

**ADDENDUM TWO TO THE CARE FIRST COMMUNITY INVESTMENT (CFCI) SERVICES TO ADDRESS  
HOUSING INSECURITY & HOMELESSNESS EXPERIENCED BY LOS ANGELES COUNTY'S AMERICAN INDIAN  
AND ALASKA NATIVE POPULATION  
REQUEST FOR STATEMENT OF INTEREST (RFSI), NO. CFCI-SGB-1**

The purpose of this addendum is to respond to questions received prior to the submission deadline on January 19, 2022, 12:00 PM (PST) and make additions to the Request for Statement of Interest (RFSI) Statement of Work (SOW) Attachments I and II as attached. All additions are highlighted in red.

**Question #1:** Does completing the fillable form in Appendix B (Statement of Interest Response to Requested Information), and providing additional information as requested, constitute the body of a letter in response to this RFSI, or would the Commission prefer another format?

**Answer #1:** The complete proposal package shall include the following: 1) Appendix B (Statement of Interest), 2) Complete Budget package (as noted below in Q&A #2), and 3) two Latest Financial Statements. The County may seek additional information from the proposer as stated in the RFSI.

**Question #2:** The guidelines indicate the grant award is to split across 40/40/20, however it doesn't indicate where to place line items categorically. What are the approved budget categories for which to place specific line items? For example, where is 10% admin added? A sample program-specific budget from State HCD is included below as an example- the cost of staff is inputted in relation to the different program activities with admin and indirect separated.

**Answer #2:** The County is requesting 3 separate budgets for each component as noted below:

- a. ***Rent Burden Housing Subsidy Program (40%):*** At a minimum, please include how much will go into direct staffing (including taxes and benefits), the amount set-aside to pay for rental subsidies, and administrative costs (no more than 10% of operational costs).
- b. ***Organizational Capacity Building Related to Housing and Homelessness (40%):*** At a minimum, please include how much will go into direct staffing (including taxes and benefits) and administrative costs (no more than 10% of operational costs).
- c. ***Individual/Family Level Service (20%):*** At a minimum, please include how much will go into direct staffing (including taxes and benefits), the amount set-aside to pay for supportive services, and administrative costs (no more than 10% of operational costs).

**Question #3:** Does the narrative response to Section 3.3.D on the Respondent's proposed evaluation tool require that the evaluation methods already be established, or could they be anticipated methods?

**Answer #3:** As long as evaluation process is ready to be implemented 30 days after contract execution.

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**Question #4:** What is the allowable indirect cost rate? Without a negotiated tax rate, are entities capped at de minimus? Is the "Administrative Costs" (Appendix C, p 12) different from an indirect costs rate?

**Answer #4:** The funding for this program is local/non-federal so only an Administrative Cost will be applied and is capped at 10%. Indirect Costs are only applicable to federal grants.

**Question #5:** Does the narrative response to Section 3.3F on the Respondent's proposed implementation plan to staff and start services require that the service methods already be established, or could they be anticipated methods?

**Answer #5:** As long as staff are ready to implement the program 30 days after contract execution.

**Question #6:** In the SOW, case management services are only explicitly listed under 1.3. Thus, are case management services restricted to the 1.3 budget? We would need case managers for 1.0 activities as well, can we include a case manager line item under budget category for 1.0 activities?

**Answer #6:** Yes – please include in your budget for the rental housing subsidy program all necessary staff to administer the program.

**Questions #7:** Is there guidance regarding the required documentation for the 1.0 housing subsidy?

**Answer #7:** SOW Attachment II notes examples of documentation that could demonstrate eligibility for this program. Please refer to this attachment.

**Question #8:** Clarification on 1.3 case management services. Does 1.3 allow for other related essential services such as food, clothing, transportation, etc?

**Answer #8:** After internal discussion, it was determined to add the essential services to the SOW. Pls see updated SOW attachments to this Addendum.

**Question #9:** My name is Anita, and in sales with 2 of our beautiful Hotel's in the city of El Monte. We are located 12 miles east of LA Downtown. I would b happy to be of Service in house the need of rooms and to house the homeless within your Organization. Please contact me and set up a site visit or simply take a Virtual tour of both of them. I am looking for something Long Term and know that you would be pleased to know that your clients will be safe and taken care of. We have been in buisnesses for 30 plus years and take Pride in Our Properties. We have wonderful Spacious rooms, with An array of amenities including Housekeeping, Refrigerators, Microwaves, 132 cable channel , coffee maker's & more. We are

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centrally located to nearby shopping the Main Bus Station of Greater El Monte, Foothill Transit, Tons of Shopping, Coffee shops, & Restaurants. Also, 2 Main Hospitals nearby. Keiser Permanente & Greater El Monte Community Hospital. . Please free to reach out to me via email or Call.

