2021 – 2023 HOMLESS COUNT
PROFESSIONAL SERVICES
REQUEST FOR PROPOSALS (RFP)

Revised per Addendum #1

RFP Released: February 20, 2020
Mandatory Proposers Conference Webinar (option 1): February 26, 2020, 10 AM – 12 PM
Mandatory Proposers Conference Webinar (option 2): March 11, 2020, 11:30 AM – 1:30 PM
Written Questions Deadline: March 13, 2020, 2 PM
Submission Deadline: April 10, 2020, 2 PM
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INTRODUCTION

The U.S. Department of Housing and Urban Development (HUD) mandates that each Continuum of Care (CoC) hold a biennial “Point-In-Time” (PIT) Homeless Count during the last 10 days in January. Beginning in 2016, the Los Angeles CoC started holding the Greater Los Angeles Homeless Count annually in order to analyze the trends of people experiencing homelessness. The Annual Homeless Count is an essential component in obtaining vital information that helps to provide an accurate picture of the state of homelessness in Los Angeles and to deliver services where they are most needed. It also increases general homelessness awareness with the public, and enhances engagement with leaders, residents, and stakeholders.

The Los Angeles Homeless Services Authority (LAHSA) is a joint powers authority of the City and County of Los Angeles, created in 1993 to address the problem of homelessness in Los Angeles County. LAHSA is the lead agency in the HUD-funded Los Angeles CoC, and coordinates and manages over $400 million annually in federal, state, county, and city funds for programs providing shelter, housing, and services to people experiencing homelessness.

The Homeless Count encompasses both sheltered and unsheltered people experiencing homelessness. LAHSA draws on volunteers throughout Los Angeles County to count the unsheltered population. For the Youth Count, LAHSA deploys survey teams to conduct interviews with transition-aged youth (18-24). To count the sheltered population, LAHSA staff utilize a database of shelter program activity, the Homeless Management Information System (HMIS), and survey shelter programs that do not participate in HMIS. Due to Los Angeles County’s size and population, the Greater Los Angeles Homeless Count is the largest in the nation.

A. DESCRIPTION OF WORK

1. Objective

Through this RFP, LAHSA is seeking the services of researchers, research organizations, public or private colleges or universities, and not-for-profit or for-profit agencies who have experience developing the following:

a) Statistical models and methodologies used to calculate the numerical estimates and demographic characteristics of people experiencing homelessness;

b) Demographic Survey instruments for people experiencing homelessness: adults, youth and families;

c) Data analyses, including population and subpopulation estimates, based upon Count and survey results;

d) Communication strategy to effectively communicate and summarize key Count findings; and

e) A methodology report (i.e., white paper) summarizing methodologies as it pertains to the determination of findings.
All projects that are awarded funding under this RFP will be subject to the terms and conditions of this RFP and any LAHSA-issued revisions or addenda to this RFP. Revisions and addenda to this RFP may be issued in response to written questions or to communicate revisions or corrections made by the funder.

2. Funding Available

Funding under this RFP is anticipated from sources including but not limited to the City and County of Los Angeles. The award amount is contingent upon the approved budget and availability of funds. For reference only, LAHSA spent $1.1M for professional services related to the Count (FY 2019-2020). LAHSA expects funding for this RFP to be finalized by July 1, 2020.

3. Eligible Applicants

Eligible applicants for this RFP are researchers, research organizations, public or private colleges or universities, and not-for-profit or for-profit agencies who have experience providing similar services, as outlined in Section A.1, to the public or private sector. Applicants must reveal all potential conflicts of interest including, but not limited to, being affiliated or associated with a homeless service provider(s) or a current direct recipient of public or private funds for the provision of homeless services or housing.

4. Contract Term

The contract term for this RFP is August 1, 2020 to June 30, 2023 with funding authorized on an annual basis at the end of each fiscal year. All expenses must be included in the budget approved by LAHSA. LAHSA reserves the right to authorize funding on an annual basis, based upon, but not limited to, satisfactory contractor performance and availability of funds.

5. Cost Structure

A successful proposal must contain a cost structure and cost estimate. The cost structure and cost estimate must describe the pricing structure from the beginning of the project until completion, with the final product being a methodology report which also includes the HUD-mandated data tables (see Exhibit C which provides the 2019 Homeless Count results since data tables for 2020 will not be released until after the RFP submission deadline). Applicants must explain the pricing structure for services, including staff configuration, hourly-billing rates for proposer’s personnel (and subcontract personnel), and hours needed to complete the project.

Other expenses (in addition to the hourly personnel costs) that will be incurred and billed must be specifically identified and included in the total cost of completing the project. If you assume that LAHSA will be providing resources or will take responsibility for certain tasks, please specify these resources or tasks and estimate both the time and cost of providing them.

For this RFP, the rate for administrative cost reimbursement will be 10%.
As part of the Quality Review process, all proposals will be evaluated regarding the level of leveraged funds that are committed to the project. Proposals demonstrating higher leverage will receive additional points. To receive full points, documentation of leverage, such as a contract, a scanned copy of a check, a commitment letter, or a Memorandum of Understanding (MOU) must be submitted with the proposal.

6. Scope of Work

Proposals may build off the current methodology ([https://www.lahsa.org/documents?id=4016-hc2019-methodology-report](https://www.lahsa.org/documents?id=4016-hc2019-methodology-report)) where we utilize volunteers to enumerate the unsheltered population with a visual count of both persons and dwellings; survey the unsheltered population to estimate the number of persons inside dwellings; utilize service providers and community members to identify Hot Spot locations for survey sampling purposes; and conduct a sampled enumeration of the youth population. If the proposed methodology veers significantly from our current methodology, proposals should clearly explain the improvements in accuracy expected and state potential impacts of the improvement in accuracy.

LAHSA works to improve the accuracy and scope of the Count every year. In the 2020 Greater Los Angeles Count, improvements include (1) a focused effort to find and interview family households; (2) a separation of the enumeration and surveying portions of the Youth Count; and (3) the addition of a community college pilot to find students experiencing homelessness. In 2021, the goal is to further improve enumerating unsheltered family households and representation of the full diversity of the population. Additionally, we aim to increase responses from households who live in vehicles and other makeshift shelters.

Proposals are encouraged to discuss strategies for continual improvements between annual Counts, highlighting trends from the data and recommending ways to advance the impact of the Count results. Proposals are encouraged to recommend ways to leverage technology in all aspects of the Count.

The following are the expected deliverables for the project:

**General Homeless Count Deliverables**

a) Enumeration of persons experiencing homelessness in census tracts in Los Angeles County and the methodologies used to enumerate.

b) Ensure the proposed methodology meets all HUD requirements.

c) Description of quality control processes.

d) All CoC-level statistical estimates as required by HUD for the CoC Program Notice of Funding Availability (NOFA).

e) Summary tables of key estimates at Service Planning Area (SPA), Supervisors District

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1 Cars, vans, RVs/campers, tents, and makeshift shelters
2 locations where community members and outreach teams encounter persons experiencing homelessness with a higher probability than other locations. We collect information on hot spots of unsheltered individuals, unsheltered family households and dwellings.
(SD), Council District (CD) and opt-in levels.
f) Summary tables of key subpopulations, including veterans, chronically homeless, older adults, newly homeless, and families.
g) Completed Mandatory HUD Tables (see Exhibit G).
h) Final prepared and annotated data in electronic format to be included in the Homeless Count database.
i) Creation of any tables or other data developed using the information gathered from the Count. LAHSA will provide a list of mandatory data fields.
j) Review overall design and methodological assumptions, including providing input and guidance to LAHSA.
k) Recommendations on how to improve outreach and engagement for homeless families, homeless youth and people living in vehicles, etc.
l) Participate in various community and stakeholder education meetings.
m) Produce preliminary Count results with sufficient time for review, quality control, and accuracy checks.
n) Produce final Count results incorporating all collected data.
o) Support data release and development of narrative/messaging for data release.
p) Provide recommendations at the end of each year’s contract based on year over year trends to better describe and serve the homeless population.

Youth Count Deliverables

a) Selection of census tracts for enumeration of youth and methodology for selection.
b) All CoC-level statistical estimates for CoC Program NOFA.
c) Summary tables of key estimates at SPA, SD, CD and opt-in levels.
d) Integration of Youth Count methodology into overall Count methodology and methodology report.
e) Lead and coordinate Youth Count, including:
   • Scheduling, coordinating and leading Youth Count launch;
   • Scheduling, coordinating and leading Hot Spot planning sessions;
   • Training Community Engagement Coordinators (CECs), provider staff, volunteers and others as needed for all functions;
   • Coordinating and day-to-day management of survey and count teams; and
   • Managing incentive ordering and distribution in accordance with LAHSA requirements.

f) Incorporate data into final Count results.
g) Support data release and development of narrative/messaging for data release.

Shelter Count Deliverables

a) Enumeration of persons in shelters (emergency shelter, transitional housing, and safe haven) in partnership with LAHSA Housing Inventory Count team.
b) Demographic description of households in shelters using HMIS data.
c) Summary tables of key estimates at SPA, SD, CD and opt-in levels.
d) Integration of shelter count methodology into overall Count methodology and methodology report.
e) Incorporate data into final Count results.
f) Support data release and development of narrative/messaging for data release.

**Demographic Survey Deliverables**

a) Provide methodology for demographic survey including sampling procedures.
b) Review demographic survey tool and advise on questions.
c) Recommendations on how to improve outreach and engagement for homeless families, homeless youth and people living in vehicles, etc.
d) Integration of demographic survey methodology into overall Count methodology and methodology report.
e) Lead and coordinate Demographic survey, including:
   - Scheduling, coordinating and leading Hot Spot planning sessions;
   - Training CECs, provider staff, volunteers and others as needed for all functions;
   - Coordinating and day-to-day management of survey and count teams; and
   - Managing incentive ordering and distribution in accordance with LAHSA requirements.
f) Incorporate data into final Count results.
g) Support data release and development of narrative/messaging for data release.

