



Part 1: RFP Introduction/Purpose

Orange County Truancy Response Program Request for Proposal

Thank you for your interest in the Truancy Reduction Program (TRP) grant. This grant is part of a countywide partnership between Orange County Department of Education (OCDE), Orange County District Attorney's Office (OCDA), Orange County Probation Department (OCPD), and the Orange County Juvenile Justice Coordinating Council (OCJJCC). The TRP grant is intended to provide funding to a community based organization (CBO) that will support youth and families in re-engaging with their school community via improved, consistent, and regular attendance. This grant falls into OCDE's MTSS framework and is considered a Tier II support. The grant award is \$400,000, and is funded through 2025, with a possible extension through 2027 dependent on successful program measures and outcomes. All relevant details, including reporting requirements, desired outcomes, and timelines are included in the RFP document. Please note that several responses on this application require a signature from the applicant. To sign, click

in the “Signature” field and sign your name using your mouse or trackpad. Signatures do not carry over from field to field. The application will prompt you if there are any blank fields prior to submission.

Applications are due no later than 5:00pm on Tuesday, November 30th.

Direct any questions to PMcCaughey@ocde.us no later than 10:00am, November 20th, 2021.

PROPOSAL RESPONSE REQUIREMENTS

Proposals provide a straightforward, concise description of capabilities to satisfy the requirements of this RFP. Emphasis should be on completeness and clarity of content with sufficient detail to allow for accurate evaluation and comparative analysis.

Proposal response requirements are set out in the following format:

- Part 1: Mandatory Minimum Requirements
- Part 2: Proposal Information
- Part 3: Proposer Assurances

Part 1: Mandatory Minimum Requirements

Part 1: Mandatory Minimum Requirements

The following are the mandatory minimum requirements for a Proposer to be considered responsive to this Request for Proposals for the services described in this RFP. Proposals that do not meet the following mandatory minimum requirements shall be considered non-responsive and disqualified from the evaluation process.

Applicants must agree to and sign each of the five statements:

Requirement #1:

Agree to full compliance with all of the County's terms and conditions set forth in the Request for Proposal including all of the Exhibits including all of the Attachments. If the Proposer takes exception to the County's terms and conditions or submits its agreement as a proposed substitute and/or addition to the County's terms and conditions, their proposal shall be deemed non-responsive.

Statement of Compliance:

I certify that this proposal is in full compliance with all of the County's terms and conditions set forth in the Request for Proposal including all of the Exhibits including all of Attachments, and no exceptions thereto are proposed.

SIGN HERE

✕ clear

Requirement #2:

Be able to comply with the requirements for Truancy Prevention Parent Empowerment Program, as detailed in Exhibit A: “Scope of Work” for this RFP.

Statement of Compliance:

I certify that this proposal is in full compliance with all requirements for the Truancy Prevention Parent Empowerment Program, and no exceptions thereto are proposed.

SIGN HERE

✕ clear

Requirement #3:

Be able to comply and remain within the proposed annual budgets to be paid by the County that reflect Program costs for the initial three (3) year term of this agreement, as well as the succeeding years in the event that this contract is renewed. Overall Program costs will remain level year to year.

Statement of Compliance:

I certify that this proposal is in full compliance with the proposed budgets, and no exceptions thereto are proposed.

SIGN HERE

clear

Requirement #4:

Proposer may not provide the services required under this RFP, and at the same time be responsible for approving IEPs.

Statement of Compliance:

I certify that our organization and staff do not have any responsibility for, nor will we be responsible for approving IEPs for students while providing services under this grant.

×

SIGN HERE

[clear](#)

Requirement #5:

Be able to comply with the requirements detailed in the section entitled Debarment for this RFP.

Statement of Compliance:

I certify that this proposal is in full compliance with all requirements related to Debarment, and no exceptions thereto are proposed.

