



STATE OF CALIFORNIA
DEPARTMENT OF REHABILITATION
Independent Living and Community Access Division
(ILATS)

REQUEST FOR INTEREST
Home and Community Based Services Traumatic
Brain Injury FUNDING
RFI #IL-04-22

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I. AUTHORITY

Under the authority of the California Welfare and Institutions Code (WIC) sections 4357.1(a) and 14124.12 and the American Rescue Plan Act, Pub.L. 117-2, (ARPA) Section 9817, the California Department of Rehabilitation (DOR) is issuing this Request for Interest (RFI) for the Home and Community Based Services (HCBS) Traumatic Brain Injury (TBI) Services Contracts for the services detailed under and in this Request for Interest (RFI).

II. INTRODUCTION

The DOR is working to expand current TBI resources to establish a statewide network of services and supports that will improve the quality of life for persons with TBI, their families, and caregivers. This RFI is to identify qualified Applicant to stand up new TBI services in alignment with HCBS surrounding transition and diversion through community reintegration, personal care services through supported living services, and other supportive services to improve functional capabilities of individuals with TBI and their families in unserved/underserved areas and populations.

III. PURPOSE OF RFI

Through this RFI, DOR will award 501(c)(3) non-profit organizations to provide directly, or by arrangement, all of the five core service areas, as identified in WIC section 4357(a), (c)-(j), in a coordinated service model towards a statewide network of services covering consumers in unserved and underserved geographic regions and priority areas of focus.

Unserved and underserved geographic regions include areas not currently served by an existing TBI Program site. Priority areas of focus including individuals from diverse ethnic, cultural, and linguistic communities and individuals who are justice involved, experiencing homelessness, or need improved access and coordination to services. For a full list of geographic regions and priority areas of focus, see Section V(B) & (C).

For sites awarded funding under this RFI, DOR will only consider applicants who will be providing in-person or a combination of in-person and virtual services to TBI consumers in the geographic regions listed in this RFI.

IV. FUNDING OPPORTUNITY

The proposed funding amount is up-to \$518,000 per award for the term of the contract. The proposed term of the contracts is from July 1, 2022, or upon DOR approval (whichever date is later) through March 31, 2024.

To ensure funding is fully utilized once awarded, applicant will be responsible for utilizing the funding provided within each contract designated year as outlined in Program's budget and workplan. If funds are not being spent on schedule, applicant must work with DOR to develop strategies to ensure funding is spent, or DOR may redistribute funding to other TBI Programs sites that have demonstrated capacity to absorb additional funding for service delivery.

DOR will award contracts to up-to three eligible RFI applicants. Interested providers must specify one or more eligible counties in which they plan to provide services.

Eligible applicants must satisfy the following:

- Must have current 501(c)(3) non-profit status.
- Must be able to demonstrate that the organization's core mission is serving people with disabilities.
- Must provide job descriptions for staff that will be dedicated to the TBI Program detailing their knowledge and experience providing network of services and supports that will improve the quality of life for persons with TBI, their families, and caregivers.

V. DESCRIPTION OF SERVICES AND ACTIVITIES

- A. Applicants must provide the services and meet the requirements described in WIC section 4357(a), (c)-(j).
- B. Applicants must provide services in one or more of the following unserved and underserved geographic area not served by current DOR TBI grantees/contractors.

Geographic areas to be served:
Northern California Region:

| | | | |
|-----------|--------------|-----------|---------------|
| Alameda | Humboldt | Napa | Trinity |
| Glenn | Modoc | Tehama | Fresno |
| Mendocino | Sonoma | Del Norte | Marin |
| San Mateo | Contra Costa | Lassen | San Francisco |
| Alpine | Lake | Plumas | Yolo |

Central California Region:

| | | | |
|-------------|------------|-------------|--------------------|
| Amador | Calaveras | Fresno | Inyo |
| Kern | Kings | Madera | Mariposa |
| Merced | Mono | San Joaquin | San Luis Obispo |
| Santa Clara | Stanislaus | Tulare | Tuolumne |

C. In addition to a geographic area, Applicants must include strategies on how they will address one or more of the following priority areas of focus through one or more of the services. DOR has identified these service priorities with input from stakeholder engagement meetings, community-based organization meetings, and individual and family testimony.