**Administrative Deliverables**

a) Concise status reports with timetables at the end of each month;
b) Weekly calls and/or monthly status reports before, during and after the Count;
c) Detailed summary of the proposed methodology to be used to analyze and extrapolate the Count and survey data within 60 days of the contract execution date. If methodology changes, submit brief justification within 30 days of change.
d) Final methodology report provided to LAHSA senior management upon completion of data analysis before the end of the contract agreement.
e) Collaborate with service providers and LAHSA to incorporate Youth Count methodology and Family Count into overall Homeless Count methodology.
7. Timeline and Milestones

Table 1: 2021 Homeless Count Projected Timeline and Milestones*

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>RFP Release</td>
<td>February 20, 2020</td>
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<tr>
<td>Mandatory Proposers Conference Webinar (option 1)</td>
<td>February 26, 2020</td>
</tr>
<tr>
<td>Mandatory Proposers Conference Webinar (option 2)</td>
<td>March 11, 2020</td>
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<tr>
<td>Written Questions Deadline</td>
<td>March 13, 2020</td>
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<tr>
<td>Submission Deadline</td>
<td>April 10, 2020</td>
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<tr>
<td>Quality Review</td>
<td>April – May 2020</td>
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<tr>
<td>Recommendations to LAHSA Programs &amp; Evaluation Committee/Commission</td>
<td>May 2020</td>
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<tr>
<td>Contracting</td>
<td>June – July 2020</td>
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<tr>
<td>Contract Start</td>
<td>August 1, 2020</td>
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<tr>
<td>Provide report detailing how proposed methodology meets HUD requirements</td>
<td>September 1, 2020</td>
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<tr>
<td>Weekly Calls and/or Monthly Status Reports</td>
<td>Ongoing</td>
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<tr>
<td>Feedback and recommendations on Demographic Survey</td>
<td>September 1, 2020</td>
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<tr>
<td>Feedback and recommendations on Youth Count</td>
<td>September 15, 2020</td>
</tr>
<tr>
<td>Detailed work plan for surveying (including training materials, staffing schedules, and deployment strategies)</td>
<td>October 1, 2020</td>
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<tr>
<td>1-2 page summary of how the Family Count will be incorporated into the Homeless Count Methodology</td>
<td>October 15, 2020</td>
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<tr>
<td>1-2 page summary of how the Youth Count will be incorporated into the Homeless Count Methodology</td>
<td>October 30, 2020</td>
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<tr>
<td>Initial Brief Methodology Report</td>
<td>November 1, 2020</td>
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<tr>
<td>The Count</td>
<td>January 19-21, 2021</td>
</tr>
<tr>
<td>HUD Mandated Point-in-Time Tables</td>
<td>April 15, 2021</td>
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<tr>
<td>Results by Geography: LA CoC, SDs, City, SPAs, CDs</td>
<td>May 1, 2021</td>
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<tr>
<td>Results by Geography: Opt-In Cities and Communities</td>
<td>May 15, 2021</td>
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<tr>
<td>Results by Subpopulation: Veterans, Chronic Homeless, Newly Homeless, etc.</td>
<td>May 30, 2021</td>
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<tr>
<td>Final Results - Codebook for full analysis (incorporating all components)</td>
<td>June 30, 2021</td>
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<tr>
<td>Cleaned data files</td>
<td>June 30, 2021</td>
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<tr>
<td>Final full Methodology Report</td>
<td>June 30, 2021</td>
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*Dates are subject to change.

8. Joint Offers

Where two or more proposers desire to submit a single proposal in response to this RFP, they should do so as a prime contractor and subcontractor relationship, rather than as a joint venture or informal team. LAHSA intends to contract with single organizations and not with multiple organizations doing business as a joint venture.
9. Proposed Subcontractors

All subcontractors proposed to carry out any portion of the performance of services will require LAHSA approval prior to contracting. Proposers must submit the Subcontractor Profile Form by the Proposal Submission Deadline. Proposers must submit a copy of their organization’s policies/procedures for selecting and entering into contracts with subcontractors and monitoring subcontractor performance. The proposer must submit a specific plan for monitoring subcontractor(s) in the performance of their subcontract, which includes programmatic and fiscal areas of review, potential corrective actions that will be imposed if the subcontractor is noncompliant or not performing and planned monitoring dates and timetables for resolution of findings.

10. Proposed Contract

The proposer, if selected through this RFP and subsequently selected for award, shall be required to enter into a written agreement with LAHSA. The proposed contract may be modified to incorporate all pertinent terms and conditions set forth in this RFP, including those added by addendum, and to reflect the proposer’s offer or the outcome of the contract negotiations, if any, conducted with the proposer. Proposers unable or unwilling to comply with LAHSA policies and procedures will not be considered for funding under this RFP.

Corrective actions may be imposed on a provider for noncompliance with regulations, contract requirements and other applicable professional standards. Should a provider fail for any reason to comply with the contractual obligations of their contract, LAHSA reserves the right to take remedial action at its discretion as set forth in LAHSA’s Remedial Action Policy. LAHSA, at its sole discretion, may impose remedial actions for cause including but not limited to the following: Notice of Noncompliance, Withholding of Payment, Probation, Suspension, Termination and/or, Debarment.

Further information on LAHSA’s Remedial Action Policy can be found at the following link: https://www.lahsa.org/documents?id=1546-agency-remedial-action-policy.pdf

11. No Commitment to Award

Issuance of this RFP and receipt of proposals is not a commitment to award a contract. LAHSA expressly reserves the right to postpone proposal opening or award for its own convenience, to accept or reject any or all proposals received in response to this RFP, to negotiate with more than one proposer concurrently, or to cancel all or part of this RFP.
B. PROPOSAL CRITERIA AND EVALUATION PROCESS

1. Overview
All complete proposals received by the submission deadline will be submitted for a Quality Review and will be evaluated by the “Evaluation Panel.” Proposals will be scored independently based on the criteria outlined in the Quality Review section of this RFP. Proposals must receive an aggregate score of 75 points or more to be recommended for funding. Final Funding Recommendations will be made based on the amount of funding available. Quality Review results and final funding recommendations will be posted on the LAHSA website and presented to the LAHSA Commission for approval.

2. Quality Review
Proposals will be evaluated based on the criteria outlined in this section. Each proposal’s content, responsiveness, conciseness, clarity, relevance, and adherence to the instructions in this RFP will be considered when scoring each category. Final scoring will be based on the proposal as submitted.

<table>
<thead>
<tr>
<th>Section</th>
<th>Scoring Criteria</th>
<th>Points</th>
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<tbody>
<tr>
<td>Statement of Qualifications - Organization and Project Director Qualifications (Refer to Section A.3 Eligible Applicants)</td>
<td>Evaluation criteria includes but is not limited to: 1) The organization’s experience in: • Providing similar services in the public or private sector; • Understanding and working knowledge of homeless populations; • Understanding and knowledge of continuums of care and homeless delivery systems; • Developing a methodology for analysis for large amounts of data; and • Publishing professional reports. 2) The Project Director’s experience in: • Presenting complex concepts and information; • Planning and managing projects of similar caliber, size and difficulty; • Developing population estimates, including but not limited to developing the methodology for statistical analysis for population estimates; and • Conducting population enumerations. 3) Quality of References 4) Ability to complete work</td>
<td>30</td>
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</table>
### Scope of Work
The proposal will be evaluated on how well it articulates an effective response to the elements listed in Section A.6 Scope of Work

### Cost Estimate/Cost Structure
The Evaluation Panel will evaluate the feasibility, cost effectiveness, reasonableness, and accuracy of the budget.

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<tbody>
<tr>
<td><strong>Total Points Possible</strong></td>
<td>100</td>
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2021-2023 Homeless Count Professional Services RFP

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C. GENERAL INSTRUCTIONS

1. Proposal Submittal

Proposal Application
Application Documents will be made available online following the approval for release from the Programs & Evaluations Committee of the LAHSA Commission. Application documents can also be found in Exhibit A.

Core Documents
Proposers must submit the most recent versions of Core Documents (See Exhibit A, Attachment 3) along with the proposal and prior to the proposal submission deadline.

PDF Formatting Requirements
Documents must be typed in 12-point font with margins of no less than 1” margins on all sides. Text may be single-spaced, double-spaced or spaced one-and one-half space. Format must be “reader friendly” to facilitate easy review. Paragraphs must be clearly distinguishable. Use of bolding where appropriate to highlight key ideas is encouraged. Proposals must be written in English.

Proposal responses must comply with the requirements detailed in this document. Proposals that are incomplete, lack required attachments or have other content errors or deficiencies will be rejected without further consideration. Contextual changes and/or additions to the proposal after the deadline will not be accepted.

The proposal must be submitted in the legal name of the organization. Proposals must be signed by authorized representative(s) of the proposer organization who have legal authority to enter into a binding contract agreement with LAHSA. Each page of the PDF, including exhibits, must be numbered sequentially at the bottom of the page to indicate “Page _ of _”.

Only complete proposals will be reviewed.

2. Due Date

All RFP submissions must be RECEIVED by electronic delivery to fundingopportunities@lahsa.org no later than 2:00 PM (Pacific Time), April 10, 2020 with the subject line, “2021-2023 Homeless Count Professional Services RFP Submission.” Applications will not be accepted via facsimile or paper submission. Electronic submission is mandatory. RFPs submitted after the deadline will not be accepted.

Proposal amendments and/or addendums submitted to LAHSA after the proposal deadline will be returned without review. However, LAHSA reserves the right to request clarification of unclear or ambiguous statements made in the proposal.
3. Mandatory Proposers Conference Webinar

Proposers are required to attend one of the two mandatory proposers conference webinars to be eligible to submit an application for this RFP:

Mandatory Proposers Conference Webinar (option 1):
**February 26, 2020, 10:00 AM – 12:00 PM**
Proposers Conference Registration Link:
https://attendee.gotowebinar.com/register/1200726476081436173

Mandatory Proposers Conference Webinar (option 2):
**March 11, 2020, 11:30 AM – 1:30 PM**
Proposers Conference Registration Link:
https://attendee.gotowebinar.com/register/544869989534048012

Pre-registration is recommended.

**Attendance Requirements:** Proposers must log-in to the webinar within 15 minutes of the start time. Proposers who log-in after that time to webinar will not be considered as an attendee.

LAHSA is unable to provide individualized technical assistance during an open RFP. All technical assistance will be provided during the Mandatory Proposers Conference Webinar and through the timely submission of written questions as detailed in this section.