×

SIGN HERE

[clear](#)

Organization's Information:

Legal Name of Company:

Business Address:

Website Address:

Telephone Number:

Facsimile Number:

General Email Address:

Type of Business/Organization:

Length of time the firm has been in business of providing services similar to those being requested in this RFP:

Regular business hours:

Regular holidays and hours when business is closed:

Contact person (Primary) in reference to this solicitation:

Contact Information for Primary Contact:

Telephone Number:

Facsimile Number:

Email Address:

Contact person (Secondary) in reference to this solicitation:

Contact Information for secondary contact:

Telephone Number:

Facsimile Number:

Email Address:

Contact person for accounts receivable:

Contact Information for accounts receivable contact:

Telephone Number:

Facsimile Number:

Email Address:

In the event of an emergency or declared disaster, the following information is required; Name of contact during non-business hours:

Contact Information for contact during non-business hours:

Telephone Number:

Facsimile Number:

Email Address:

CORPORATION STATEMENT

If a For-Profit Corporation or a Non-Profit Corporation, answer the following questions:

When incorporated:

Where incorporated:

Is the corporation authorized to do business in California?

Yes

If Yes, as of what date?

No

The corporation is held:

Publicly

If publicly held, how and where is the stock traded?

Privately

Authorized Issued Outstanding:

Number of voting shares:

Number of non-voting shares:

Number of non-voting shares:

Value per share of common stock:

Par \$:

Book \$:

Market \$:

List Taxpayer Identification Number:

Furnish Corporation Resolution adopted by the Board of Directors designating specific corporate officers authorized to sign on behalf of the corporation and to approve action being taken. Corporate Resolution must contain corporate seal and be certified by the Secretary of the Corporation.

Furnish the name, title, address, and the number of voting and non-voting shares of stock held by each officer, director, and principal shareholder.

Name

Title

Business Address

Officer/Director/Principal
Shareholder 1:

Officer/Director/Principal

Officer/Director/Principal
Shareholder 2 (If
Applicable):

Name	Title	Business Address	

Officer/Director/Principal
Shareholder 3 (If
Applicable):

--	--	--	--

Officer/Director/Principal
Shareholder 4 (If
Applicable):

--	--	--	--

Officer/Director/Principal
Shareholder 5 (If
Applicable):

--	--	--	--

PARTNERSHIP STATEMENT

If a Partnership, answer the following questions:

Name of organization:

Type of Partnership:

- General Partnership California
- Limited Partnership Foreign

Statement of Partnership recorded?

- Yes
- No

Date Book Page: County Document No.

Has the Partnership done business in Orange County?

- Yes
- If Yes, when?
- No

List the Fictitious Business Name(s) used in the past five (5) years:

Fictitious Business Name 1:

Fictitious Business Name 2 (If Applicable):

Fictitious Business Name 3 (If Applicable):

Name Place of Filing (County, State):

County

State

SOLE PROPRIETORSHIP STATEMENT

If a Sole Proprietorship, furnish the following information:

Name in Full:

Business Address:

Business telephone number:

Business facsimile number:

Business Email address:

Has the sole proprietorship done business in Orange County? Yes No If “yes”, when?

Yes

If Yes, when?

No

Name, business address, and partnership share of each general partner:

	Name	Business Address	% Share
General Partner 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
General Partner 2 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>
General Partner 3 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>
General Partner 4 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>
General Partner 5 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach a complete copy of the Statement of Partnership and the Partnership Agreement.

LIMITED LIABILITY COMPANY

If a Limited Liability Company, furnish the following information:

Date the Articles of Organization for the LLC was filed with the California Secretary of State.

Date the Articles of Organization for the LLC was recorded in the County of Orange (if applicable).

Furnish the name and business address of each member of the LLC.

Business Name

Business Address

Business 1:

	Business Name	Business Address
Business 2 (If Applicable):	<input type="text"/>	<input type="text"/>
Business 3 (If Applicable):	<input type="text"/>	<input type="text"/>
Business 4 (If Applicable):	<input type="text"/>	<input type="text"/>
Business 5 (If Applicable):	<input type="text"/>	<input type="text"/>

Furnish the name, business address, and telephone number of each manager of the LLC.

	Business Name	Business Address	Business Telephone
Manager 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager 2 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager 3 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager 4 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager 5 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Furnish the name, business address and telephone number of the current agent for service of process for the LLC.

	Business Name	Business Address	Business Telephone
Manager 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager 2 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager 3 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager 4 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager 5 (If Applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2: Proposal Information

Part 2: Proposal Information

All information requested in Part 2 must be furnished by the Proposer, and must be submitted in this Proposal.

Statements must be complete and accurate. Omission, inaccuracy, or misstatement may be cause for rejection of the Proposal. By submission of this Proposal, the Proposer acknowledges and agrees that County has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information contained in this Proposal Information, and authorizes the release to County

of any and all information sought in such inquiry or investigation.

