

**APPENDIX D**

**REQUIRED FORMS**

**FOR**

**ARMED AND UNARMED SECURITY GUARD SERVICES**

**REQUEST FOR PROPOSALS (RFP)**

## **EXHIBITS**

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- D-2 Prospective Contractor References
- D-3 Prospective Contractor List of Contracts
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- D-6 Familiarity with the County Lobbyist Ordinance Certification
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## REQUIRED FORMS - EXHIBIT D-1

### PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

**Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.**

1. Is your firm a corporation or limited liability company (LLC)? ☐ **Yes** ☐ **No**  
 If yes, complete:  
 Legal Name (found in Articles of Incorporation) \_\_\_\_\_  
 State \_\_\_\_\_ Year Inc. \_\_\_\_\_
2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:  
 \_\_\_\_\_
3. Is your firm doing business under one or more DBA's? ☐ **Yes** ☐ **No**  
 If yes, complete:  

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____
4. Is your firm wholly/majority owned by, or a subsidiary of another firm? ☐ **Yes** ☐ **No**  
 If yes, complete:  
 Name of parent firm: \_\_\_\_\_  
 State of incorporation or registration of parent firm: \_\_\_\_\_
5. Has your firm done business as other names within last five (5) years? ☐ **Yes** ☐ **No**  
 If yes, complete:  

Name _____	Year of Name Change _____
Name _____	Year of Name Change _____
6. Is your firm involved in any pending acquisition or mergers, including the associated company name?  
☐ **Yes** ☐ **No** If yes, provide information:  
 \_\_\_\_\_  
 \_\_\_\_\_

Proposer acknowledges and certifies that firm meets and will comply with the Proposer's Minimum Qualifications as stated in Section 3.0, of this Request for Proposal, as listed below.

Check the appropriate boxes:

☐ **Yes**   ☐ **No**   Proposers must have five (5) years' experience within the last seven (7) years providing both armed and unarmed security guard services equivalent or substantially similar to the services identified in the Statement of Work.

☐ **Yes**   ☐ **No**   Proposer applying for one Sector must have, within the last five years, a minimum aggregate total of 125 guards available at all time to provide security guards services. Proposer must provide references to verify this experience. The experience must be documented in Proposal, Subsection B.1.

OR

Proposers applying for two Sectors must have, within the last five years, a minimum aggregate total of 250 guards available at all times to provide security guard services. Proposer must provide references to verify this requirement. The experience must be documented in Proposal, Subsection B.1.

☐ **Yes**   ☐ **No**   Proposer must provide at least one (1) assigned full-time Contract Project Manager, with a minimum of three (3) years' experience within the last five (5) years providing security management services equivalent or substantially similar to those required in the Statement of Work.

☐ **Yes**   ☐ **No**   Proposer must provide at least one (1) assigned full-time Contractor Contract Manager, with a minimum of three (3) years' experience within the last five (5) years providing contract management services equivalent or substantially similar to those required in the Statement of Work.

☐ **Yes**   ☐ **No**   Proposer must have, by proposal submission, a valid and active California-issued private patrol operator license to perform the requested services

☐ **Yes**   ☐ **No**   Proposer must attend mandatory WebEx Proposer's Conference, as specified in this RFP, Subsection 7.8, Proposer's Conference.

☐ **Yes**   ☐ **No**   Proposer does not have unresolved questioned cost, as identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the County department, and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

- I. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

<b>Business Structure:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify) _____						
<b>Total Number of Employees</b> (including owners): _____						
<b>Race/Ethnic Composition of Firm.</b> Distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

- II. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

- III. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**  
If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Other

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

<b>PROPOSER NAME:</b>		<b>COUNTY WEBVEN NUMBER:</b>
<b>ADDRESS:</b>		
<b>PHONE NUMBER:</b>	<b>E-MAIL:</b>	
<b>INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</b>	<b>CALIFORNIA BUSINESS LICENSE NUMBER:</b>	
<b>PROPOSER OFFICIAL NAME AND TITLE (PRINT):</b>	<b>UNIQUE ENTITY IDENTIFIER NUMBER</b>	
<b>SIGNATURE</b>	<b>DATE</b>	

**REQUIRED FORMS - EXHIBIT D-2**  
**PROSPECTIVE CONTRACTOR REFERENCES**

**Contractor's Name:** \_\_\_\_\_

List five (5) References where the same or similar scope of services were provided in order to meet the Minimum Requirements stated in this Solicitation.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract (MM/YY – MM/YY)	Type of Service		Dollar Amt.
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract (MM/YY – MM/YY)	Type of Service		Dollar Amt.
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract (MM/YY – MM/YY)	Type of Service		Dollar Amt.
<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract (MM/YY – MM/YY)	Type of Service		Dollar Amt.
<b>5. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract (MM/YY – MM/YY)	Type of Service		Dollar Amt.

