

Hollywood Family Source Center – Request for Proposals VITA Tax Services

PROGRAM OVERVIEW:

The PF Bresee Foundation (Bresee) manages the Hollywood FamilySource Center (FSC). The FSC is funded by the Community Investment For Families Department (CIFD) through Federal, State, and local funds and serves as the City's delivery system for anti-poverty initiatives and essential social services. The FSC is a one-stop center that provides a continuum of core services designed to financially empower poor, very-low, and low-income families to become more self-sufficient by increasing family income through the provision of asset-building programs and also to prepare low-income youth to graduate from high school and qualify for post-secondary education.

SUB-CONTRACTOR BID SOLICITATION:

Bresee is seeking bids to subcontract with qualified organizations skilled and experienced in providing VITA Tax Services for the Hollywood FamilySource Center.

SOURCES OF FUNDS AND FUNDING REQUEST

The primary funding sources for this bid are a combination of Community Development Block Grant, Community Services Block Grant, and City General Funds.

ANTICIPATED TERMS OF CONTRACT:

The anticipated term of the FamilySource contract is October 16, 2023, through June 30, 2024, with an option to extend for an additional one-year term.

SCOPE OF WORK:

Bresee's Hollywood FamilySource Center seeks a qualified VITA Tax services provider with a minimum of five years of experience and certified to provide VITA tax services in the state of CA. The "subcontractor" will work with the Hollywood FamilySource Center to provide but not limited to:

• Provide VITA tax returns.

DELIVERABLES:

Upon subcontractor being awarded, the Hollywood FamilySource Center will work directly with the contractor on contractual deliverables, obtaining monthly narratives, surveys, and a timeline for invoices and bi-annual audits. Subcontractors will be required to submit service narrative reports not to exceed 2-pages, by the 10th of each month. Each report should include the number of people served, services provided, workshops and topics provided, and numbers of clients attending workshops, challenges and support needed from the Hollywood FamilySource Center. Invoices will be required by the 10th of each month.

Each proposer will be required to meet the minimum quantitative Performance Measures:

Performance Measures	Annual Performance Goals
Minimum # of Unduplicated Clients to be Served	400
Obtained Free Tax Prep, EITC Credit, Young Child Tax Credit, and/or Other Tax Credits	300
ITIN Holders	75
New ITIN Application	25

Bresee will review the progress of the above annual objectives in months 3 and 6 (December and March) of the contract period. During the audit review process, the Hollywood FamilySource Center will need the following:

- Sign-in Sheets for workshops/ fairs
- Sign-In Sheets for consultations

ELIGIBLE BIDDERS (Threshold Requirements):

Eligible bidders are invited to submit proposals indicating their interest in this project. Bids will be accepted only from community-based, non-profit organizations that meet the following criteria. Bidders must meet the following criteria to be eligible:

1. Be qualified to conduct business in the State of California as evidenced by the organization's business registration with the California Secretary of State;

2. Be in good standing with the Secretary of State, if a corporation or limited liability company;

3. Have not been determined to be non-responsible or been disbarred by the City according to the Contractor Responsibility Ordinance.

4. Have not been disbarred by the federal government, State of California, or local government.

5. Have a minimum of five (5) years of continuous experience in providing services comparable to those solicited herein.

6. Not have any outstanding debt which has not been repaid or for which a department agreement plan has not been implemented, if the proposer has previously contracted with the State of California or the City of Los Angeles. If it has contracted with the Community Investment For Families Department (CIFD), it must not have any outstanding disallowed costs or other liability to the City, or on corrective action for the current fiscal year.

7. Not have conflict of interest with any parties involved in this contract, either through the awarding of this contract or through the provision and receipt of services.

8. Disclosure of any political contributions to City Officials.

BID PROPOSALS:

Bidders shall include three brief program narratives that describe their demonstrated ability and program design, as well as budget forms that detail costs associated with the project. Narratives are not to exceed two pages. Budget forms do not count toward the two-page limit. All bids are to include a budget of up to \$50,000.

NARRATIVE 1- DEMONSTRATED ABILITY (10 POINTS)

• Describe your organization's background and experience in providing VITA Services to low- and moderate-income individuals/families as outlined in the scope of work within the last five years.