**Answer #9:** Thank you Anita. We will notify you if your services are needed.

**SOW Attachment I**

**Description of Services – Care First, Community Investment**

1.0 Addressing Housing Insecurity & Homelessness Experienced by Los Angeles County’s American Indian and Alaska Native Population (AIAN)

Care First, Community Investment (CFCI) is a County of Los Angeles funded program. CFCI is intended to address the disproportionate impact of racial injustice through community investments.

This CFCI funding was specifically secured to provide services to address housing insecurity and homelessness experienced by AIAN individuals/families in Los Angeles County.

Below is an explanation of the allowable services and programs.

1.1 Rent Burden Housing Subsidy Program

Client Eligibility: Individuals and families residing in Los Angeles County whose income is at or below 80% Area Median Income (AMI) and whose monthly rent does not exceed 100% of the Fair Market Rent (FMR).

<b>Goal(s)</b>	<b>Service</b>	<b>Measurable Outcomes May Include</b>
<p>Increase AIAN Housing Stability in Los Angeles County</p> <p>Reduce Homelessness Experienced by AIAN Individuals/Families in Los Angeles County</p>	<p>A monthly subsidy that would cover all monthly rental expenses that exceed 30% of household income. Monthly subsidies can be provided to a qualifying individual or family for up to 6 months.</p> <p>An organization can directly provide clients with the rent burden housing subsidy; however they must have an agency policy developed for the program that includes a mechanism for documenting that the subsidy was utilized for the intended purpose.</p>	<p>Individuals/households obtain safe and affordable housing.</p> <p>Individuals/households avoid eviction.</p> <p>Individuals/Households who achieved and maintained capacity to meet basic needs for 90 days.</p> <p>Individuals/Households who achieved and maintained capacity to meet basic needs for 180 days.</p> <p>Individuals/Households who report improved financial well-being.</p> <p>Individuals/Households who demonstrated improved physical health and well-being.</p>

**SOW Attachment I**

**Description of Services – Care First, Community Investment**

		Individuals/Households who demonstrated improved mental and behavioral health and well-being.
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1.2 Organizational Capacity Building Related to Housing & Homelessness

<b>Goal(s)</b>	<b>Efforts</b>	<b>Measurable Outcomes May Include</b>
<p>Increase AIAN Housing Stability in Los Angeles County</p> <p>Reduce Homelessness Experienced by AIAN Individuals/Families in Los Angeles County</p>	<p>This is an opportunity for organizations to take a deep look inward at what they need to strengthen capabilities to enhance organizational effectiveness related to AIAN housing insecurity and homelessness.</p> <p>Allowable efforts include but are not limited to staffing, technical assistance, strategic planning, and data and assessments.</p>	<p>Enhancement of ongoing housing and homelessness programs/services.</p> <p>Expansion of housing and homelessness programs/services.</p> <p>Increased number of clients served who are experiencing homelessness.</p> <p>Increased number of clients served who are experiencing housing insecurity.</p> <p>Development of strategic plan or achievement of existing strategic goals.</p> <p>Increased number of connections to industry partners.</p> <p>Increased number of connections to funders.</p> <p>Increased dollars invested in addressing housing and homelessness.</p>

**SOW Attachment I**

**Description of Services – Care First, Community Investment**

1.3 Individual/Family Level Services

Client Eligibility: Household income for individuals and families residing must be at or below 80% AMI.

<b>Goal(s)</b>	<b>Services</b>	<b>Measurable Outcomes May Include</b>
Increase AIAN Housing Stability in Los Angeles County	Rent payment assistance – (includes payment in arrears)	Individuals/households avoid eviction.
	Deposit payments – (includes Section 8 Voucher deposits)	Individuals/households obtain safe and affordable housing.
	Mortgage payment assistance (includes Emergency Mortgage payments)	Individuals/households avoid foreclosure.
	Utility Assistance Payments	Individuals/households receive emergency utility assistance. Individuals/households avoid a utility shut-off.
	Utility Arrears Payments	Individuals/households receive emergency utility assistance. Individuals/households avoid a utility shut-off. Individuals/households energy service restored after disconnection
	Case Management Services for Individuals/Households Experiencing Rental Burden and/or housing insecurity	Individuals/households obtain safe and affordable housing. Individuals/households avoid foreclosure.
	Emergency Services (including food assistance, clothing assistance and transportation) for Individuals/Households Experiencing Rental Burden and/or housing insecurity	Individuals/Households who demonstrated improved physical health and well-being. Individuals/Households who demonstrated improved mental and behavioral health and well-being.