Proposers are encouraged, but not required to submit questions in writing at least two (2) days prior to the Mandatory Proposers Conference Webinar. Questions regarding this RFP may be submitted to fundingopportunities@lahsa.org with the subject line “Homeless Count Professional Services RFP – Q&A” until **March 13, 2020, 2:00 PM.** LAHSA will post written responses to all received questions on the LAHSA website no later than five (5) business days from the date questions are due.

Proposers are responsible for checking the LAHSA website to obtain current information and responses. Any omission or error made by any Proposer under this RFP for failure to obtain information posted regarding this RFP on the LAHSA website at https://www.lahsa.org/funding is the sole responsibility of proposer and is not a basis for appeal of any adverse score or evaluation under this RFP.

Proposers are also encouraged to subscribe to the Funding Opportunities mailing list at https://www.lahsa.org/ to receive email notices pertaining to this RFP and other funding opportunities.
4. RFP Addenda/Clarifications

If it becomes necessary to revise any part of this RFP after the RFP is released, a written
addendum will be posted on the LAHSA website at https://www.lahsa.org/funding. It is the
responsibility of the proposer to review any publicly available addendum or information on the
LAHSA website prior to submission of the proposal. If a proposer does not have access to the
LAHSA website, they may call (213) 683-3333 and request a printed copy of any addenda via
email, fax or mail. LAHSA is not responsible for information requested within three (3) days of
the due date of the proposal under this RFP.

5. Process Appeals

After Quality Review of the Proposal Evaluation Process, LAHSA will notify all proposers of its
Quality Review Results. Within two business days of notification of the Quality Review Results
on the LAHSA website, proposers may file a Process Appeal, which is an appeal based upon
LAHSA’s failure to abide by its established procedures in making funding recommendations.
Process Appeals contesting the outcome of an RFP and/or a disagreement with, or objection to,
the points awarded is not a sufficient basis for a Process Appeal.

The Process Appeal must be in writing and shall be limited to two (2) typed pages. The appeal
must clearly state the factual grounds on which the appeal is based. All Process Appeal requests
must be on an organization's letterhead and entitled “Homeless Count Professional Services RFP
– Process Appeal.” Please do not include cover letters with the appeal request.

Process Appeals will be presented to the Programs and Evaluation Committee of the LAHSA
Commission. The Programs and Evaluation Committee will make a recommendation and forward
its recommendations to the LAHSA Commission. The LAHSA Commission will make the final
decision regarding all Process Appeals. In the situation where the Programs and Evaluation
Committee is unable to meet, the appeals shall be presented directly to the LAHSA Commission.

A Process Appeal must meet all the following criteria, to be considered:

1. The person or entity requesting the appeal must be a proposer;
2. The request for the appeal must be submitted by the date and time specified by the RFP;
3. The person or entity requesting the appeal must assert in appropriate detail with factual
   reasons that LAHSA materially failed to follow procedures specified in its RFP document.
4. The request for the appeal must set forth sufficient detail to demonstrate that, but for
   LAHSA’s alleged failure, the proposer would have been a successful proposer.

All Process Appeals must be in writing and emailed timely to fundingopportunities@lahsa.org or
received at the following address:

Chair, Programs and Evaluation Committee
RE: 2021-2023 Homeless Count Professional Services RFP – Quality Review Results Appeals
Los Angeles Homeless Services Authority
811 Wilshire Blvd., 6th Floor
Los Angeles, CA 90017
D. PROPOSAL CONDITIONS AND RESERVATIONS

A. All costs of proposal preparation shall be borne by the Proposer organization. LAHSA shall not, in any event, be liable for any pre-contractual expenses incurred by the Proposer in preparation and/or submission of the proposal. The Proposer shall not include any such expenses as part of the budget in the proposal.

B. Submission of a proposal shall constitute acknowledgment and acceptance of all terms and conditions contained in the RFP.

C. Submission of a proposal shall constitute a firm and fixed offer to LAHSA that will remain open and valid for a minimum of 90 days from the application submission deadline. The proposal should always include the Proposer’s best terms and conditions.

D. The proposal must set forth full, accurate, and complete information as required by this RFP. No changes or additions are allowed after the proposal deadline.

E. LAHSA cannot certify, license or endorse grant writers. Proposers are free to select any grant writer. The responsibility for the performance of the grant writer rests with the Proposer.

F. Responses to this RFP become the exclusive property of LAHSA. All proposals will be considered public documents, subject to review and inspection by the public at LAHSA’s discretion, in accordance with the California Public Records Act and other applicable laws. Exceptions will be those pages in each proposal which are designated by the Proposer as business or trade secrets and are marked as “TRADE SECRET” or “CONFIDENTIAL”. LAHSA shall not in any way be liable or responsible for the disclosure of any such records, including, but not limited to, those so marked if the disclosure is deemed to be required by law or by court order. Selection or rejection of a proposal does not affect these rights.

G. LAHSA reserves the right to communicate in writing with proposers, funders and/or organizations associated with the Proposer to obtain additional clarification of design of program, or Proposer fiscal and programmatic capacities, and to utilize this information in the evaluation process.

H. LAHSA reserves the right to conduct site visits of all proposing agencies if applicable.

I. LAHSA reserves the right to extend the RFP submission deadline should such action be in the best interest of LAHSA. Proposers may revise and re-submit their proposal in the event the deadline is extended.

J. LAHSA reserves the sole right to reject any or all proposals received in response to this RFP if it is deemed inappropriate or incomplete, it fails to comply with any instruction contained in this RFP, or is not in the best interest of LAHSA.

K. LAHSA reserves the right to withdraw this RFP at any time without prior notice. Further, LAHSA makes no representation that any contract will be awarded to any Proposer responding to this RFP. LAHSA reserves the right to reject any or all submissions.

L. LAHSA reserves the right to negotiate services and costs with Proposers, including revision of program design as necessary to better meet LAHSA, the City of Los Angeles, County of Los Angeles, or HUD requirements.

M. A Proposer shall not be recommended for funding, regardless of the merits of the proposal submitted, if it has a history of contract non-compliance with LAHSA or any other funding source, a contract suspension, a termination for cause by LAHSA or any other funding source, or outstanding financial obligations with LAHSA that have not been adequately resolved with LAHSA or any other funding source. In the event that the Proposer has any contract(s) with LAHSA suspended or terminated, it shall not be eligible
for funding under any RFP released by LAHSA for a period of five (5) years starting from the effective date of suspension or termination.

N. If a Proposer is new and has not had a contract with LAHSA for a period of five (5) years then the organization will be subject to 100% documentation review and quarterly Monitoring visits.

O. If an agency has been involved in the Remedial Action process as a result of contract noncompliance with LAHSA within the last fifteen (15) years, award will be conditioned upon the agency showing that they have sufficient programmatic and fiscal capacity or finding another LAHSA Contractor in good standing that is willing to serve as a lead agent to administer the LAHSA contract.

P. Willful misstatements of information will result in non-recommendation for funding, regardless of the merits of the proposal submitted.

Q. LAHSA reserves the right to verify information submitted in the proposal. The Proposer agrees that the Los Angeles Continuum HMIS will be the primary source of verification of program performance and outcome data for existing programs. LAHSA reserves the right to request additional data to verify information submitted with the proposal, at its sole discretion. If the information in the proposal cannot be verified and if LAHSA determines the errors are not willful, LAHSA reserves the right to adjust the rating points awarded.

R. If an insufficient number of qualified proposals are received or if the proposals received are deemed non-responsive or not qualified as determined by LAHSA, LAHSA reserves the right to re-issue an RFP, execute a sole-source contract with a vendor, or otherwise ensure that services are provided by other means in a manner consistent with the program requirements.

S. The Proposer must be in compliance with applicable civil rights laws and Executive Orders. There must be no outstanding findings of noncompliance with civil rights statutes, Executive Orders, or regulations, unresolved secretarial charge of discrimination issued under the Fair Housing Act, no adjudications of civil rights violations on a civil action or deferral of processing of proposals from the sponsor imposed by HUD.

T. The Proposer shall be ineligible to receive funding under this RFP if any officer or employee of the Proposer who would be involved in the administration of grant funds has been debarred by any government agency or has been convicted of a criminal offense related to the administration of funds or any member of its executive management, key staff, or any officers of its Board of Directors is or has been involved in any litigation or other legal matter that compromises the organization’s ability to carry out the project as awarded.

U. LAHSA reserves the right to fund all or a portion of a proposal and/or request that a Proposer collaborate with another in the provision of a specific service if it is in the best interest of LAHSA, the City of Los Angeles, the County of Los Angeles, or HUD.

V. LAHSA reserves the right to waive minor technical deficiencies or any informality in a submitted proposal.

W. Proposals may be withdrawn by written request of the authorized signatory on provider letterhead at any time prior to the LAHSA Commission’s actions on staff’s final recommendation for funding.

X. LAHSA reserves the right to deny funding a proposal for a new project, if the request is made by a current recipient that is found to have significant issues related to capacity,
performance, or unresolved audit/monitoring finding related to one or more existing grants.

Y. If a Proposer declines to implement the project or changes significant project specifications which are deemed relevant to the basis on which the award was granted thereby negating the funding award after the LAHSA Commission approves funding award(s) under a LAHSA competitive process, said provider shall not be eligible to apply for any other new project funding for a period of one year from the time of notice. Changes to significant project specifications include, but are not limited to, a change in the Service Planning Area in which the project is located or a change in the target population which the project serves. LAHSA may exempt a provider from this policy if it is deemed that the circumstances that facilitated the refusal to implement the project or change to significant project specifications was out of the reasonable control of the provider.

Z. It is improper for any officer, employee or agent of LAHSA to solicit consideration, in any form, from a Proposer with the implication, suggestion or statement that the Proposer’s provision of the consideration may secure more favorable treatment for the Proposer in the award of the contract or that the Proposer’s failure to provide such consideration may negatively affect the LAHSA’s consideration of the Proposer’s submission. A Proposer shall not offer or give, either directly or through an intermediary, consideration, in any form, to an officer, employee or agent of LAHSA for the purpose of securing favorable treatment with respect to the award of the contract. A Proposer shall immediately report any attempt by an officer, employee or agent of LAHSA to solicit such improper consideration. The report shall be made to the Executive Director of LAHSA or to the County Auditor-Controller’s Employee Fraud Hotline (800) 544-6861. Failure to report such a solicitation may result in the Proposer’s submission being eliminated from consideration. Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment, or tangible gifts.

