
Youth or transition-age youth	<input type="checkbox"/>	<input type="checkbox"/>
Survivors of domestic violence or other types of violence	<input type="checkbox"/>	<input type="checkbox"/>
Households with mixed immigration status or who are undocumented	<input type="checkbox"/>	<input type="checkbox"/>
People with disabilities, including developmental or behavioral health disabilities	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQI+ individuals or households	<input type="checkbox"/>	<input type="checkbox"/>
Households with a history of incarceration	<input type="checkbox"/>	<input type="checkbox"/>
Fixed-income households, including seniors or individuals receiving SSI/SSDI	<input type="checkbox"/>	<input type="checkbox"/>
Families in crisis or at risk of homelessness	<input type="checkbox"/>	<input type="checkbox"/>
Other populations with specialized needs: _____	<input type="checkbox"/>	<input type="checkbox"/>

4. **Reaching Specific Populations:** Describe the organization’s experience working with one or more of the populations identified above, including how services were adapted to address population-specific housing barriers and needs: (200-word maximum)

5. **Subcontractor/ Partner Management:** *Please indicate the organization’s prior experience managing subcontractors or partner agencies concurrently under a single contract or program:*

- No prior experience managing subcontractors or partner agencies
- Managed 1–5 subcontractors or partner agencies at the same time
- Managed 6–10 subcontractors or partner agencies at the same time
- Managed more than 10 subcontractors or partner agencies at the same time

6. **Subcontractors:** *Please list and describe the role of any proposed subcontractors. If there are no specific organizations identified at this time, please indicate N/A. All Prime Contractors must be open to working with LACAHS to finalize subcontractor selection to ensure appropriate geographic coverage and the capacity to deliver tailored services to specialized populations. (200-word maximum)*

7. **Relocation and Stabilization Services** Describe the organization’s experience delivering short-term housing stabilization services, including housing mediation, housing relocation assistance, household reunification, and other targeted interventions to resolve housing crises. Explain your approach to tailoring interventions to the specific needs of prioritized households. Include description of your organization’s mechanism and success rate in identifying rental units and helping people apply for and lease units. (200-word maximum)

8. **Data Management, Performance, and Reporting:** 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. Also describe how the organization will use data to monitor program and partner performance. (200-word maximum).

9. **Implementation and Readiness and Ability to Scale:** Describe the organization's readiness to staff up and operationalize the Relocation and Stabilization Services component initially, 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)