Priority Areas of Focus:

- Improve access for individuals with TBI who are experiencing chronic homelessness. This includes both individuals who are currently unhoused, living without a permanent address, living in unstable housing and/or at risk for chronic homelessness.
- Increase access to TBI services for individuals who are justice involved. This includes adults and youth who have contact or interaction with courts, jails, or prisons including drug-courts, child protection cases, probation, parole, jail, and prison.

- Improve access to service for individuals who have experienced domestic violence resulting in a TBI. This includes individuals who acquire a TBI due to intimate partner violence and individuals who have been misdiagnosed due to clinician's lack of understanding of the repetitive nature of domestic violence leading to TBI.
- Increase access and coordinate services for individuals with TBI who live in rural communities. This includes areas that lack regional medical centers and that have decreased access to neuroimaging and consultants.
- Coordinate services for individuals who are institutionalized or at risk of institutionalization including individuals who are in Skilled Nursing Facilities or being discharged from acute care hospitals or rehabilitation centers.
- Increase access for individuals with TBI who live in transportation-disadvantaged communities. This includes both rural areas and areas without public transportation options.
- Increase access to virtual services by addressing the Digital Divide for individuals with TBI. This includes individuals who do not have access to technology, broadband, or the digital literacy needed to access services virtually.
- Coordinate services for individuals who have recently sustained a TBI to reduce the timeframe from injury to services. This includes improving diagnosis of TBI and coordinating services after injury.
- Improve access to culturally and linguistically responsive TBI services including for individuals who are monolingual. This includes California threshold languages of Spanish, Russian, Hmong, Vietnamese, Cantonese, Mandarin, Tagalog, Armenian, Arabic, Korean, Farsi, and Cambodian.
- Increase access to behavioral health and substance use services for individuals with TBI.
- Improve access to TBI services for Native Americans by working with tribal communities, organizations, and community leaders to outreach, provide education, and support navigation to services.

- Improve access to services for Veterans with TBI, including those that are justice involved and/or have unstable housing.
 - Improve access to transition age youth ages 18 to 24, who acquired their TBI after the age of 18 and are not eligible for Regional Center services.
- D. Service providers must identify the needs of consumers and deliver services designed to meet those needs.
- E. Service providers must provide at least 51 percent of their services under the grant to individuals who are Medi-Cal eligible or who have no other identified third-party funding source.
- F. Service providers must provide an array of appropriate services and assistance to adults with TBI 18 years of age and older.
- G. Service providers shall provide, directly or by arrangement, a coordinated service model to include all of the following core services:
- i. Supported Living Services: A range of appropriate supervision, support, and training services designed to maximize independence and skills for activities of daily living.
 - ii. Community Reintegration Services: As needed services designed to develop, maintain, increase, or maximize independent functioning with the goal of living in the community and participating in community life. These services may include, but are not limited to, providing, or arranging for access to, housing, transportation, medical care, rehabilitative therapies, day programs, chemical dependency recovery programs, personal assistance, and education.
 - iii. Vocational Supportive Services: A method of providing vocational rehabilitation and related services that may include prevocational and educational services to individuals who are unserved or underserved by existing vocational rehabilitation services. The following four characteristics distinguish “vocational supportive services” from traditional methods of providing vocational rehabilitation and day activity services:
 - Service recipients appear to lack the potential for unassisted competitive employment.

- Ongoing training, supervision, and support services must be provided.
 - The opportunity is designed to provide the same benefits that other persons receive from work, including an adequate income level, quality of working life, security, and mobility.
 - There is flexibility in the provision of support which is necessary to enable the person to function effectively at the worksite.
- iv. Information, referral, and, as needed, assistance in identifying, accessing, utilizing, and coordinating all services needed by individuals with TBI and their families.
 - v. Public and professional education designed to facilitate early identification of persons with brain injury, prompt referral of these persons to appropriate services, and improvement of the system of services available to them.
- H. The model must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation, linguistic, and cultural factors.
 - I. Service providers must develop and utilize an individual service plan which will allow consumers to move from intensive medical rehabilitation or highly structured living arrangements to increased levels of independence and employment. The goals and priorities of each consumer must be an integral part of their service plan.
 - J. Service providers must seek all third-party reimbursements for which consumers are eligible and must utilize all services otherwise available to consumers at no cost, including vocational rehabilitation services provided by the Department of Rehabilitation. However, grantees may utilize grant dollars for the purchase of non-reimbursed services or services otherwise unavailable to consumers.
 - K. Service providers must endeavor to serve a population that is broadly representative regarding race and ethnicity of the population with TBI in their geographical service area, undertaking outreach activities as needed to achieve this goal.
 - L. Service providers must maintain a broad network of relationships with local and geographically underserved groups of brain injury survivors and families of survivors, as well as local providers of health, social, and vocational services to individuals with TBI and their families. The awardees must work cooperatively with these groups and providers