**REQUIRED FORMS - EXHIBIT D-3**  
**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

**Contractor's Name:** \_\_\_\_\_

List of all public entities for which the Contractor has provided service within the last three (3) years. Use additional sheets if necessary.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract	(MM/YY – MM/YY)	Type of Service	Dollar Amt.
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract	(MM/YY – MM/YY)	Type of Service	Dollar Amt.
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract	(MM/YY – MM/YY)	Type of Service	Dollar Amt.
<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract	(MM/YY – MM/YY)	Type of Service	Dollar Amt.
<b>5. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
Name or Contract No.	# of Years / Term of Contract	(MM/YY – MM/YY)	Type of Service	Dollar Amt.

**REQUIRED FORMS - EXHIBIT D-4**  
**PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

**Contractor's Name:** \_\_\_\_\_

List of all contracts that have been terminated within the past three (3) years.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (    )	<b>Email Address</b>
<hr/>				
Name or Contract No.	Reason for Termination:			
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**REQUIRED FORMS - EXHIBIT D-5**  
**CERTIFICATION OF NO CONFLICT OF INTEREST**

The Los Angeles County Code, Section 2.180.010, provides as follows:

**CONTRACTS PROHIBITED**

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
  - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
  - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

\_\_\_\_\_  
Proposer Name

\_\_\_\_\_  
Proposer Official Title

\_\_\_\_\_  
Official's Signature

**REQUIRED FORMS - EXHIBIT D-6**  
**FAMILIARITY WITH THE COUNTY**  
**LOBBYIST ORDINANCE CERTIFICATION**

The Proposer certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUIRED FORMS - EXHIBIT D-7

### REQUEST FOR PREFERENCE CONSIDERATION

**INSTRUCTIONS:** Businesses requesting preference consideration must complete and return this form for proper consideration of the proposal. Businesses may request consideration for one or more preference programs. Check all certifications that apply.\*

**I MEET ALL OF THE REQUIREMENTS AND REQUEST THIS PROPOSAL BE CONSIDERED FOR THE PREFERENCE PROGRAM(S) SELECTED BELOW. A COPY OF THE CERTIFICATION LETTER(S) ISSUED BY THE DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS (DCBA) IS ATTACHED.**

☐ **Request for Local Small Business Enterprise (LSBE) Program Preference**

- ☐ Meets the revenues and employee size criteria of the federal Small Business Administration and maintains an active registration as a small business in the System for Award Management (SAM) data base; **and**
- ☐ Certified as a LSBE by the DCBA.

☐ **Request for Social Enterprise (SE) Program Preference**

- ☐ A business that has been in operation for at least one year providing transitional or permanent employment to a Transitional Workforce or providing social, environmental and/or human justice services; **and**
- ☐ Certified as a SE business by the DCBA.

☐ **Request for Disabled Veterans Business Enterprise (DVBE) Program Preference**

- ☐ Certified by the State of California, **or**
- ☐ Certified by U.S. Department of Veterans Affairs as a DVBE; **or**
- ☐ Certified as a DVBE with other certifying agencies under to DCBA's inclusion policy that meets the criteria set forth by: the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration: **and**
- ☐ Certified as a DVBE by the DCBA.