Proposal Information Response Format

Any supplementary information provided by Proposer (such as Proposer's brochures and/or marketing materials) does not relieve or replace Proposer's responsibilities to provide the requested information in the format provided herein.

Proposal Information #1:

Proposers shall state specific capabilities, approaches, proposed services, and demonstrate a clear understanding of the nature of the work to be performed under the proposed Request for Proposal including all of the Exhibits and its relation to the County's needs; in particular, the Proposer's ability to meet all requirements specified in [Exhibit A: Scope of Work](#). **(Please note that each response is limited to 2500 characters maximum/approximately 500 words.)**

At a minimum, Proposer shall:

Describe in detail the proposed service delivery approach, including goals and measurable process and outcome objectives. Description should minimally include individualized service delivery plans including key components such as assessment, education, prevention, and treatment, for the Parent Training Workshops, as described in Section III, entitled “Scope of Work”.



Provide a plan for providing Administrative Services requirements, including participation in the OCDE District CWA/SARB Network Meeting, producing monthly financial reports, interim and annual progress reports, weekly progress reports, and collecting data, as requested, to support the required research/Program evaluation effort.

Provide a detailed plan for meeting individualized service and scheduling needs of the target population. Identify the types of issues/problems they would expect to encounter with the Program and/or target population and how they would be resolved. Describe techniques to be used to encourage participation.

Demonstrate knowledge of existing resources in the county and provide detail regarding their working relationships. Provide a plan on how to utilize these resources to increase the effectiveness of services and to transition participants

once Truancy Prevention Parent Empowerment Program (TPPEP) services have been terminated.

Provide specific examples of the prevention and education curriculum to be used with the parents of the youth referred by districts, Truancy Court and/or Probation and demonstrate their proven effectiveness.

Demonstrate their ability to provide services to the target population in a bilingual manner and demonstrate knowledge of various cultural dynamics that may affect approaches taken while performing requested services.



Describe all evidence based models used to deliver proposed services and the evaluation and assessment tools that will be utilized to measure continued effectiveness. Provide a detailed plan for evaluating the progress of youth.



Describe whether Contractor and/or employees possess the following licenses/ certifications:

- 1) Masters Degree in Psychology, Sociology, Social Work or a related field from an accredited college or university or
- 2) License eligible Marriage and Family Counselor (MFC) or Licensed Clinical Social Worker (LCSW)



Describe the proposed space(s) / facility(ies) to be used to provide training services.



Proposal Information #2

Company Experience and Information

(Please note that each response is limited to 1200 characters maximum / approximately 250 words.)

Proposers shall:

State the number of years experience providing educational workshops and relationship building programs to parents of children who have demonstrated a history of delinquent behavior.

State the number of years experience, specifically providing Parent Training Workshops to parents whose children who have a demonstrated history of truancy.

Describe agency experience and number of years working with schools relating to truancy, misbehavior, students with

disabilities, missed assignments, and School Attendance Review Boards. State any existing working relationships with schools within Orange County and describe the plan which will be used to address the educational needs and related behavior of youth referred to the Program.

Describe current and previous contracts Proposer has successfully implemented for parent training coaching, and/or education, which included a program and target population similar to that listed in [Exhibit A: Scope of Work](#).

Proposer intends to operate the business with which this Proposal is concerned as: a Sole Proprietorship, Partnership,

Corporation, Limited Liability or Other.

Proposal Information #3

Operations and Staffing (**Please note that each response is limited to 2500 characters maximum/approximately 500 words.**)

Proposers shall:

Discuss how Proposer plans to staff and manage operations to support Truancy Prevention Parent Empowerment Program for two-hundred fifty (250) families enrolled at any given time, and how adjustments will be made to accommodate for increases or decreases to this population. Provide proposed caseload (number of Participants) for each personnel assigned to this Program. Provide any additional pertinent information.



List names and classification/title, licenses/certifications (if any) of prime and alternate staff which shall include project manager and key personnel who will be assigned to this Contract. Identify the FTE (full-time equivalent) for each staff. Proposer shall complete Exhibit C: Staffing Plan.