AA. Upon the request of LAHSA, a Proposer whose bid is under consideration for the award of the contract shall provide LAHSA with written authorization to request a credit report from a reputable credit agency to gain satisfactory evidence of the Proposer’s financial background, stability and condition.

BB. In accordance with Los Angeles County Code, Chapter 2.160 (County Ordinance 93-0031), each person/firm submitting a response to this request for bid/proposal must certify in writing that such Proposer and each County lobbyist and County lobbyist firm, as defined by Los Angeles County Code 2.160.010, retained by the Proposer, is in full compliance with Chapter 2.160 of the Los Angeles County Code.

CC. Notwithstanding a recommendation of a department, agency, individual, or other, the LAHSA Board of Commissioners retains the right to exercise the final decision concerning the selection of a proposal and the terms of any resultant Agreement, and to determine which proposal best serves the interests of LAHSA. The Board is the ultimate decision-making body and makes the final determinations.

DD. A bid or proposal containing conditions or limitations regarding the basic program design or operation of the proposed program that are not in alignment with the requirements of the RFP may be deemed irregular (and nonresponsive) and may be rejected by LAHSA, in its sole discretion.
E. CONTRACT CONDITIONS

Contractors will be required to comply with conditions set forth by LAHSA, the County of Los Angeles, the City of Los Angeles and/or the U. S. Department of Housing and Urban Development (HUD), hereafter referred to as "Funders". These conditions may include, but are not limited to the following:

A. The initial recommendation for funding should not be construed as a finding that the proposed program complies with all requirements and conditions for a contract for grants. LAHSA reserves the right to fund all or a portion of a proposal and/or request that a Proposer collaborate with another in the provision of a specific service if it is in the best interest of LAHSA. A funding recommendation or offer to contract may be withdrawn upon failure of reasonable attempts to negotiate an agreement.

B. Contractors shall allow representatives of Funders to inspect facilities that are used in connection with the contracts made to implement system components funded under this RFP.

C. Successful Proposers will be required to satisfy LAHSA’s and other participating provider or entity’s insurance requirements. Additionally, all Proposers must comply with all contractual requirements. Contractors will name LAHSA and the City and/or County of Los Angeles as additional insured on general liability, professional liability (where required), auto liability (owned and non-owned), workers' compensation, and errors and omissions policies (where required).

D. Contractors shall make available to representatives of Funders, upon reasonable notice, the fiscal records and/or client data records pertaining to the contract. Demographic information about clients will be regularly submitted to LAHSA in a manner consistent with agreements protecting client and/or provider confidentiality rights.

E. Contractors shall comply with reasonable requests from Funders concerning promotional activities related to the system component.

F. Contractors acknowledge that, as recipients of Federal funds, they will be required to comply with Federal regulations pertaining to the use of such funds. It will be the Contractor's responsibility to ensure compliance with applicable regulations.

G. The Contract shall include standard clauses and in some cases, certifications, requiring Contractor's compliance with, but not limited to, the following regulations: non-discrimination, affirmative action, and equal opportunity; separation of church and state; Americans with Disabilities Act (ADA); conflict of interest; restrictions on lobbying; debarment; audits; rights in data; drug-free workplace; lead-based paint and Equal Benefits Ordinance.

H. Contractors shall maintain any applicable licenses or permits, and meet any facilities code regulations required for the system component(s) funded under the contract.

I. Contractors shall participate in information networking, training, and coordination meetings as directed by LAHSA or other grant funding sources.

J. Contractors shall cooperate with related research and evaluation activities as directed by LAHSA or other grant funding sources.

K. Contractors will be required to submit a Code of Conduct which will address conflict of interest requirements.

L. Contractors may not enter into an agreement with a subcontractor for the provision of shelter or supportive services under any system component funded under this RFP,
unless that subcontractor and its qualifications are fully described in the proposal, and the intention to subcontract is explicitly stated in the proposal or the use of the subcontractor has been approved in writing by LAHSA. Contractor shall remain liable for the performance of the subcontractor, and will require subcontractor to adhere to all provisions in the contract between LAHSA and Contractor.

M. Contractors will ensure that an annual financial audit is performed in compliance with Title 2 of the Code of Federal Regulations Part 200 (2 C.F.R. 200 Subpart F – Audit Requirements) Subpart Audit Requirements, if it spends, in aggregate, $750,000 or more of Federal funds per fiscal year. Contractor shall submit a copy of the audit report to LAHSA within nine months after the end of the contractor's fiscal year.

N. Each Contractor must comply fully with all of the requirements specified in this RFP and committed to in the proposal, including program leveraging commitments, otherwise Contractor risks immediate termination of contract.

O. The responsibility for accuracy rests entirely with the Proposer. If a Proposer knowingly and willfully submits false performance or other false data, LAHSA reserves the right to reject that proposal. If it is determined that a contract was awarded as a result of false performance, or false financial or other false data submitted in response to this RFP, LAHSA reserves the right to terminate said contract immediately.

P. Contractor shall have in place an appropriate grievance procedure. Said grievance procedure must be in compliance with LAHSA’s grievance standards stated in the program contract.

Q. LAHSA reserves the right to extend the duration of the program as well as to renegotiate the terms of the contract if an extension is granted.

R. Contractor agrees to participate in data collection through the HMIS, or another HUD approved system of record. Said system shall be implemented during the term of the contract awarded. LAHSA shall provide Contractor with the basic data collection requirements.

S. Contractor shall be required to possess a corporate seal. In the absence of a corporate seal, a notary attestation of the Contractor’s signature must be provided along with the signed contract.

T. Awards are made subject to receipt of award of funds from Funders by LAHSA. Contractor agrees that if Funders do not provide funds for program, contract will be deemed null and void. LAHSA reserves the right to adjust funding levels based on the availability of funds and the quality of proposals received.

U. Contractor and subcontractor staff working with youth, either as employees or volunteers, who have a supervisory or disciplinary authority over minors must be fingerprinted and pass the background check, as required by California Penal Code Sec. 11105.3 and California Education Code Sec. 45125.1 and Sec. 10911.5 prior to working with youth. Fingerprinting and a background check may be required of other staff and volunteers depending upon how much contact the staff member will have with minors. The Contractor shall be responsible for obtaining security clearances for staff whose duties require a sufficient level of interaction with youth.

V. Contractor shall ensure that all employees and volunteers who have direct contract with clients have an annual tuberculosis (TB) test. Contractor shall retain documentation of the test results.
W. Contractors are subject to all applicable City of Los Angeles and/or County of Los Angeles contracting requirements.

X. Contractors shall be required to submit to LAHSA, or its designee, periodic status reports, including program expenditures, progress reports and recipient information. Failure to do so may result in termination of the contract.

Y. The Grant Agreement between LAHSA and its funders may be incorporated by reference into all contracts between LAHSA and the contracting agencies.

Z. Contractors acknowledge that LAHSA funds are not meant to replace or supplant other local sources of funding.

AA. The Proposer is hereby notified that, in accordance with LAHSA Rules and Regulations implementing the Contractor Responsibility Ordinance, LAHSA may debar the Proposer from bidding on LAHSA contracts for a period of five (5) years, if the LAHSA Commission finds, in its discretion, that the Proposer does not possess the necessary quality, fitness, or capacity to perform work on LAHSA contracts.

BB. Contractor shall have in place appropriate policies and procedures relative to service animals for persons with disabilities. Said service animal policies and procedures must be in compliance with LAHSA’s policies and procedures as stated in the program contract. Contractor must participate in training offered by LAHSA regarding service animals and other ADA requirements, within three (3) months of beginning service.

CC. LAHSA reserves the right to terminate contracts awarded under this RFP if the Contractor is unable to commence services within three (3) months of the effective date of the contract. If a contract is terminated under these conditions, LAHSA may award the de-obligated funding to remaining Proposers who submitted proposals under the RFP and received fundable scores.

DD. The Proposer must be in compliance with applicable Federal, State, and local laws and regulations regarding business license, registrations, and annual reporting. This includes, but is not limited to, laws and regulations applicable to the Proposer's business status (For example, 501(c)(3) requirements if the Proposer is a 501(c)(3) organization). Proposers must have the ability to demonstrate compliance through written documentation.

The following contract conditions apply to projects that include funding from HUD:

EE. Contractors agree that in the event the measurable goals/objectives fall below standard of successful performance measures as specified in the technical submission, LAHSA may suspend any future annual funding of the system component. Specific benchmarks of accomplishment will be included in the contract.
F. EXHIBITS

EXHIBIT A: Application Documents
Attachment 1

A. Proposer Information

LEGAL NAME OF LEAD PROPOSER: __________________________________________

EXECUTIVE DIRECTOR: __________________________________________________

EXECUTIVE DIRECTOR E-MAIL: __________________________________________

EXECUTIVE BOARD CHAIR: _______________________________________________

AGENCY ADDRESS: _______________________________________________________

CITY: ___________________________ ZIP: ___________________

AGENCY TELEPHONE: _____________________________________________________

B. Legal Authorized Representative & Fiscal Accountability Agent (The person(s) authorized to enter & sign contracts, payment requests, checks, and legal documents)

AUTHORIZED REP. / TITLE: ________________________________________________

AUTHORIZED REP. TELEPHONE: __________________________________________

AUTHORIZED REP. E-MAIL: ______________________________________________

AUTHORIZED FISCAL REP TITLE: __________________________________________

AUTHORIZED FISCAL REP PHONE: _________________________________________

AUTHORIZED FISCAL REP E-MAIL: _________________________________________

C. Contact Person for RFP (If different from Authorized Rep.)

CONTACT PERSON*/TITLE: _________________________________________________

CONTACT PERSON TELEPHONE: ___________________________________________

CONTACT PERSON E-MAIL: _______________________________________________
## Cover Letter

Give a brief introduction to your organization, including but not limited to years of experience in consulting, planning, research, specialties in areas of social research, number of employees, and location of headquarters, primary contact person’s name, and phone number. The letter must be signed by an authorized signatory.