**\*BUSINESS UNDERSTANDS THAT ONLY ONE OF THE ABOVE PREFERENCES WILL APPLY. IN NO INSTANCE SHALL ANY OF THE ABOVE LISTED PREFERENCE PROGRAMS PRICE OR SCORING PREFERENCE BE COMBINED WITH ANY OTHER COUNTY PROGRAM TO EXCEED FIFTEEN PERCENT (15%) IN RESPONSE TO ANY COUNTY SOLICITATION.**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

☐ **DCBA certification is attached.**

Name of Firm		County Webven No.	
Print Name:		Title:	
Signature:		Date:	
Reviewer's Signature	Approved	Disapproved	Date

**REQUIRED FORMS - EXHIBIT D-8**  
**PROPOSER'S EEO CERTIFICATION**

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Company Name

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Address

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Internal Revenue Service Employer Identification Number

**GENERAL**

In accordance with provisions of the County Code of the County of Los Angeles, the Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

<b>CERTIFICATION</b>	<b>YES</b>	<b>NO</b>
1. Proposer has written policy statement prohibiting discrimination in all phases of employment.	(   )	(   )
2. Proposer periodically conducts a self-analysis or utilization analysis of its work force.	(   )	(   )
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	(   )	(   )
4. When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	(   )	(   )

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Signature

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Date

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Name and Title of Signer (please print)

**REQUIRED FORMS - EXHIBIT D-9**  
**ATTESTATION OF WILLINGNESS TO CONSIDER**  
**GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: [GAINGROW@DPSS.LACOUNTY.GOV](mailto:GAINGROW@DPSS.LACOUNTY.GOV) and [BSERVICES@WDACS.LACOUNTY.GOV](mailto:BSERVICES@WDACS.LACOUNTY.GOV).

**Proposers unable to meet this requirement shall not be considered for contract award.**

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

\_\_\_\_\_ YES (subject to verification by County) \_\_\_\_\_ NO

B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

\_\_\_\_\_ YES \_\_\_\_\_ NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A (Program not available)

Proposer's Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

## REQUIRED FORMS - EXHIBIT D-10

### COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the proposer is given an exemption from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

***If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.***

#### **Part I: Jury Service Program is Not Applicable to My Business**

- ☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- ☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

**"Dominant in its field of operation"** means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

**"Affiliate or subsidiary of a business dominant in its field of operation"** means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- ☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

**OR**

#### **Part II: Certification of Compliance**

- ☐ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the contract.

***I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.***

Print Name:	Title:
Signature:	Date:

**REQUIRED FORMS - EXHIBIT D-11**

**PRICING SHEET  
FORM OF BID TO BE SUBMITTED BY PROPOSER**

**Exhibit D-11 is available in Excel format at:**

**<https://dpss.lacounty.gov/en/business/contracts.html>**

**REQUIRED FORMS - EXHIBIT D-11**

**PRICING SHEET  
FORM OF BID TO BE SUBMITTED BY PROPOSER**

**Exhibit D-11 is available in Excel format at:**

**<https://dpss.lacounty.gov/en/business/contracts.html>**



**REQUIRED FORMS - EXHIBIT D-11**

**PRICING SHEET  
FORM OF BID TO BE SUBMITTED BY PROPOSER**

**Exhibit D-11 is available in Excel format at:**

**<https://dpss.lacounty.gov/en/business/contracts.html>**

REQUIRED FORMS - EXHIBIT D-12

**CERTIFICATION OF INDEPENDENT PRICE DETERMINATION  
AND ACKNOWLEDGEMENT OF RFP RESTRICTIONS**

- A. By submission of this Proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.
- B. List all names and telephone number of person legally authorized to commit the Proposer.

NAME

PHONE NUMBER

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**NOTE:** Persons signing on behalf of the Contractor will be required to warrant that they are authorized to bind the Contractor.

- C. List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".

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- D. Proposer acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this RFP. Proposer understands that, if it is determined by the County that the Proposer did participate as a consultant in this RFP process, the County shall reject this proposal.

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Name of Firm

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Print Name of Signer

Title

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Signature

Date

## REQUIRED FORMS - EXHIBIT D-13

### SAMPLE BUDGET SHEET FOR \_\_\_\_\_ SERVICES

**DIRECT COST** (List each staff classification)

Payroll:	FTE*	Hourly Rate	Monthly Salary
Employee Classification	_____	\$ _____	\$ _____
Employee Classification	_____	\$ _____	\$ _____
Employee Classification	_____	\$ _____	\$ _____
Others (Please continue to list)			
<b>Total Salaries and Wages</b>			<b>\$ _____</b>

\*FTE = Full Time Equivalent Positions

Employee Benefits	No. of Employees	Monthly Cost per FTE
Medical Insurance	_____	\$ _____
Dental Insurance	_____	\$ _____
Life Insurance	_____	\$ _____
Other (list)	_____	\$ _____
<b>Total Benefits</b>		<b>\$ _____</b>