	Name	Classification/Title	License/Certification (If any)	Full Time Equivc (FTE)
Prime Staff				
Prime Staff				
Prime Staff				
Prime Staff				
Prime Staff				
Prime				

Staff

Name	Classification/Title	License/Certification (If any)	Full Time Equivc (FTE)
------	----------------------	-----------------------------------	---------------------------

Prime Staff

--	--	--	--

Prime Staff

--	--	--	--

Alternate Staff (for use only if primary staff are not available)

--	--	--	--

Alternate Staff (for use only if primary staff are not available)

--	--	--	--

Alternate Staff (for use only if primary staff are not available)

--	--	--	--

Alternate Staff (for use only if primary staff are not available)

--	--	--	--

Alternate Staff (for use only if primary staff are not available)

Name	Classification/Title	License/Certification (If any)	Full Time Equivc (FTE)

Alternate Staff (for use only if primary staff are not available)

--	--	--	--

Alternate Staff (for use only if primary staff are not available)

--	--	--	--

Alternate Staff (for use only if primary staff are not available)

--	--	--	--

Provide job descriptions and minimum qualifications required for each position identified in Exhibit C: Staffing Plan.

Provide an organization chart that reflects the name, classification and title of all key staff members and management contacts assigned to provide the services detailed in Proposer's proposal. This organization chart should include both project implementation personnel and personnel who will provide services to the County. Include organizational locations for staff, including administrative and support personnel, and the number of employees.

Provide resumes of the project manager and key personnel who will be assigned to this Contract. Resumes shall contain information relating to each person's education, experience and training. Resumes should not include home address or phone number since they may become public documents.

Proposal Information #4

Financial Stability

Proposer shall:

Submit financial statements for the three (3) most recent fiscal years. Financial statements shall be prepared in conformity with generally accepted accounting principles. Proposer may submit any additional documentation evidencing their financial stability and that of any subcontractors, if applicable. To assist in evaluating Proposer's financial stability, County reserves the right to obtain reports from financial reporting agencies.

Proposal Information #5

Financial and Background Information

Proposer shall: Provide the following information:

A. BANKRUPTCY INFORMATION

- Yes
- No

If Proposer, its principals, directors, or majority shareholder(s), or any company Proposer has held a controlling interest in, or which has held a controlling interest in Proposer, is currently subject to bankruptcy proceedings, has ever filed for or has been involuntarily placed into bankruptcy or has been declared bankrupt, state the bankruptcy date, court jurisdiction, trustee’s name and phone number, amount of liabilities, amount of assets, and current status of bankruptcy.

Bankruptcy date:

Court jurisdiction:

Trustee’s name and phone number:

Amount of liabilities:

Amount of assets:

Current status of bankruptcy:

B. LITIGATION

Yes

No

Provide detailed information regarding any existing or threatened litigation, regulatory investigations, liens, or claims involving Proposer, or any company Proposer holds a controlling interest in, or any company that holds an interest in Proposer, or any of the principal officers of the Proposer's firm.

C. CITATION

- Yes
- No

If Proposer has been cited or threatened with citation within the last five (5) years by any federal or state regulators for violations of any state or federal law or impending regulations. Please provide the nature of citation, citation date and citing agency.

D. FELONY INFORMATION

- Yes
- No

If the Proposer or any principal has been convicted of a felony, Please provide full name, conviction date, court location, and details of the conviction.

	Name	Conviction Date	Court Location	Details of Conviction
Felony Information 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Felony Information 2 (If Applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Felony Information 3 (If Applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Felony Information 4 (If Applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Felony Information 5 (If Applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. CONTRACT TERMINATION

Proposer's contract terminated by client:

- Yes
- No

Proposer shall provide detailed information, including by whom, and under what circumstances? Provide the name and telephone number of each client that has terminated Proposer's services for cause.

Proposer failed or refused to complete a contract:

- Yes
- No

Please explain:

F. DEBARMENT

Proposer and its principles are presently debarred, declared ineligible or voluntarily excluded from participation in the transaction by any Federal department or agency:

- Yes
- No

If yes, Proposer shall provide detailed information, including by whom, and under what circumstances?

Proposer and its principles have a pending debarment:

- Yes
- No

Proposer shall provide detailed information, including by whom, and under what circumstances?

Proposal Information #6

References

Proposers shall: Provide at least two (2) references from clients for which Proposers are currently providing services of similar scope and nature or have provided services of similar scope and nature in the past few years. It is the Proposer's sole responsibility to ensure that the entity name, location, and point of contact's name, title, and phone number for each identified reference organization is current, complete, and accurate. References should:

- Substantiate Proposer's description of services provided.
- Be readily available for evaluators to reach within normal business hours.