**SOW Attachment I**

**Description of Services – Care First, Community Investment**

Reduce Homelessness Experienced by AIAN Individuals/Families in Los Angeles County	Temporary housing placement (includes motel and hotel vouchers)	Individuals/households experiencing homelessness obtain safe temporary shelter.
	Transitional housing placement	Individuals/households maintain safe and affordable housing for 90 days.
	Permanent housing placement	Individuals/households maintain safe and affordable housing for 180 days.
	Case Management Services for Individuals/Households Experiencing Homelessness	Individuals/households experiencing homelessness obtain safe and temporary shelter.  Individuals/households maintain safe and affordable housing for 90 days.  Individuals/households maintain safe and affordable housing for 180 days.  Individuals/households obtain safe and affordable housing.
	Emergency Services (including food assistance, clothing assistance and transportation) for Individuals/Households Experiencing Homelessness	Individuals/Households who demonstrated improved physical health and well-being.  Individuals/Households who demonstrated improved mental and behavioral health and well-being.

## SOW Attachment II

### Client Documents for Demonstrated Eligibility, Need & Provision of Service – Care First, Community Investment

1.0 Below is a list of documents that can be used to demonstrate the eligibility, need and provision of allowable services. Documents need to be obtained and maintained in a client file to demonstrate eligibility, need and provision of the service. If a client is unable to provide necessary documents to demonstrate proof of income they can provide self-attestation that they are income eligible for services.

Service	Client Eligibility	Demonstrated Need	Provision of Service
<b>Rent Burden Housing Subsidy</b>	<p>Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc</p> <p>Proof that client’s rent does not exceed 100% of the Fair Market Rent (FMR).</p>	Documents that demonstrate that client pays more 30 percent or more of their income toward housing expenses. Ex. Paystubs, rental agreement, and utility bills.	Signed affidavit by client that subsidy was received.
<b>Rent payment assistance – (includes payment in arrears)</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	<p>Rental agreement</p> <p>Late notice</p>	Receipt of payment to landlord or property management company on behalf of client.
<b>Deposit payments – (includes Section 8 Voucher deposits)</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	Rental agreement	Receipt of payment to landlord or property management company on behalf of client.
<b>Mortgage payment assistance (includes Emergency Mortgage payments)</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment	<p>Current mortgage bill</p> <p>Past due balance</p>	Receipt of payment to mortgage company on behalf of client.



**SOW Attachment II**

**Client Documents for Demonstrated Eligibility, Need & Provision of Service – Care First, Community Investment**

	Insurance, Pension Funds, disability, etc		
<b>Utility Assistance Payments (includes Emergency Assistance)</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	Current utility bill  Termination notice from the utility company showing shut-off date	Receipt of payment to utility company on behalf of client.
<b>Utility Arrears Payments</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	Past due balance	Receipt of payment to utility company on behalf of client.
<b>Case Management Services for Individuals/Households Experiencing Rental Burden and/or housing insecurity</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	Documents that demonstrate client pays more than 30 percent of their income toward housing expenses. Ex. Paystubs, lease agreement and utility bills.  Self-certification of current housing-cost burden, doubling or tripling up with other households, accumulation or expectation of back rental or utility payments	Client and case notes
<b>Emergency Services (including food assistance, clothing assistance and transportation) for Individuals/Households Experiencing Rental Burden and/or housing insecurity</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	Documents that demonstrate client pays more than 30 percent of their income toward housing expenses. Ex. Paystubs, lease agreement and utility bills.  Self-certification of current housing-cost burden, doubling or tripling up with other households,	Service log that includes the name of client, signature or initials, date received and assistance amount.

**SOW Attachment II**

**Client Documents for Demonstrated Eligibility, Need & Provision of Service – Care First, Community Investment**

		<b>accumulation or expectation of back rental or utility payments</b>	
<b>Temporary housing placement (includes motel and hotel vouchers)</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	Self-certification that client is currently experiencing homelessness at the time of intake	Proof of placement in a temporary housing unit which could include receipt of payment to a motel or hotel on behalf of a client.
<b>Transitional housing placement</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	Self-certification that client is currently experiencing homelessness at the time of intake	Proof of placement in a transitional housing unit
<b>Permanent housing placement</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	Self-certification that client is currently experiencing homelessness at the time of intake	Proof of placement in a permanent housing unit
<b>Case Management Services for Individuals/Households Experiencing Homelessness</b>	Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment Insurance, Pension Funds, disability, etc	Self-certification that client is currently experiencing homelessness at the time of intake	Client and case notes
<b>Emergency Services (including food assistance, clothing assistance and</b>	<b>Proof of income that demonstrates client is at or below 80% AMI including Social Security, Payroll, Unemployment</b>	<b>Self-certification that client is currently experiencing homelessness at the time of intake</b>	<b>Service log that includes the name of client, signature or initials, date received and assistance amount.</b>

**SOW Attachment II**

**Client Documents for Demonstrated Eligibility, Need & Provision of Service – Care First, Community Investment**

<b>transportation) for Individuals/Households Experiencing Homelessness</b>	Insurance, Pension Funds, disability, etc		
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