Payroll Taxes (List all appropriate, e.g., FICA, SUI, Workers' Compensation, etc.)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Payroll Taxes</b>	<b>\$ _____</b>

Insurance (List Type/Coverage. See Sample Contract, Sub-paragraph 8.25, Insurance Coverage Requirements)

_____	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles	\$ _____
Supplies	\$ _____
Services	\$ _____
Office Equipment	\$ _____
Telephone/Utilities	\$ _____
Other (please continue to list)	\$ _____
<b>Total Insurance/Misc. S &amp; S</b>	<b>\$ _____</b>

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**TOTAL DIRECT COSTS** \$ \_\_\_\_\_
**INDIRECT COST** (List all appropriate)

General Accounting/Bookkeeping	\$ _____
Management Overhead (Specify)	\$ _____
Other (Specify)	\$ _____

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**TOTAL INDIRECT COSTS** \$ \_\_\_\_\_

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**TOTAL DIRECT AND INDIRECT COST** \$ \_\_\_\_\_

PROFIT (Please enter percentage: \_\_\_\_\_%) \$ \_\_\_\_\_

**TOTAL MONTHLY COSTS** \$ \_\_\_\_\_

**TOTAL ANNUAL COST**..... \$ \_\_\_\_\_

### **REQUIRED LINE ITEM BUDGET NARRATIVE**

Proposers are required to complete a budget narrative for each separate line item in their Annual Budget Sheet for each Sector bid on. All figures and compilations must be clearly explained.

**REQUIRED FORMS - EXHIBIT D-14**  
**EMPLOYEE BENEFITS**

**Medical Insurance/Health Plan:**

Employer Pays \$\_\_\_\_\_ Employee Pays \$\_\_\_\_\_ Total Mo. Premium \$\_\_\_\_\_

Annual Deductible  
Employee \$\_\_\_\_\_ Family \$\_\_\_\_\_

Coverage (✓)

\_\_\_\_\_ Hospital Care (In Patient \_\_\_\_\_ Out Patient \_\_\_\_\_)  
\_\_\_\_\_ X-Ray and Laboratory  
\_\_\_\_\_ Surgery  
\_\_\_\_\_ Office Visits  
\_\_\_\_\_ Pharmacy  
\_\_\_\_\_ Maternity  
\_\_\_\_\_ Mental Health/Chemical Dependency, In Patient  
\_\_\_\_\_ Mental Health/Chemical Dependency, Out Patient

**Dental Insurance:**

Employer Pays \$\_\_\_\_\_ Employee Pays \$\_\_\_\_\_ Total Mo. Premium \$\_\_\_\_\_

**Life Insurance:**

Employer Pays \$\_\_\_\_\_ Employee Pays \$\_\_\_\_\_ Total Mo. Premium \$\_\_\_\_\_

**Vacation:**

Number of Days \_\_\_\_\_ and

Any increase after \_\_\_\_\_ years of employment, number of days or hours \_\_\_\_\_

**Sick Leave:**

Number of Days \_\_\_\_\_ and

Any increase after \_\_\_\_\_ years of employment, number of days or hours \_\_\_\_\_

**Holidays:**

Number of Days \_\_\_\_\_ per year

**Retirement:**

Employer Pays \$\_\_\_\_\_ Employee Pays \$\_\_\_\_\_ Total Premium \$\_\_\_\_\_



REQUIRED FORMS - EXHIBIT D-15  
COUNTY OF LOS ANGELES  
LIVING WAGE PROGRAM

CONTRACTOR NON-RESPONSIBILITY DEBARMENT  
ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE

The undersigned individual is the owner or authorized agent (Agent) of the business entity or organization ("Firm") identified below and makes the following statements on behalf of his or her Firm.

The Agent is required to check each of the following two boxes:

LIVING WAGE ORDINANCE:

- ☐ The Agent has read the County's Living Wage Ordinance (Los Angeles County Code Section 2.201.010 through 2.201.100), and understands that the Firm is subject to its terms.

CONTRACTOR NON-RESPONSIBILITY AND CONTRACTOR DEBARMENT ORDINANCE:

- ☐ The Agent has read the County's Determinations of Contractor Non-Responsibility and Contractor Debarment Ordinance (Los Angeles County Code Section 2.202.010 through 2.202.060), and understands that the Firm is subject to its terms.