<table>
<thead>
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<th>Page Limit</th>
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<tbody>
<tr>
<td>1-2 pages</td>
</tr>
</tbody>
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## Statement of Qualifications

Clearly delineate in a narrative, the qualifications of your organization, the staff, as well as the Project Director as they relate to the successful completion of this project.

Describe the organization’s:

1. demonstrated experience in providing similar services in the public or private sector;
2. demonstrated proficiency in producing data results in a timely manner;
3. substantial understanding and working knowledge of homeless populations;
4. working knowledge of HUD definitions, requirements, and regulations;
5. demonstrated experience in statistical methodology development and analyses;
6. ability to prepare a final report of professional and publishable quality;
7. ability to bring innovative processes to youth and family outreach, canvassing, etc.; and
8. experience with surveyor and volunteer training; provide examples of best practices.

Describe the Project Director’s experience in:

1. presenting complex concepts and information;
2. planning and managing projects of similar components;
3. developing and conducting community surveys;
4. conducting population enumerations; and
5. developing population estimates.

Please attach in an appendix the resumes for all key team members.

Additionally, submit the following:

- A list of all similar projects conducted by your organization within the last five years. Include the client name, project beginning and end date, and a brief overview of the project scope of work; and
- Three (3) professional references in an appendix. Information to be included in the references is the name and contact information (telephone number and e-mail address) of the project manager or individual best able to evaluate your organization’s work product.

## Approach to the Required Scope of Work

Provide both a narrative and detailed description of your approach for completing the required Scope of Work. The sections to be included are outlined in the Scope of Work.

The approach to the required Scope of Work must (1) list each key activity (action step) to achieve each deliverable, (2) how each key activity will be accomplished and who is responsible, (3) the date each key activity will start and be completed, and (4) the estimated cost associated with each key activity.
If you assume that LAHSA will be providing resources or will take responsibility for certain tasks, please specify these resources or tasks and estimate both the time and cost of providing them.

**Cost Structure**
The cost structure and cost estimate must describe the pricing structure from the beginning of the project until completion.

Applicants must explain the pricing structure for services, including staff configuration, hourly-billing rates for proposer’s personnel (and subcontract personnel), and hours needed to complete the project.

Other expenses (in addition to the hourly personnel costs) that will be incurred and billed must be specifically identified and included in the total cost of completing the project. If you assume that LAHSA will be providing resources or will take responsibility for certain tasks, please estimate the cost of providing the resources and tasks.

See Section A.5 of the RFP for information on indirect costs and leverage.
### Required Core Documents

- Articles of Incorporation, including any amendments, and by-laws
- Audited financial statements, including if required, OMB A-133 Single Audit (last 2 fiscal years or written explanation as to why no audit was conducted).
- Conflict of Interest Policy
- Executive Leadership/Senior Management Team (Resumes or Short Biographies)
- Insurance - Evidence of General Liability and Workers Compensation Insurance (Organization-wide and project specific as applicable)
- Suspension and Debarment Form (from LAHSA’s website)
- Subcontractor Profile – If applicable (from LAHSA’s website)

If you have intentionally left an attachment out of the proposal, please submit a document using the following nomenclature: “Document Name - Intentionally Left Blank”. Include the explanation of why the attachment is not relevant to your proposal in this document.
Exhibit B - Resources

The following links are resources to assist with understanding HUD’s regulations:

- **Glossary of Terms**

- **Notice for Housing Inventory Count (HIC) and Point-in-Time (PIT) Data Collection for Continuum of Care (CoC) Program and the Emergency Solutions Grants (ESG) Program**

- **2019 HIC and PIT Data Submission Guidance**
Exhibit C – Map of Los Angeles County Service Planning Areas
Exhibit D – Map of Los Angeles County Supervisorial Districts
Exhibit E – Map of City of Los Angeles Council Districts
Exhibit F – 2019 Homeless Count Demographic Survey

FOR STAFF ONLY
Please select the Service Planning Area and Census Tract where you conducted the Demographic Survey
- SFA 1
- SFA 2
- SFA 3
- SFA 4
- SFA 5
- SFA 6
- SFA 7
- SFA 8
Census Tract Six-digit code found on your map.

Date | Time
--- | ---

2019 Demographic Pre-Survey
Location / intersection: the survey was conducted on the corners of
- First Street
- Second Street
AND/OR
- Other (e.g., landmark, park)

Interviewer Initials
Drop-in Center survey?
- Yes
- No

Please fill this section out based on your perception of the following characteristics of the potential respondent.

- Perceived Age
  - Under 18
  - 18-24
  - 25-54
  - 55-61
  - 62 and over

- Perceived Gender
  - Male
  - Female
  - Transgender male to female
  - Transgender female to male
  - Gender non-conforming

- Perceived Ethnicity
  - Hispanic or Latino
  - Non-Hispanic or Latino
  - American Indian / Alaskan Native
  - Asian
  - Black / African-American
  - Native Hawaiian / Other Pacific Islander
  - White
  - Multi-Racial / Other

Do you observe/detect signs of the following?
- Serious physical health condition
- Mental illness
- Alcohol or drug abuse
- No observations

Approached?
- Yes, proceed with survey
- Yes, refused to take survey
- Yes, could not continue due to language barrier
- No, unapproached

1 – 2019 Demographic Pre-Survey
Los Angeles Homeless Services Authority  
2019 Homeless Count Demographic Pre-Survey

Interviewer instructions: Any text that is bold should be read aloud to the survey respondent. Directions and prompts, along with additional information for clarification are included in italics. Directions on question logic, such as skipping questions, is in red. Please skip questions only when directed by these prompts. Single choice responses are indicated by bubbles, while multiple selection responses are indicated by check boxes. The Staff Use Only section is for the interviewer to fill out after the survey has been completed.

Before we begin, I want to remind you that this interview is completely voluntary and your answers will be kept confidential. If we should come to any questions you don’t want to answer, just let me know and we will go on to the next question. We are interested in the opinions and living conditions of different people throughout Los Angeles County. I will ask questions about your experience with housing, services, and some things about yourself. I think you’ll find the questions interesting and you’ll want to give them careful thought.

If you qualify for survey participation, you will receive a minimum $5 food card for your time, but may be eligible for more in some cases. After eligibility is determined, your responses to the survey questions will not affect your eligibility to receive the food card. The survey will take around 10-15 minutes.

Do you understand the purpose of the survey, and that your answers will be kept confidential?

- Yes, Continue with the Demographic Survey
- No, Please re-read the introduction and confidentiality statement one more time before going to next participant.

6. What is your date of birth?

<table>
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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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If the respondent is born before January 31, 1994, continue with the Adult Demographic Survey. Attach this sheet to the Adult Demographic Survey.

If the respondent is born on or after January 31, 1994, please continue with the 2019 Youth Demographic Survey. Attach this sheet to the Youth Demographic Survey.

3 – 2019 Demographic Survey
1. Have you received a food card after taking a survey in the past two months?
   - [ ] Yes
   - [ ] No
   
   If yes, do not continue with this survey. Thank them for their time and continue to the next person.

2. This question determines if you will be eligible to take the complete survey. Where have you spent most of your nights in the last 30 days? Wait for response, then select the choice closest to their answer. If asked to clarify, ask, “Have you spent more than two weeks out of the past month in the same place? If so, where was that?”
   - [ ] Apartment or home
   - [ ] Emergency shelter
   - [ ] Foster care, group home, SILP
   - [ ] Hospital, substance abuse or psychiatric treatment facility
   - [ ] Hotel or motel
   - [ ] Jail or prison
   - [ ] Safe haven
   - [ ] Transitional housing
   - [ ] Youth shelter
   - [ ] Declined
   - [ ] Don’t know
   - [ ] Street, sidewalk, or alley
   - [ ] Bus or bus stop
   - [ ] Train, or train/metro station
   - [ ] Campground or woods
   - [ ] Park, beach, or riverbed
   - [ ] Under bridge or overpass
   - [ ] Other outdoor location
   - [ ] Abandoned building
   - [ ] Parking lot (surface)
   - [ ] Parking structure
   - [ ] Workplace
   - [ ] Car or truck
   - [ ] Van
   - [ ] RV or camper
   - [ ] Outdoor encampment or tent
   - [ ] On a bus or train
   - [ ] Unconverted garage, attic, or basement
   - [ ] Other makeshift shelter not meant for human habitation

3. You told me where you had spent the most nights in the past 30 days. Where did you spend last night? Wait for response, then select the choice closest to their answer.
   - [ ] Apartment or home
   - [ ] Emergency shelter
   - [ ] Foster care, group home, SILP
   - [ ] Hospital, substance abuse or psychiatric treatment facility
   - [ ] Hotel or motel
   - [ ] Jail or prison
   - [ ] Safe haven
   - [ ] Transitional housing
   - [ ] Youth shelter
   - [ ] Declined
   - [ ] Don’t know
   - [ ] Street, sidewalk, or alley
   - [ ] Bus or bus stop
   - [ ] Train, or train/metro station
   - [ ] Campground or woods
   - [ ] Park, beach, or riverbed
   - [ ] Under bridge or overpass
   - [ ] Other outdoor location
   - [ ] Abandoned building
   - [ ] Parking lot (surface)
   - [ ] Parking structure
   - [ ] Workplace
   - [ ] Car or truck
   - [ ] Van
   - [ ] RV or camper
   - [ ] Outdoor encampment or tent
   - [ ] On a bus or train
   - [ ] Unconverted garage, attic, or basement
   - [ ] Other makeshift shelter not meant for human habitation

4. We are interested in understanding how much you travel throughout the day and night. We know you are here now, but what city, neighborhood, or community were you sleeping in last night?
   - [ ] Same as survey location

   If the answer is LA, Los Angeles (City), please ask, “What neighborhood?” Refer to your LA Cities and Communities Cheat Sheet for a list of communities and cities in Los Angeles County. If outside of LA County, write in “outside of LA County.”

   4 – 2019 Demographic Survey

   If BOTH answers to Questions 2 and 3 are in the RED BOX, say “I’m sorry, you do not qualify for the Demographic Survey. Thank you for your time.” Then skip to FOR STAFF ONLY (page 14). If at least one response is outside of the RED BOX, continue to next page.
You are eligible to complete the Survey. First, I’m going to ask you some questions about you and your personal experiences.