- to improve and develop needed services and to promote a well-coordinated service system, taking a leadership role as necessary.
- M. Service providers must furnish uniform data to the department pursuant to WIC Section 4355(a) as necessary to monitor and evaluate the program.
 - N. Service providers must submit timely invoices to DOR for reimbursement.
 - O. Service providers must fulfill monthly reporting requirements.
 - P. Service providers must retain all financial and program-related records, including receipts pertaining to the services provided under this RFI, for seven years after the HCBS program ends.

VI. RFI KEY ACTION DATES

Listed below are the key action dates for the RFI. DOR will notify Applicants about any RFI Key Action Date changes by posting an addendum with revisions to the DOR website. Please check the DOR website regularly by visiting:

<https://dor.ca.gov/Home/ContractGrantSolicitations>.

| Event | Responsible Party | Date / Time |
|--------------------------------------|--------------------------------|--|
| RFI release date | DOR | May 11, 2022 |
| RFI question submission deadline | Applicant | May 13, 2022 |
| RFI Applicant Teleconference | DOR, Contracts and Procurement | May 13, 2022 |
| RFI Application Package due | Applicant | May 20, 2022 at 5:00PM |
| Application screening and evaluation | DOR | May 23 – June 3, 2022 |
| Notice of Intent to Award | DOR | June 10, 2022 |
| Contract period | DOR | Upon approval or July 1, 2022 (whichever date is later) – March 31, 2024 |

VII. DETAILED SCHEDULE OF RFI EVENTS

RFI Inquiries and Questions:

Applications and inquiries regarding this RFI must be submitted via email to: Grants@dor.ca.gov by May 13, 2022 and must include the following in the subject line: **Home and Community Based Services Traumatic Brain Injury RFI #IL-04-22**

RFI Applicant Teleconference:

An RFI applicant teleconference will be held May 13, 2022 at 10:00 am to answer questions. Attendance at the teleconference is *not* mandatory. All questions and answers will be posted on DOR's website at: <https://dor.ca.gov/Home/ContractGrantSolicitations>.

May 13, 2022

10:00AM – 12:00PM

Join Zoom Meeting

<https://dor-ca-gov.zoom.us/j/82540835359?pwd=ckdpV2lVNFhQRSs0a0RMMUp1K0hSQT09>

Meeting ID: 825 4083 5359

Passcode: 5*%YvkHb

One tap mobile

+16699006833,,82540835359#,,,,*02652237# US (San Jose)

+14086380968,,82540835359#,,,,*02652237# US (San Jose)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 408 638 0968 US (San Jose)

+1 346 248 7799 US (Houston)

+1 253 215 8782 US (Tacoma)

+1 646 876 9923 US (New York)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

Meeting ID: 825 4083 5359

Passcode: 02652237

Applications Due:

Electronic responses are due by May 20, 2022 at 5:00PM. Responses received after this date will not be considered.

Application Evaluation:

Once selections are completed, the TBI Program Team will work with selected parties to develop the contracts.

Contract Period:

The Department will be awarding up-to three contracts to the most qualified Applicants, subject to funding availability, with the term July 1, 2022 or Upon Approval (whichever date is later) through March 31, 2024.

VIII. APPLICATION SUBMISSION REQUIREMENTS

All eligible applicants interested in applying for the HCBS TBI Program must follow the instructions outlined below.

Applications must be in accessible formats

Further information on making documents accessible is available at the following website: <https://www.dor.ca.gov/Home/Accessibility>.

To be considered for funding, applications must comply with the instructions and criteria provided in this RFI.

Required Documents:

Each application packet must include the following:

1. Application Checklist (Attachment A)

The Application Checklist is to be used by the Applicant to ensure all the required documents are submitted.

2. Coversheet (Attachment B)

The Coversheet is used to identify each entity applying for a grant.