LABOR LAW/PAYROLL VIOLATIONS:

A "Labor Law/Payroll Violation" includes violations of any federal, state or local statute, regulation, or ordinance pertaining to wages, hours or working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination.

History of Alleged Labor Law/Payroll Violations (Check One):

- ☐ The Firm **HAS NOT** been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of the proposal; **OR**
- ☐ The Firm **HAS** been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of this proposal. (I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each allegation.)

History of Determinations of Labor Law /Payroll Violations (Check One):

- ☐ There **HAS BEEN NO** determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation; **OR**
- ☐ There **HAS BEEN** a determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation. I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each violation (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding.) (The County may deduct points from the proposer's final evaluation score ranging from 1% to 20% of the total evaluation points available with the largest deductions occurring for undisclosed violations.)

HISTORY OF DEBARMENT (Check one):

- ☐ The Firm **HAS NOT** been debarred by any public entity during the past ten (10) years; **OR**
- ☐ The Firm **HAS** been debarred by a public entity within the past ten (10) years. Provide the pertinent information (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding) on the attached Labor/Payroll/Debarment History form.

I declare under penalty of perjury under the laws of the State of California that the above is true, complete and correct.

Owner's/Agent's Authorized Signature	Print Name and Title
Print Name of Firm	Date



**REQUIRED FORMS - EXHIBIT D-16  
COUNTY OF LOS ANGELES  
LIVING WAGE PROGRAM**

**LABOR/PAYROLL/DEBARMENT HISTORY  
ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE**

**If applicable, Firm must complete and submit a separate form** (make photocopies of form) **for each instance of any of the following** (check the applicable box below):

- ☐ An alleged claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation for an incident occurring within the past three (3) years of the date of the proposal.
- ☐ A determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation.
- ☐ A debarment by a public entity listed below within the past ten (10) years.

Print Name of Firm:	Print Name of Owner:
Print Address of Firm:	Owner's/Agent's Authorized Signature:
City, State, Zip Code:	Print Name and Title:

<b>Public Entity Name:</b>		Date of Incident:
<b>Case Number/Date Claim Opened:</b>	Case Number:	Date Claim Opened:
<b>Name and Address of Claimant:</b>	Name:	
	Street Address:	
	City, State, Zip:	
<b>Description of Work: (e.g., janitor)</b>		
<b>Description of Allegation and/or Violation:</b>		
<b>Disposition of Finding (attach disposition letter): (e.g., Liquidated Damages, Penalties, Debarment, etc.)</b>		

☐ Additional pages are attached for a total of \_\_\_\_\_ pages.





**REQUIRED FORMS - EXHIBIT D-17  
COUNTY OF LOS ANGELES  
LIVING WAGE PROGRAM**

**APPLICATION FOR EXEMPTION**

The contract to be awarded pursuant to the County's solicitation is subject to the County of Los Angeles Living Wage Program (LW Program) (Los Angeles County Code, Chapter 2.201). Contractors and subcontractors must apply individually for consideration for an exemption from the LW Program. **To apply, Contractors must complete and submit this form with supporting documentation to the County after the Mandatory Proposers Conference by the due date set forth in the solicitation document.** Upon review of the submitted Application for Exemption, the County department will determine, in its sole discretion, whether the contractor and/or subcontractor is/are exempt from the LW Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Facsimile Number:	Email Address:
Awarding Department:		Contract Term:
Type of Service:		
Contract Dollar Amount:		Contract Number (if any):
My business has received an aggregate sum of less than \$25,000 during the preceding 12 months under one or more Proposition A contracts and/or cafeteria services contracts, including the proposed contract amount		<input type="checkbox"/> Yes <input type="checkbox"/> No

**I am requesting an exemption from the LW Program for the following reason(s) (*attach all documentation that supports your claim to this form*). Please check all that apply:**

- ☐ My business is subject to a bona fide Collective Bargaining Agreement (*attach agreement*); **AND**
- ☐ the Collective Bargaining Agreement expressly provides that it supersedes all of the provisions of the Living Wage Program; **OR**
  - ☐ the Collective Bargaining Agreement expressly provides that it supersedes the following specific provisions of the Living Wage Program (I will comply with all provisions of the Living Wage Program not expressly superseded by my business' Collective Bargaining Agreement):