NARRATIVE 2- PROGRAM DESIGN (10 POINTS)

• Describe your proposed program design to meet the performance measures outlined in the scope of work.

NARRATIVE 3 - COST REASONABLENESS, LEVERAGED RESOURCES, AND FINANCIAL VIABILITY (10 POINTS)

- Provide a brief narrative summarizing your financial stability based on your agency's past 24-month financial statements. This may include but not be limited to balance sheets or statements of financial position, statement of income, and statement of cash flow.
- Using the following Budget Forms: Budget Summary, Detail, Schedule of Personnel, Salary/Hourly Range, Spending Plan, and Narrative Form, describe in detail your proposed costs in providing your proposed scope of work for a ninth-month funding period **10/15/2023-06/30/2024**.
- Any staff funded in whole or in part of these grant funds shall be paid a salary that is consistent with the City's Living Wage Ordinance of \$22.00 per hour.
- Living wage exemptions will not be granted for the FSC program because, as the City's anti-poverty program, it does not align with the FamilySource System's vision of lifting families out of poverty.
- Also include any non-federal Matching / Leveraged Resources / Funds.

EVALUATION CRITERIA:

Bids will be evaluated and rated from 1- 30 points based on the bid package submitted.

IMPORTANT DATES: Bid Release: Sep 13, 2023 Bid Submission Deadline: Sep 27, 2023

Responses will be evaluated, and a notice to proceed will be effected no later than October 2, 2023

SUBMISSION ADDRESS:

Please submit a written proposal by Email to the attention of: Rene Lopez- Chief Of Operations-rlopez@bresee.org

All bids must be received by September 27, 2023 at 5 PM PST. Bids must be signed and dated to be considered.

If selected, you will be required to provide a copy of your business license, proof of insurance, and a copy of your Workers Compensation Insurance Coverage.

QUESTIONS OR TECHNICAL ASSISTANCE:

Contact: Rene Lopez-rlopez@bresee.org-213-387-2822-163

ATTACHMENT: BUDGET

	NARRA	TIVE WO		ET FOR PROPOSED BUDGET
Contractor:			reparer's Name:	
Program:		Preparer's Phone	e No. and Email:	
Α	В	С	D	E
COST CATEGORY	LINE ITEM	PROPOSED	LINE ITEM %	NARRATIVE EXPLANATION OF PROPOSED FUNDING
#1000 - PERSONNEL COSTS				
	Salaries			
	Fringe Benefits			
#2000 - OTHER COSTS				

#2100 - EMERGENCY ASSISTANCE	ECOSTS		
#2200 - SUBCONTRACTOR COSTS			
#3000 - FURN. & EQUIPMENT COSTS			
#4000 - INDIRECT COSTS			
#5000 - CAPITAL COSTS			
	Total		

	Comm	unity Investment for Fa	milies Departmen	t, City of Los Ang	eles	
ontractor: ontract No.: ogram: ontract Amount:	Image: Contact Name: Contact Name: Image: Description of the state o					
		Schee	lule of Costs			
Cost Classification		tion Total		(FSC Only) Leveraged Resources	Total Estimated	Fiscal Notes
No.	Name	City	Income		Costs	
1000	PERSONNEL COSTS	0	0	0	0	
2000	OTHER COSTS	0	0	0	0	
2100	EMERGENCY ASSISTANCE COSTS	0	0	0	0	
2200	SUBCONTRACTOR(S) COSTS	0	0	0	0	
	FURNITURE & EQUIPMENT	0	0	0	0	
3000					-	
3000 4000	INDIRECT COSTS	0	0	0	0	