3. Narrative Outline (Attachment C)

The Narrative Outline, must identify the lettered section being answered, followed by its response to that question. Response questions do not need to be restated within the narrative. The

narrative has a seven-page limit (8 ½" X 11" paper size), single-spaced and 14-point Arial font.

4. County or Counties Served (Attachment D)

A list of county or counties in which your 501(c)(3) non-profit organization plans to provide services.

5. Key Personnel (Attachment E)

Provide job description(s) or resumes of key personnel that will provide TBI Program services during the grant period.

6. Budget and Staffing (Attachment F)

Provide a budget for the time period of July 1, 2022 through June 30, 2023 and July 1, 2023 through March 31, 2024.

7. Proof of Insurance (Attachment G)

Provide proof of insurance including General Liability, Worker's Compensation, and if applicable, Professional Liability.

8. Proof of 501(c)(3) Status (Attachment H)

Provide copies of letters, from both the Internal Revenue Service and the California Franchise Tax Board, that confirm the agency's 501(c)(3) non-profit status.

IX. REVIEW AND AWARD PROCESS

The DOR TBI Program Team will review each RFI submission to conduct a complete and fair evaluation of the Applicant's ability to perform the required activities

Comments or concerns regarding proposed grant awards must be submitted to DOR within 10 days of publication of Notice of Intent to Award to the following:

Department of Rehabilitation
Attn: Contracts
721 Capitol Mall
Sacramento, CA 95814
Email: Grants@dor.ca.gov

Submission of electronic responses must include the following in the subject line: **Home and Community Based Services Traumatic Brain Injury RFI # IL-04-22**

ATTACHMENT A: APPLICANT CHECKLIST

Organization:

Contact Person:

Email Address:

Direct Telephone:

This checklist is to be used to ensure all required documents have been submitted as detailed in the Applicant Submission Requirements Section VIII.

| DOCUMENTS | Check once completed |
|---|--------------------------|
| Attachment A: Applicant Checklist | <input type="checkbox"/> |
| Attachment B: Cover Sheet Signed by an authorized representative | <input type="checkbox"/> |
| Attachment C: Narrative Outline | <input type="checkbox"/> |
| Attachment D: List of county/counties to be served | <input type="checkbox"/> |
| Attachment E: Key Personnel Job description(s) or resumes of key personnel | <input type="checkbox"/> |
| Attachment F: Budget and Staffing | <input type="checkbox"/> |
| Attachment G: Proof of insurance coverage General Liability, Worker's Compensation, and if applicable, Professional Liability (see Attachment G for sample certificate) | <input type="checkbox"/> |
| Attachment H: Proof of 501(c)(3) Status Non-profit status letter from the Internal Revenue Service (see Attachment H for sample letter) and Entity Status letter from the CA Franchise Tax Board (see Attachment I for sample letter) | <input type="checkbox"/> |

ATTACHMENT B: SUBMISSION COVER SHEET

Cover Sheet

1. Applicant (Organization):

Address

City _____ County _____ ZIP Code _____

Tax ID Number _____

2. Project Director:

Name _____

Title _____

Telephone _____

3. Administrator:

Name _____

Title _____

Telephone _____

4. Contact person for Application, if different than Project Director:

Name _____

Title _____

Telephone _____

The Applicant certifies that, to the best of his/her knowledge and belief, the information in this response is true and correct.

Name of Authorized Official

Print _____

Signature _____ Date _____

Telephone _____

ATTACHMENT C: RFI SUBMISSION NARRATIVE OUTLINE

Narrative Outline

Using the format as outlined below provide a narrative response as it relates to the entire organization. The response must not exceed seven (7) single-sided pages. Narratives must be single-spaced, using 14-point Arial font.

1. Applicant Organization and Experience:

Please provide detailed answers to the following:

- A. Describe your ability to implement the TBI Program, including what geographic areas and which priority areas of focus you intend to serve and how you intend to provide person-centered, consumer driven services. Describe any innovative methods to deliver in-person and virtual service to new populations. Clearly address how equity and access will be improved and service barriers reduced in catchment areas.
- B. Describe and provide examples of experience with outreach and communication with racially, ethnically, and socioeconomically diverse and geographically underserved communities; outreach and enrollment of participants who are Medi-Cal eligible or have no other third-party funding sources; production and dissemination of accessible, inclusive, and multilingual education materials.
- C. Describe your history, existing ability, expertise, and infrastructure, including funding sources, for working with individuals with TBI, family members, and caregivers. Describe your organization's resources, both financial and partnership/cooperative agreements, and its ability to provide services and activities in the geographic region identified.