5. What are your initials? Enter first and last.

6. What gender do you identify with? Wait for response and choose one answer. Read each category if response given is not listed.
   - Male
   - Female
   - Gender non-conforming
   - Declined
   - Don’t know

7. Do you identify as transgender? Please use the response card. If respondent cannot read, proceed to read each response and choose all that apply.
   - Yes (1)
   - No (2)
   - Declined (3)
   - Don’t know (4)

8. Which of the following best represents your sexual orientation? Please use the response card.
   - Straight (1)
   - Gay (2)
   - Lesbian (3)
   - Bisexual (4)
   - Unsure/Questioning (5)
   - Declined (6)
   - Don’t know (7)
   - Other (8) Specify: __________

9. Do you identify as Hispanic or Latino? If yes, read each category that starts with “Yes” and choose all that apply.
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican American, Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin (specify): __________
   - Declined
   - Don’t know

10. What race do you identify with? Choose all that apply. Wait for response and choose one answer. Read each category if response is not listed. If response is “Hispanic” or “Latino” select “Some other race (specify)” and write in “HL.”
    - White
    - Black or African-American
    - American Indian or Alaska Native (Specify enrolled or principal tribe): __________
    - Asian Indian
    - Chinese
    - Filipino
    - Japanese
    - Korean
    - Vietnamese
    - Native Hawaiian
    - Guamanian or Chamorro
    - Samoan
    - Other Asian (specify): __________
    - Other Pacific Islander (specify): __________
    - Some other race (specify): __________
    - Declined
    - Don’t know

5 – 2019 Demographic Survey
11. Is this the first time you have experienced homelessness?
   ○ Yes
   ○ No
   ○ Declined
   ○ Don’t know

12. How old were you the FIRST TIME you experienced homelessness?

13. How long have you been experiencing homelessness THIS TIME?
   - Day(s)
   - Week(s)
   - Month(s)
   - Year(s)

14. IN THE PAST 6 MONTHS, have you lived in any of the following situations? List each category below, and check the appropriate box. If they have not lived in the situation, do not check the box. Note: a makeshift shelter is a structure made of available materials that is not meant for human habitation.
   - Have you lived in a Car?
   - Have you lived in a Van?
   - Have you lived in an RV/Camper?
   - Have you lived in a Tent?
   - Have you lived in a Makeshift Shelter?
   - None of the Above
   - Declined
   - Don’t Know

15. In each of the following situations, can you tell me how many other people lived with you AT ANY GIVEN TIME, NOT including yourself? Ask only for the cases you selected in Question 9. Leave text boxes blank if respondent does not know or declines to answer. If the respondent lived alone, write in 0 (zero).

16. IN THE PAST YEAR, including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters? E.g., if the respondent has been housed once in the past year and they were homeless before and after, two separate episodes or experiences of homelessness took place.
   ○ 1 time
   ○ 2 to 3 times
   ○ 4 or more times
   ○ Declined
   ○ Don’t know

17. IN THE PAST THREE YEARS, what about the number of separate times you experienced homelessness, on the street, in a vehicle or in shelters?
   ○ 1 time
   ○ 2 to 3 times
   ○ 4 or more times
   ○ Declined
   ○ Don’t know

18. IN THE PAST THREE YEARS, have you stayed in shelters or on the streets for longer than A YEAR in total?
   ○ Yes
   ○ No
   ○ Declined
   ○ Don’t know

6 – 2019 Demographic Survey
19. Have you served on ACTIVE DUTY in the U.S. Armed forces (Army, Air force, Navy, Marine Corps, or Coast Guard?)
- Yes
- No
- Declined
- Don't know

20. Were you called into ACTIVE DUTY as a member of the National Guard or as a reservist?
- Yes
- No
- Declined
- Don't know

If answer to either Question 19 or question 20 is yes, complete questions 21 and 22. Otherwise, skip to the next prompt.

21. What is your discharge status? If none of the below answers are given, select Unverified.
- Honorable
- General under honorable conditions
- Under other than honorable conditions (OTH)
- Bad Conduct
- Dishonorable
- Uncharacterized
- Unverified
- Declined
- Don't know

If Unverified is selected for Question 21, skip to the next prompt.

22. Which years or in which theater of war did you serve? Wait for response and choose ALL that apply.
- World War II (1940-1947)
- Between WWII and Korean War (1947 - 1950)
- Korean War (1950 - 1955)
- Between Korean War and Vietnam (1955 - 1964)
- Vietnam (1964 - 1975)
- Post-Vietnam (1975 - 1991)
- Afghanistan (2001 - Present)
- Declined
- Don't know

Now I'm going to ask you some questions about your current living situation, specifically if you have family members living with you. Depending on who lives with you, I may ask more questions.

23. NOT including yourself, how many other adults and/or children live with you? Only fill in answers if the person is living with at least one other person.

<table>
<thead>
<tr>
<th>Children under 18</th>
<th>Adults 18 to 24</th>
<th>Adults Over 24</th>
</tr>
</thead>
</table>

The next section is for families that include at least one adult over 18, and one child under 18 years of age. If the respondent does not indicate that they live with at least one child under the age of 18, skip to Page 11.

Thank you again. Now I'm going to ask some personal questions about the people you live with. I'll refer to them by the initial(s) or nickname(s) you give me. As a reminder, all answers will be kept confidential. You will receive an additional $10 in compensation for your family.
What are the initials or a nickname of other people in your household from youngest to oldest? Fill in the initials of each family member in the boxes below. Complete the responses in each column for each family member.

<table>
<thead>
<tr>
<th>Question</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
<th>Person 5</th>
<th>Person 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. What are the initials or a nickname of other people in your household from youngest to oldest?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grandchild</td>
<td>Grandchild</td>
<td>Grandchild</td>
<td>Grandchild</td>
<td>Grandchild</td>
</tr>
<tr>
<td></td>
<td>Spouse or partner</td>
<td>Spouse or partner</td>
<td>Spouse or partner</td>
<td>Spouse or partner</td>
<td>Spouse or partner</td>
</tr>
<tr>
<td></td>
<td>Parent</td>
<td>Parent</td>
<td>Parent</td>
<td>Parent</td>
<td>Parent</td>
</tr>
<tr>
<td></td>
<td>Grandparent</td>
<td>Grandparent</td>
<td>Grandparent</td>
<td>Grandparent</td>
<td>Grandparent</td>
</tr>
<tr>
<td></td>
<td>Sibling</td>
<td>Sibling</td>
<td>Sibling</td>
<td>Sibling</td>
<td>Sibling</td>
</tr>
<tr>
<td></td>
<td>Other Relative</td>
<td>Other Relative</td>
<td>Other Relative</td>
<td>Other Relative</td>
<td>Other Relative</td>
</tr>
<tr>
<td></td>
<td>Non-famil</td>
<td>Non-famil</td>
<td>Non-famil</td>
<td>Non-famil</td>
<td>Non-famil</td>
</tr>
</tbody>
</table>

Next I'm going to ask some questions about the people you live with. I'm going to refer to them by the initial(s) or nickname(s) you gave me. Refer to the person by initials or by nickname provided above. Finish all questions for each person before continuing to the next family member.

| 26. How old is [initials]? For a child under a year old, approx. their age, e.g., six months old = 0.5 | | | | | |
| | Male | Male | Male | Male | Male |
| | Female | Female | Female | Female | Female |
| | Gender non-conforming | Gender non-conforming | Gender non-conforming | Gender non-conforming | Gender non-conforming |
| | Declined | Declined | Declined | Declined | Declined |
| | Don't know | Don't know | Don't know | Don't know | Don't know |

| 27. What gender does [initials] identify with? | | | | | |
| | Yes | Yes | Yes | Yes | Yes |
| | No | No | No | No | No |
| | Declined | Declined | Declined | Declined | Declined |
| | Don't know | Don't know | Don't know | Don't know | Don't know |

| 28. Does [initials] identify as transgender? | | | | | |
| | Straight | Straight | Straight | Straight | Straight |
| | Gay | Gay | Gay | Gay | Gay |
| | Lesbian | Lesbian | Lesbian | Lesbian | Lesbian |
| | Bisexual | Bisexual | Bisexual | Bisexual | Bisexual |
| | Unsure/Questioning | Unsure/Questioning | Unsure/Questioning | Unsure/Questioning | Unsure/Questioning |
| | Declined | Declined | Declined | Declined | Declined |

If family member is under 18 in Question 26, skip to Question 30.

29. Which of the following best represents [initials]'s sexual orientation? Read each category and choose one answer. Initials

8 – 2019 Demographic Survey
30. Does [initials] identify as Hispanic or Latino? If yes, read each category that starts with “Yes” and choose all that apply.

<table>
<thead>
<tr>
<th>No, not of Hispanic, Latino, or Spanish origin</th>
<th>No, not of Hispanic, Latino, or Spanish origin</th>
<th>No, not of Hispanic, Latino, or Spanish origin</th>
<th>No, not of Hispanic, Latino, or Spanish origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, Mexican, Mexican American, Chicano, Yes, Puerto Rico, Yes, Cuban</td>
<td>Yes, Mexican, Mexican American, Chicano, Yes, Puerto Rico, Yes, Cuban</td>
<td>Yes, Mexican, Mexican American, Chicano, Yes, Puerto Rico, Yes, Cuban</td>
<td>Yes, Mexican, Mexican American, Chicano, Yes, Puerto Rico, Yes, Cuban</td>
</tr>
<tr>
<td>Yes, Puerto Rican, Yes, Cuban, Yes, another Hispanic, Latino, or Spanish origin (specify):</td>
<td>Yes, Puerto Rican, Yes, Cuban, Yes, another Hispanic, Latino, or Spanish origin (specify):</td>
<td>Yes, Puerto Rican, Yes, Cuban, Yes, another Hispanic, Latino, or Spanish origin (specify):</td>
<td>Yes, Puerto Rican, Yes, Cuban, Yes, another Hispanic, Latino, or Spanish origin (specify):</td>
</tr>
<tr>
<td>Declined, Don’t know, Declined, Don’t know, Declined, Don’t know</td>
<td>Declined, Don’t know, Declined, Don’t know, Declined, Don’t know</td>
<td>Declined, Don’t know, Declined, Don’t know, Declined, Don’t know</td>
<td>Declined, Don’t know, Declined, Don’t know, Declined, Don’t know</td>
</tr>
</tbody>
</table>

31. What race does [initials] identify with? Choose all that apply. Wait for response and choose one answer. Read each category if response is not listed. If response is “Hispanic” or “Latino” select “Some other race (specify)” and write in “HL”.