\_\_\_\_\_  
\_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.**

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

## REQUIRED FORMS - EXHIBIT D-18

### Staffing Plan

**Exhibit D-18 is available in Excel format at:**  
**<https://dpss.lacounty.gov/en/business/contracts.html>**

**REQUIRED FORMS - EXHIBIT D-19**  
**CHARITABLE CONTRIBUTIONS CERTIFICATION**

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Company Name

---

Address

---

Internal Revenue Service Employer Identification Number

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California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

**Check the Certification below that is applicable to your company.**

- ☐ Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

**OR**

- ☐ Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

---

Signature

---

Date

---

Please Print Name and Title of Signer

## REQUIRED FORMS EXHIBIT D-20

### CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

- ☐ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

**- OR -**

- ☐ I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

---

---

*I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.*

Print Name:	Title:
Signature:	Date:

## REQUIRED FORMS - EXHIBIT D-21

### ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING CERTIFICATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

#### PROPOSER CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance policy on human trafficking that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Proposer acknowledges and certifies compliance with Section 8.54 (Compliance with County's Zero Tolerance Policy on Human Trafficking) of the proposed Contract and agrees that proposer or a member of his staff performing work under the proposed Contract will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any proposal, or cancellation of any resultant Contract, at the sole judgment of the County.

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.**

Print Name:	Title:
Signature:	Date:

## REQUIRED FORMS - EXHIBIT D-22

### COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

### PROPOSER/CONTRACTOR CERTIFICATION

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Proposer/Contractor acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that proposer/contractor and staff performing work under the Contract will be in compliance. Proposer/Contractor further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any proposal, or termination of any resultant Contract, at the sole judgment of the County.

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.**

Print Name:	Title:
Signature:	Date:

**REQUIRED FORMS – EXHIBIT D-23**  
**FIVE YEAR REVENUE DISCLOSURE SUMMARY**

**Agency Name and Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. SUMMARY OF FUNDING SOURCES						
Program/Project Title	Services Provided	Funding Source	Amount of Award	Contract Period	Supervisory Districts or Areas Served	Target Population

## FIVE YEAR REVENUE DISCLOSURE SUMMARY

Agency Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.SUMMARY OF PROPOSALS SUBMITTED/PENDING						
Program/Project Title	Services Provided	Funding Source	Amount of Award	Contract Period	Supervisory Districts or Areas Served	Target Population



**REQUIRED FORMS – EXHIBIT D-24**  
**CONTRACTOR’S CERTIFICATION OF OFFICE LOCATION**

**CONTRACTOR NAME:**

The service office(s) is/are located at:

Address 1:

Address 2:

Address 3:

Address 4:

Address 5:

Address 6:

By signing this certification form, this Contractor certifies:

- ☐ At least one of the office(s) listed above will be located in Los Angeles County at the time of Contract award.

OR

- ☐ ***(If no office(s) are identified above)*** At least one office will be located in Los Angeles County at the time of Contract award.

Name of Firm: \_\_\_\_\_

Name and Title of Signer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED FORMS – EXHIBIT D-25

CONTINUITY OF OPERATIONAL PLANNING AND  
DISASTER PREPAREDNESS PLAN

(Page 1 of 7)

**(Proposer Name) Emergency Plan**

Continuity of Operational Planning and Disaster Preparedness Plan

☐ **PLAN TO STAY IN BUSINESS**

If this location is not accessible we will operate from location below:

Business Name

Business Name

Address

Address

City, State

City, State

Telephone Number

Telephone Number

The following person is our primary crisis manager and will serve as the company spokesperson in an emergency:

If the person listed is unable to manage the crisis, the person below will succeed in management:

Primary Emergency Contact

Secondary Emergency Contact

Telephone Number

Telephone Number

Alternative Number

Alternative Number

Email

Email

☐ **EMERGENCY CONTACT INFORMATION**

Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire

Insurance Provider

**REQUIRED FORMS – EXHIBIT D-25**  
**CONTINUITY OF OPERATIONAL PLANNING AND**  
**DISASTER PREPAREDNESS PLAN**

(Page 2 of 7)

☐ **BE INFORMED**

The following natural and man-made disasters could impact our business.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

☐ **EMERGENCY PLANNING TEAM**

The following people will participate in emergency planning and crisis management.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

☐ **WE PLAN TO COORDINATE WITH OTHERS**

The following people from the County and/or building management will participate on our emergency planning team.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