REFERENCE NO. 1

Firm Name:

Address:

Contact Person's Name:

Contact Person's Title:

Telephone Number:

Project Description:

REFERENCE NO. 2

Firm Name:

Address:

Contact Person's Name:

Contact Person's Title:

Telephone Number:

Project Description:

REFERENCE NO. 3

Firm Name:

Address:

Contact Person's Name:

Contact Person's Title:

Telephone Number:

Project Description:



Proposal Information #8

Program Costs Proposal should provide a detailed and clear cost schedule including line-item budgets for each of the five (5) years of potential service on Exhibit B Budget Plan. This plan should, at a minimum, include a breakdown of costs for staffing salaries and benefits, and other operating expenses directly related to program services required under the Request for Proposal including all of the Exhibits. The first line item budget should cover the initial term of January 1, 2022 through December 31, 2025, with the fourth and fifth year annual budgets provided in the event the Contract is renewed.

Clearly identify any budget items related to subcontracting.
[Exhibit B Budget Plan](#)

Upload completed [Exhibit B: Budget Plan](#)

Part 3: Proposer's Assurances

Part 3: Proposer's Assurances

Statement of Compliance:

By signing below, Proposer certifies that they understand and will comply with the confidentiality policies relating to this Program as set forth in Section entitled "Confidentiality" and entitled "Juvenile Record Information" of the Request for Proposal including all of the Exhibits.

SIGN HERE

[clear](#)

Office/Facility:

The County requires that, during the entire term of Contract, Contractor shall secure a site or sites from which to provide training services and that is close to public transportation.

By signing below, Proposer certifies that their agency shall secure a site as specified above no later than (thirty) 30 days from the date of award of contract.

×

SIGN HERE

[clear](#)

By signing below, Proposer certifies that they are able to begin providing proposed services on the Contract effective date of January 3, 2022.

×

SIGN HERE

[clear](#)

Validity of Proposal:

The County requires that all proposals be valid for at least three hundred and sixty five (365) days. Submissions not valid for at least three hundred and sixty five (365) days will be considered non responsive. The Proposer shall state the length of time for which the submitted proposal shall remain valid below:

Validity of Proposal:

By signing below, Proposer certifies the length of time for which the submitted proposal shall remain valid.

SIGN HERE

[clear](#)

Certification of Understanding

The County assumes no responsibility for any understanding or representation made by any of its officers or agents during or before the execution of any Contract resulting from this RFP unless:

- Such understanding or representations are expressly stated in the Contract;
- The Contract expressly provides that the County assumes the responsibility.

Representations made but not expressly stated and for which liability is not expressly assumed by the County in the Contract shall be deemed to be only for the information of the Proposer.

By signing below, Proposer certifies that such understanding has been considered in this response.

SIGN HERE

[clear](#)

Certificate of Insurance

The Proposer shall certify their willingness and ability to provide the required insurance coverage and certificates as set forth in the Section entitled “Insurance Requirements” of the Request for Proposal including all of the Exhibits.

×

SIGN HERE

[clear](#)

Child Support Enforcement Requirements

The Proposer shall certify Proposer’s willingness and ability to provide the required Orange County Child Support Enforcement Certification Requirements as set forth in the Section entitled “County of Orange Child Support Enforcement Requirements” of the Request for Proposal including all of the Exhibits

×

SIGN HERE

[clear](#)

Conflict of Interest

Disclose any financial, business or other relationship with the County of Orange or other entity that the County of Orange Board of Supervisors and the Orange County Department of Education governs, which may have an impact, effect or influence on the outcome of the services you propose to provide. Provide a list of current clients, employees, principals, or shareholders (including family members) who may have a financial interest in the outcome of services you propose to provide. Disclose any financial, business, or other relationship within the last three (3) years with any firm or member of any firm who may have a financial interest in the outcome of the work. If you believe that no conflict of interest exists or would exist, sign below.

SIGN HERE

[clear](#)

End of Survey

You have completed the Orange County Truancy Response Program Request for Proposal.

If you are ready to submit the RFP, then advance to the final page.

If are not ready to submit, use the back arrow to edit your application.

Feel free to pause and resume this application at any time using the same internet browser on the same computer. Direct any questions to PMcCaughey@ocde.us no later than 10:00am, November 20th, 2021.

Powered by Qualtrics