<table>
<thead>
<tr>
<th>White, Black or African-American, American Indian or Alaska native (Specify enrolled or principal tribe):</th>
<th>White, Black or African-American, American Indian or Alaska native (Specify enrolled or principal tribe):</th>
<th>White, Black or African-American, American Indian or Alaska native (Specify enrolled or principal tribe):</th>
<th>White, Black or African-American, American Indian or Alaska native (Specify enrolled or principal tribe):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, guamanian or Chamorro, Samoan, Other Asian (specify):</td>
<td>Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, guamanian or Chamorro, Samoan, Other Asian (specify):</td>
<td>Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, guamanian or Chamorro, Samoan, Other Asian (specify):</td>
<td>Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, guamanian or Chamorro, Samoan, Other Asian (specify):</td>
</tr>
<tr>
<td>Declined, Don’t know, Declined, Don’t know, Declined, Don’t know</td>
<td>Declined, Don’t know, Declined, Don’t know, Declined, Don’t know</td>
<td>Declined, Don’t know, Declined, Don’t know, Declined, Don’t know</td>
<td>Declined, Don’t know, Declined, Don’t know, Declined, Don’t know</td>
</tr>
</tbody>
</table>

9 – 2019 Demographic Survey
<table>
<thead>
<tr>
<th>Initials</th>
<th>32. Does [initials] have any of the following health conditions? Please use the response card.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Problematic alcohol use (1)</td>
</tr>
<tr>
<td></td>
<td>- Problematic alcohol use (1)</td>
</tr>
<tr>
<td></td>
<td>- Problematic alcohol use (1)</td>
</tr>
<tr>
<td></td>
<td>- Problematic alcohol use (1)</td>
</tr>
<tr>
<td></td>
<td>- Problematic alcohol use (1)</td>
</tr>
<tr>
<td></td>
<td>- Problematic alcohol use (1)</td>
</tr>
</tbody>
</table>

33. Does [initials] have any other ongoing health conditions? If yes, write in answers. If they do not wish to disclose information, leave the space blank.

34. Is [initials]’s health condition or disability permanent or long term?

Initials

10 – 2019 Demographic Survey
If family member is under 18 in Question 26 skip to prompt at the top of Page 11.
35. Yes [initials] served on ACTIVE DUTY in the U.S. Armed forces (Army, Air force, Navy, Marine Corps, or Coast Guard)?
36. Was [initials] called into ACTIVE DUTY as a member of the National Guard or as a reservist?
37. What is [initials]'s discharge status? If “Unverified” is selected for Question 37, skip to the prompt at the top of Page 11.

38. Which years or in which theater of war did [initials] serve? Wait for response and choose ALL that apply.

11 – 2019 Demographic Survey
Thank you for answering those questions about your household. Next I’m going to ask you some additional personal questions about you. These questions are about your health and different lived experiences you have had. As a reminder, your answers will be kept confidential. Due to the personal nature of some of the questions, we have a response card for you to tell me the number that corresponds to your answer.

39. Do you have, have you ever had, or has a healthcare provider ever told you that you have any of the following health conditions? Please use the response card.
   - Problematic alcohol use (1)
   - Problematic drug use (2)
   - Serious and long continuing mental illness (e.g. depression, bipolar disorder, or schizophrenia) (3)
   - Physical disability (4)
   - Physical illness (chronic or ongoing) (5)
   - HIV / AIDS-related illness (6)
   - Severe depression (chronic or ongoing) (7)
   - Post-Traumatic Stress Disorder (PTSD) (8)
   - Traumatic Brain Injury (TBI) (9)
   - Developmental disability (10)
   - None of the above (11)
   - Declined (12)
   - Don’t know (13)

40. Do you have any other ongoing health conditions? If yes, write in any answers provided in the space below. If they do not wish to disclose information about their medical condition, leave the blank.
   - No
   - Yes (Specify): _______________________
   - Declined
   - Don’t know

   If respondent answers “None of the above,” “Declined,” or “Don’t know,” for Question 39 and “No,” “Declined,” or “Don’t know” for Question 40, skip Question 41 and move on to the next prompt.

41. Is your medical condition or disability either permanent or long-term?
   - Yes
   - No
   - Declined
   - Don’t know

   Make sure that the person being interviewed is safe from immediate threats of violence before asking the next four questions. If you do not feel that the situation is safe to ask questions about domestic violence, select “Safety concern” for Questions 42 through 44. Then proceed to Question 45 on the next page.

I’m about to ask three sensitive and personal questions about experiences with violence. Do you feel comfortable answering? If the answer is No, select Declined for questions 45–47. If the answer is Unsure or Yes, offer to move to a more private location if the respondent would be more comfortable answering the questions. Please use the response card.

42. Have you experienced any of the following forms of violence or abuse? Please use the response card. If the person is not comfortable responding to the question, select Declined.
   - Neglect by parent, guardian, or other relative (1)
   - Physical abuse by parent, guardian, or other relative (2)
   - Sexual abuse by parent, guardian, or other relative (3)
   - Physical abuse by intimate partner or spouse (4)
   - Sexual abuse by intimate partner or spouse (5)
   - Physical abuse by someone else (6)
   - Sexual abuse by someone else (7)
   - Dating violence (8)
   - Stalking (9)
   - None of the above (10)
   - Declined (11)
   - Don’t know (12)
   - Safety concern

   If only either of the following options are selected, skip to Question 45. If any other selections are made, and there is no safety concern, continue to Question 45.
43. Are you currently fleeing violence or abuse?
   Please use the response card. If the person is not comfortable responding to the question, select Declined.
   - Yes (1)
   - No (2)
   - Declined (3)
   - Don’t know (4)
   - Safety concern

44. Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault, or stalking?
   Please use the response card. If the person is not comfortable responding to the question, select Declined.
   - Yes (1)
   - No (2)
   - Declined (3)
   - Don’t know (4)
   - Safety concern

45. This next question is about involvement in different systems. If you don’t know or don’t want to answer, let me know. Otherwise, say “yes” if you have ever been involved in any of the following systems. Please read each option and choose ALL that apply. Choose None of the above if none apply.
   - Foster Care
   - Juvenile Detention or Probation Camp
   - Juvenile probation
   - Mandated stay in inpatient or outpatient mental health treatment facility
   - Jail
   - Prison
   - Adult Probation
   - Parole
   - None of the above
   - Declined
   - Don’t know

46. How long ago were you last released from jail or prison?

   Day(s)  
   Week(s)  
   Month(s)  
   Year(s)  

47. When you were last released from jail or prison, were you released on probation or parole?
   If yes, read each category that starts with “Yes” and choose all that apply.
   - Yes, probation
   - Yes, parole
   - None of the above
   - Declined
   - Don’t know

Now I’m going to ask you a series of questions about WHERE you lived before you lost stable housing.

48. Have you ever lived outside of LA County?
   - Yes
   - No
   - Declined
   - Don’t know

49. How long has it been since you moved or moved back to LA County? If respondent is unsure use an example, e.g., “six months ago I moved from out of state.”

   Day(s)  
   Week(s)  
   Month(s)  
   Year(s)  

13 – 2019 Demographic Survey
50. Before the last time you lost your housing, where were you living? Read each response and choose one answer.
   - Los Angeles county
   - Other county in Southern California (Kern, Imperial, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, or Ventura)
   - Other county in California
   - Out of state
   - Outside of the United States
   - Declined
   - Don’t know

If “Los Angeles County” is selected, ask Question 51. Otherwise, skip to Question 52.

51. What city or community in LA County did you live in before you lost your housing? If the respondent is having difficulty, ask them where the neighborhood or specific area the house or apartment was that they stayed in. If the answer is LA, Los Angeles (City), please ask: What neighborhood? Refer to your LA Cities and Communities Cheat Sheet for a list of communities and cities in Los Angeles County.

52. What do you think are some of the main reasons or conditions that led to your loss of housing? Wait for response and choose ALL that apply.
   - Break-up, divorce, or separation
   - Child support issues
   - Conflicts with family or household members
   - Death or illness of family member or child
   - Kicked out of home due to sexual orientation/gender identity
   - No friends or family available
   - Domestic violence, parental abuse, partner abuse, dating violence, or stalking
   - Physical safety concerns (e.g., gang-related violence)
   - Eviction or foreclosure
   - Uninhabitable living conditions
   - Timed out or left previous housing program
   - Unemployment or financial reasons
   - Medical, physical disability or illness
   - Mental health issues
   - Problematic alcohol or drug use
   - Released from hospital, treatment facility, or other institution
   - Release from jail or prison
   - Recent immigration
   - Left or aged out of foster care
   - Declined
   - Don’t know
   - Other (Specify): __________________________

53. Do you live with any pets including service animals? If the response is “yes,” ask, if so, how many pets do you have?
   - Yes (Specify): __________________________
   - No
   - Declined
   - Don’t know
54. Which of the following would best describe your employment situation? Wait for response, and choose the most appropriate response. If unemployed or not working, ask for clarification.

- Disabled or on disability
- Retired
- Full-time (more than 35 hours)
- Part-time (35 hours or less)
- Seasonal work (recurring temporary work)
- Temporary work (limited contract with termination date)
- Self-employed
- Unemployed, actively looking for work
- Unemployed, not actively looking for work
- Unemployed, student
- None of the above
- Declined
- Don't know

55. Have you been forced to work, where you didn't get paid or you got paid less than expected? 

Please use the response card.

- Yes (3)
- No (2)
- Declined (3)
- Don’t know (4)

If the response to Question 55 is “No,” skip to Question 57.

56. What type of work did you have to do? Please use the response card.

- Agricultural work (1)
- Panhandling (2)
- Door-to-door sales (5)
- Restaurant/catering work (4)
- Household/childcare work (5)
- Illegal goods sales (drugs, guns, etc.) (6)
- Sex work (7)
- Other (8)
- Declined (9)
- Don’t know (10)

57. Do you receive any of the following forms of government assistance? Read each category following the directions in red and choose ALL that apply.