2. Proposed Work Plan:

The proposed project must be clearly presented, identify project tasks, project activities, and include a detailed work plan including with the following elements:

- A. Plan to provide in-person or a combination of in-person and virtual core services to TBI consumers in the unserved/underserved geographic regions you have identified.

- B. Plan to provide services to individuals with TBI in the priority area of focus you have identified.
- C. Plan to outreach to individuals with TBI in unserved/underserved geographic region and in the specific priority area of focus selected.
- D. Plan to collaborate and coordinated service with other service providers to streamline access to services for individuals with TBI, family members, and caregivers.

ATTACHMENT D: LIST OF COUNTY OR COUNTIES

Please list the county or counties where your organization plans to provide TBI Program services:

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

ATTACHMENT E: KEY PERSONNEL

Provide job descriptions of key personnel that will provide TBI Program services during the grant period. If positions are already filled, include resumes of key personnel.

ATTACHMENT F: BUDGET AND STAFFING

Provide proposed budget expenditures, made available through this contract, for the time period of July 1, 2022 through June 30, 2023 and July 1, 2023 through March 31, 2024, by line item in narrative form including, but not limited to, the following categories:

- A. Proposed Budget, including key personnel, operating expenses and equipment
- B. Proposed Staffing Plan, including specific positions, percentage of hours for each position over calendar time, resumes for filled positions, and duty statements for vacant positions.

Budget expenditures should clearly align with the activities described in the Narrative Outline Work Plan and should have a logical purpose in support of the intended outcomes described therein.

ATTACHMENT G: PROOF OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|---|--|
| PRODUCER All-Cal Insurance Agency 505 Vernon Street Roseville CA 95678 | | CONTACT NAME: DiAnna Martin PHONE (A/C, No, Ext): (916) 784-9070 FAX (A/C, No): (916) 784-0158 E-MAIL: dianna@all-calinsurance.com ADDRESS: | |
| INSURED Entity ABC 123 Alphabet Street Sacramento CA 95814 | | INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits' Insurance Alliance of California NAIC # 011845 INSURER B: State Compensation Insurance Fund 35076 INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** CL2012409825 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Improper Sexual Conduct \$ 250,000 / 250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Liquor Liability - Included | | | 2020-05135NPO | 06/20/2020 | 06/20/2021 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/PO/AGG \$ 3,000,000 Professional Liability \$ 3,000,000 |
| | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Coll Deductible \$ 500 |
| | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Employee Dishonesty Forgery & Alteration | | | 2020-05135PROP | 06/20/2020 | 06/20/2021 | Limit \$ 50,000 Limit \$ 50,000 Deductible \$ 500 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS CERTIFICATE IS PROVIDED ONLY AS EVIDENCE OF COVERAGE.

| | |
|---|---|
| CERTIFICATE HOLDER INFORMATION ONLY | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

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ACORD 25 (2016/03)

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ATTACHMENT H: PROOF OF 501(C)(3) STATUS (FEDERAL)



P.O. Box 2508
Cincinnati OH 45201

Attachment 8: Sample Non-Profit Status Letter from the IRS

In reply refer to: 0248667581
July 23, 2009 LTR 4168C E0
68-0085639 000000 00

00014381
BODC: TE



16390

[REDACTED]
RD STE A
CA 95959-3227

Employer Identification Number: [REDACTED]
Person to Contact: [REDACTED]
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 14, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in June 1986, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script, reading "Michele M. Sullivan".

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

ATTACHMENT H: PROOF OF 501(C)(3) STATUS (STATE)



Attachment 7 : Sample Entity Status Letter from CA Franchise Tax Board

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0540

Entity Status Letter

Date: 1/30/2021

ESL ID: 3441167078

Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: [REDACTED]

Entity Name: [REDACTED]

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- ☐ 4. We do not have current information about the entity.
- ☐ 5. The entity was administratively dissolved/cancelled on [REDACTED] through the Franchise Tax Board Administrative Dissolution process.

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

Connect With Us

Web: ftb.ca.gov
Phone: 800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
916.845.6500 from outside the United States
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

FTB 4263A WEB (REV 12-2019)

Letters from the Internal Revenue Service and the California Franchise Tax Board that confirm the agency's 501(c)(3) non-profit status.