



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. 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 – Housing Stability Linkage Team

Complete this section only if the organization intends to apply as the Prime Contractor for the Linkage Team. LACAHS intends to select 1 Prime Contractor for the Linkage Team.

1. ***Housing Stability Linkage Team Experience: Please indicate the organization’s experience providing Linkage Team services including:***
 - Providing strategic leadership to partners including regular coordination meetings, performance reporting, policy feedback loops, and continuous improvement efforts
 - Coordinating with non-contracted agencies and system partners to improve program outcomes and system alignment
 - Serving as a liaison to funders, jurisdictions, and public officials, including responding to inquiries and providing program information
 - Convening multi-agency case conferencing and/or cross-agency coordination meetings
 - Collecting and reviewing documentation for eligibility determination
 - Supporting households facing documentation barriers to gather needed documents
 - Reviewing and approving exceptions and applying alternative verification standards
 - Managing high-volume application workflows
 - Providing support to households in accessing mainstream system resources
 - Determining cash assistance amounts and doing first line fraud detection
 - Working with a web-based application, case management, and reporting software
 - Using a scored assessment or prioritization tool to determine whether households receive assistance
 - Overseeing client case progress across multiple service partners and monitoring status through resolution

2. ***Housing Stability Linkage Team Approach and Proposed Outcomes (750 words maximum – attach separate sheet for response): Describe the organization’s Housing Stability Linkage Team approach for carrying out the key responsibilities identified in Section 5.2 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 household applicants assisted through the portal*
 - *Estimated number of household applicants prioritized and processed for assistance*
 - *Estimated time to process a household applicant*

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. **Partner Relations:** Describe the organization’s experience leading and coordinating a collaborative involving multiple funders, public agencies, and policy decision-makers. Explain how you would serve as a central partner to LACAHS and Eligible Jurisdictions. Include your approach to managing multi-funder and jurisdictional relationships while ensuring timely, accurate, and coordinated responses to stakeholder inquiries. Describe the processes you would use to maintain consistent communication, transparency, accountability, and alignment with program and policy requirements across jurisdictions. (200-word maximum)

6. **Case Planning, Resource Navigation, and Service Coordination:** Describe the organization’s experience providing case planning, resource navigation, and service coordination for households with housing stabilization needs. Explain your approach to developing individualized case plans, connecting clients to appropriate financial, legal, and prevention services, and coordinating across providers to ensure seamless service delivery. Include how you monitor progress, resolve barriers in real time, and ensure cases move efficiently toward housing stability or crisis resolution. (200-word maximum)

7. **Application Processing and Documentation Review:** Describe the organization's experience of gathering, reviewing, and verifying documentation for housing stability or financial assistance programs. Include experience managing high-volume application workflows with tight timelines, such as approximate application volume, turnaround expectations, and quality control practices. (200-word maximum)

8. **Determination of Financial Assistance:** Describe the organization's ability to determine eligibility and for and amount of emergency rental and flexible financial assistance, and to manage financial assistance requests through the ISM Central Fiscal Administration (200-word maximum)

9. **Language Access and Cultural Responsiveness:** Describe the organization's experience and ability to provide linguistically appropriate and culturally responsive services, including what languages the organization can support and how language access has supported effective engagement and eligibility completion. (200-word maximum)

10. **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. Also describe how the organization will use data to monitor program and partner performance. (200-word maximum).

11. Implementation Readiness and Ability to Scale: Describe the organization's readiness to staff up and operationalize the Linkage Team 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)