- CAPI - Cash Assistance Program for Immigrants
- Child support or survivor benefits
- Food Stamps / EBT Card / CalFresh
- GR / GA - General Relief or Assistance
- My Health LA (DHS)
- Medicaid / Medi-Cal / LA Care / HealthNet
- SSI / SSDI / Disability
- Medicare
- Unemployment (unemployed persons only)
- Veteran’s Disability (vets only)
- Veterans Medical Center / Veteran Benefits (vets only)
- Veteran’s Pension (vets only)
- State children’s health insurance (CHIP) Healthy Families (families only)
- CalWORKS / TANF (families only)
- WIC - Women, Infants, and Children (families only)
- Natural disaster, fire, flood, etc.
- None at this time
- Declined
- Don’t know

58. What is your approximate monthly income, including cash benefits (e.g., SSI, GR) and any other sources of money?

Thank you for taking time to complete the Demographic Survey and for sharing this information about you and your experiences. Here is your food card! Please complete the STAFF USE ONLY section below, and attach the pre-survey to the survey before continuing to the next respondent.

<table>
<thead>
<tr>
<th>STAFF ONLY</th>
<th>Food Card Received?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveyor, what is the status of the survey?</td>
<td>Yes</td>
</tr>
<tr>
<td>□ Complete (respondent was asked every question, excluding skip logic)</td>
<td></td>
</tr>
<tr>
<td>□ Partial (respondent didn’t finish survey)</td>
<td></td>
</tr>
<tr>
<td>□ Sheltered/Housed (Cannot Confirm Eligibility)</td>
<td></td>
</tr>
<tr>
<td>□ Refusal (at any point respondent declined to take or continue the survey)</td>
<td></td>
</tr>
</tbody>
</table>
## Exhibit G – HUD Mandated Tables

### Persons in Households with at least one Adult and one Child

**Point-in-Time Count CA-600 Los Angeles City & County CoC**

**Population: Sheltered and Unsheltered Count**

<table>
<thead>
<tr>
<th>Persons in Households with at least one Adult and one Child</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of persons (Adults &amp; Children)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Persons (under age 18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Persons (18 - 24)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Persons (over age 24)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gender (adults and children)**

<table>
<thead>
<tr>
<th>Gender Non-Conforming (i.e., not exclusively male or female)</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
</table>

**Ethnicity (adults and children)**

<table>
<thead>
<tr>
<th>Non-Hispanic/Non-Latino</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hispanic/Latino</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
</table>

**Race (adults and children)**

<table>
<thead>
<tr>
<th>White</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African-American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Races</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Chronically Homeless (adults and children)**

<table>
<thead>
<tr>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of households</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of persons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Persons in Households without Children

**Point-in-Time Count CA-600 Los Angeles City & County CoC**

**Population: Sheltered and Unsheltered Count**

**Persons in Households without Children**

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of persons (Adults)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Persons (18 - 24)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Persons (over age 24)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
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</tr>
<tr>
<td>Transgender</td>
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<td></td>
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<tr>
<td>Gender Non-Conforming (i.e. not exclusively male or female)</td>
<td></td>
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</tbody>
</table>

**Ethnicity**

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Non-Hispanic/Non-Latino</td>
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</tr>
<tr>
<td>Hispanic/Latino</td>
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<td></td>
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</tr>
</tbody>
</table>

**Race**

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African-American</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Asian</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
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<td></td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
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</tr>
<tr>
<td>Multiple Races</td>
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</tbody>
</table>

**Chronically Homeless**

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Total number of persons</td>
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</tbody>
</table>
### Persons in Households with only Children

**Point-in-Time Count CA-600 Los Angeles City & County CoC**

Population: Sheltered and Unsheltered Count

#### Persons in Households with only Children

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of children (under age 18)</td>
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<td></td>
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</tbody>
</table>

#### Gender (adults and children)

<table>
<thead>
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<th>Gender</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
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<td></td>
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</tr>
<tr>
<td>Male</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Non-Conforming (i.e. not exclusively male or female)</td>
<td></td>
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</tbody>
</table>

#### Ethnicity (adults and children)

<table>
<thead>
<tr>
<th>Ethnicity</th>
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<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic/Non-Latino</td>
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<td></td>
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</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Race (adults and children)

| Race                                           | Sheltered | Unsheltered | Total |
|                                               |           |             |       |
| White                                         |           |             |       |
| Black or African-American                     |           |             |       |
| Asian                                         |           |             |       |
| American Indian or Alaska                     |           |             |       |
| Native                                         |           |             |       |
| Native Hawaiian or Other Pacific Islander      |           |             |       |
| Multiple Races                                |           |             |       |

#### Chronically Homeless (adults and children)

<table>
<thead>
<tr>
<th>Chronically Homeless</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of persons</td>
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</tbody>
</table>
# Unaccompanied Youth Households

**Inventory Count Date:** 1/23/2019  
**Population:** Sheltered and Unsheltered Count

## Unaccompanied Youth Households

<table>
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<tr>
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<th>Unsheltered</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Total Number of unaccompanied youth households

### Total number of unaccompanied youth

### Number of unaccompanied children (under age 18)

### Number of unaccompanied young adults (age 18 to 24)

## Gender (unaccompanied youth)

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### Female

### Male

### Transgender

### Gender Non-Conforming (i.e. not exclusively male or female)

## Ethnicity (unaccompanied youth)

<table>
<thead>
<tr>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Non-Hispanic/Non-Latino

### Hispanic/Latino

## Race (unaccompanied youth)

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<tr>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### White

### Black or African-American

### Asian

### American Indian or Alaska Native

### Native Hawaiian or Other Pacific Islander

### Multiple Races

## Chronically Homeless (unaccompanied youth)

<table>
<thead>
<tr>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Total number of persons
### Parenting Youth Households

**Inventory Count Date:** 1/23/2019  
**Population:** Sheltered and Unsheltered Count

#### Parenting Youth Households

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Total number of parenting youth households</td>
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<td></td>
</tr>
<tr>
<td>Total number of persons in parenting youth households</td>
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<td></td>
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</tr>
<tr>
<td>Total Parenting Youth (youth parents only)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total Children in Parenting Youth Households</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Number of parenting youth (under age 18)</td>
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<td></td>
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</tr>
<tr>
<td>Children in households with parenting youth under age 18</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Children in households with parenting youth under age 18 (children under age 16 with parent under 18)</td>
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</tr>
<tr>
<td>Number of parenting youth (age 16 to 24)</td>
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<td></td>
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</tr>
<tr>
<td>Children in households with parenting youth age 16 to 24 (children under age 18 with parent under age 24)</td>
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</tbody>
</table>

#### Gender

<table>
<thead>
<tr>
<th>Description</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(parenting youth)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
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<td></td>
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<tr>
<td>Male</td>
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<tr>
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<td>Gender Non-Conforming (i.e., not exclusively male or female)</td>
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</table>

#### Ethnicity

<table>
<thead>
<tr>
<th>Description</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(parenting youth)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic/Non-Latino</td>
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<td></td>
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<tr>
<td>Hispanic/Latino</td>
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</tbody>
</table>

#### Race

<table>
<thead>
<tr>
<th>Description</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(parenting youth)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Black or African-American</td>
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<td></td>
<td></td>
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<tr>
<td>Asian</td>
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<td></td>
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<tr>
<td>American Indian or Alaska Native</td>
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<td></td>
</tr>
<tr>
<td>Multiple Races</td>
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<td></td>
<td></td>
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</tbody>
</table>

#### Chronically Homeless

<table>
<thead>
<tr>
<th>Description</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(parenting youth)</td>
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<td></td>
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</tr>
<tr>
<td>Total number of households</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of persons</td>
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</tbody>
</table>
Veterans: Persons in Households with at least one Adult and one Child

Point-in-Time Count Veterans CA-600 Los Angeles City & County CoC
Inventory Count Date: 1/23/2019
Population: Sheltered and Unsheltered Count

<table>
<thead>
<tr>
<th>Persons in Households with at least one Adult and one Child</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td></td>
</tr>
<tr>
<td>Total Number of Households</td>
<td></td>
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</tr>
<tr>
<td>Total Number of Persons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Veterans</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender (veterans only)</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gender Non-Conforming (i.e. not exclusively male or female)</td>
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</table>

<table>
<thead>
<tr>
<th>Ethnicity (veterans only)</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic/Non-Latino</td>
<td></td>
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<tr>
<td>Hispanic/Latino</td>
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</table>

<table>
<thead>
<tr>
<th>Race (veterans only)</th>
<th>Sheltered</th>
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<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African-American</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
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</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td>Multiple Races</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronically Homeless (veterans only)</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td></td>
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</tbody>
</table>
### Veterans: Persons in Households without Children

**Point-in-Time Count Veterans CA-600 Los Angeles City & County CoC**

*Inventory Count Date: 1/23/2019*

*Population: Sheltered and Unsheltered Count*

#### Persons in Households without Children

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Persons</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total Number of Veterans</td>
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</tbody>
</table>

#### Gender (veterans only)

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
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<td></td>
</tr>
<tr>
<td>Gender Non-Conforming</td>
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<td></td>
<td></td>
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<tr>
<td>(i.e. not exclusively male or female)</td>
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</table>

#### Ethnicity (veterans only)

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Non-Hispanic/Non-Latino</td>
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<tr>
<td>Hispanic/Latino</td>
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</table>

#### Race (veterans only)

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Multiple Races</td>
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</tbody>
</table>

#### Chronically Homeless (veterans only)

<table>
<thead>
<tr>
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<th>Unsheltered</th>
<th>Total</th>
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<tbody>
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<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Total number of persons</td>
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</table>
### Other Homeless Subpopulations

**Additional Homeless Populations Summary for CA-600 - Los Angeles City & County CoC**

Date of PIT Count: 1/23/2019  
Population: Sheltered and Unsheltered Count

#### Other Homeless Subpopulations

<table>
<thead>
<tr>
<th>Sheltered</th>
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<tbody>
<tr>
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<tr>
<td>Adults with a Substance Use Disorder</td>
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</tr>
<tr>
<td>Adults with HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Survivors of Domestic Violence</td>
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<td></td>
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