☐ **OUR CRITICAL OPERATIONS**

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

Operation Staff in Charge Action Plan

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REQUIRED FORMS – EXHIBIT D-25**  
**CONTINUITY OF OPERATIONAL PLANNING AND**  
**DISASTER PREPAREDNESS PLAN**

(Page 3 of 7)

☐ **SUPPLIERS AND CONTRACTORS**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Materials/Service Provided: \_\_\_\_\_

If this company experiences a disaster, we will obtain supplies/materials from the following: Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Materials/Service Provided: \_\_\_\_\_

If this company experiences a disaster, we will obtain supplies/materials from the following: Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Materials/Service Provided: \_\_\_\_\_

**REQUIRED FORMS – EXHIBIT D-25**  
**CONTINUITY OF OPERATIONAL PLANNING AND**  
**DISASTER PREPAREDNESS PLAN**

(Page 4 of 7)

☐ **EVACUATION PLAN FOR \_\_\_\_\_ LOCATION**

(Insert address...Make additional forms as needed.

Complete one sheet *per location*)

- We have developed these plans in collaboration with the Los Angeles County Sheriff's Department and building manager to avoid confusion or gridlock.
- We have located, copied and posted building and site maps.
- Exits are clearly marked.
- We will practice evacuation procedures \_\_\_\_\_ times a year.

If we must leave the workplace quickly:

---

---

1. Warning System: \_\_\_\_\_

We will test the warning system and record results \_\_\_\_\_ times a year.

2. Assembly Site: \_\_\_\_\_

3. Assembly Site Manager & Alternate: \_\_\_\_\_

a. Responsibilities Include:

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4. Shut Down Manager & Alternate: \_\_\_\_\_

a. Responsibilities Include:

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5. \_\_\_\_\_ is responsible for issuing all clear.

**REQUIRED FORMS – EXHIBIT D-25**  
**CONTINUITY OF OPERATIONAL PLANNING AND**  
**DISASTER PREPAREDNESS PLAN**

(Page 5 of 7)

☐ **SHELTER-IN-PLACE PLAN FOR \_\_\_\_\_ LOCATION**

(Insert address...Make additional forms as needed.

Complete one sheet *per location*)

- We have talked to the Los Angeles County Sheriff's Department and our staff about which emergency supplies, if any, the company or the County will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for individual needs.
- We will practice shelter procedures \_\_\_\_\_ times a year.

If we must take shelter quickly:

---

---

---

1. Warning System: \_\_\_\_\_

We will test the warning system and record results \_\_\_\_\_ times a year.

2. Storm Shelter Location: \_\_\_\_\_

3. "Seal the Room" Shelter Location: \_\_\_\_\_

4. Shelter Manager & Alternate:

a. Responsibilities Include:

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5. Shut Down Manager & Alternate:

a. Responsibilities Include:

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6. \_\_\_\_\_ is responsible for issuing all clear.

**REQUIRED FORMS – EXHIBIT D-25**  
**CONTINUITY OF OPERATIONAL PLANNING AND**  
**DISASTER PREPAREDNESS PLAN**

(Page 6 of 7)

☐ **COMMUNICATIONS**

We will communicate our emergency plans with the Los Angeles County Sheriff's Department, our staff, and other County Emergency Managers in the following way:

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In the event of a disaster we will communicate with the Los Angeles County Sheriff's Department and our employees in the following way:

---

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☐ **CYBER SECURITY**

To protect our computer hardware, we will:

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To protect our computer software, we will:

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If our computers are destroyed, we will use back-up computers at the following location:

---

☐ **RECORDS BACK-UP**

\_\_\_\_\_ is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer backups are stored in this location:

\_\_\_\_\_.

Another set of back-up records is stored at the following off-site location:

---

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:

---

## REQUIRED FORMS – EXHIBIT D-25

**(Page 7 of 7)**

## ☐ EMPLOYEE EMERGENCY CONTACT INFORMATION

The following is a list of our staff and their individual emergency contact information:

[illegible]☐ **ANNUAL REVIEW**

We will review and update this business continuity and disaster plan with the Los Angeles County Sheriff's Department in \_\_\_\_.



Emergency Plan Form adapted from United States Department of Homeland Security  
For more information on Emergency Planning for family, business, and government, visit [Ready.Gov](http://Ready.Gov)