SCHEDULE OF PERSONNEL COSTS								
		Community Inv	estment for Famil	ies Department,	City of Los Angeles	3		
	0							
Contractor:	0	_						
Contract No.: Program:	0 0	_					D	-
Contract Amount:	\$0.00	-				Contract Period:		-
Contract Amount.	\$0.00	-						
		Manthly Colomy		# of	EQTIN	MATED COSTS		ITEM
		Monthly Salary				ATED COSTS		1
		or	% of	Months or	City of LA Share		FSC ONLY	Grand Total
Job Title	Employee Name	Hourly	Time Allocated to	# of	Total	Program	Leveraged	Estimated
(One Line per Employee)		Rate	Contract	Hours	City	Income	Resources	Costs
(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)
		. ,		.,	(C*D*E)		.,	(F + I + J)
A. SALARIES								
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
					0			0
SUBTOTAL: S	-				0	0	0	0
C. FRINGE BENEFITS				% to Total Salarie 7.65%	s 0			0
HEALTH				#DIV/0!	0			0
				#DIV/0!	0			0
WORKERS' COMPENSATIO	UN			#DIV/0! #DIV/0!	0			0
OTHERS				#DIV/0!	0			0
				#DIV/0!	0			0
				#DIV/0!	0	0	0	0
CIFD Program Ops Budget Forms (rev 7.1.				#DIV/0!	U U	U	U	0

BUDGET DETAIL					
	Community Investment for Famil	ies Department, Cit	y of Los Angeles	5	
Contractor:	0				
Contract No.:	0	-	Approval No.:	0	
Program:	0	_		0	
Contract Amount:	\$0.00	_			
-	· · · · ·	-			
			ATED COSTS	- BY LINE I	
		City of LA Share		(200 0111)	Grand
			Descent	(FSC ONLY)	Total Estimated
Cost	Category / Line Item	Total	Program Income	Leveraged Resources	Costs
0031		(A)	(D)	(E)	(F)
		(-)	(-)	(-/	(A + D + E)
#1000 - PERSONNEL	COSTS:				
SALARIES		0	0	0	0
FRINGE BENER		0	0	0	0
	#1000 - PERSONNEL COSTS	0	0	0	0
#2000 - OTHER COST	۲S:				
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
	#2000 - OTHER COSTS	0	0	0	0
#2100 - EMERGENCY	ASSISTANCE COSTS				
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
SUBTOTAL:	#2100 - EMERGENCY ASSISTANCE COSTS	0	0	0	0
#2200 - SUBCONTRA	CTOR COSTS:				
		0	0	0	0
		0	0	0	0

	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
SUBTOTAL: #2200 - SUBCONTRACTOR COSTS	0	0	0	0
#3000 - FURNITURE & EQUIPMENT COSTS:				
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
SUBTOTAL: #3000 - FURNITURE & EQUIPMENT COSTS	0	0	0	0
#4000 - INDIRECT COSTS:				
	0	0	0	0
	0	0	0	0
SUBTOTAL: #4000 - INDIRECT COSTS	0	0	0	0
TOTAL	0	0	0	0
Percentage to Total (City Share)	#DIV/0!			

	NARRATIVE WO	RKSHEET	FOR P	ROPOSED BUDGET LINE ITEMS				
Contractor:	Contractor: 0							
Program:	0	P Preparer's Phone	reparer's Name: No. and Email:					
A	0 В	C	D	E				
COST CATEGORY		PROPOSED	LINE ITEM %	NARRATIVE EXPLANATION OF PROPOSED FUNDING				
#1000 - PERSONNE	EL COSTS							
	Salaries	0.00	#DIV/0!					
	Fringe Benefits	0.00	#DIV/0!					
#2000 - OTHER CO	STS							
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0! #DIV/0!					
	0	0.00	#DIV/0! #DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
#2100 - EMERGENO	CY ASSISTANCE COSTS							
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
#2200 - SUBCONTR	RACTOR COSTS							
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	E & EQUIPMENT COSTS							
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
	0	0.00	#DIV/0!					
#4000 - INDIRECT C	0	0.00	#DIV/0!					
		0.00	#DIV/01					
	0	0.00	#DIV/0!					
	0 Total	0.00	#DIV/0! #DIV/0!					
L	Total	\$0	#DIV/U!					

SALA	RY RANGE	SUMMARY S	HEET
AGENCY NAME:	0		
Contact Person:	0		
Contact number/email:	0	0	
List all job titles budgeted in	this program with respe	ective monthly minimum and	maximum salary ranges.
JOB TITLE/P	OSITION	MONTHLY SALARY or	HOURLY RATE RANGE
		MINIMUM	MAXIMUM