

**APPENDIX B
REQUIRED FORMS**

**REQUIRED FORMS
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**PART I
STATEMENT OF QUALIFICATIONS CHECKLIST**

VENDOR'S LEGAL NAME

	REQUIRED FORMS TO BE COMPLETED	PAGE
Exhibit 1	Proposer's Organization Questionnaire/Affidavit	___ to ___
Exhibit 2	Community Business Enterprise (CBE) Information	___ to ___
Exhibit 3	Request for Preference Consideration	___ to ___
Exhibit 4	Minimum Mandatory Requirements	___ to ___
Exhibit 5	Vendor's Description of Current Operations	___ to ___
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Exhibit 7	Vendor's List of References	___ to ___
Exhibit 8	Vendor's List of Contracts	___ to ___
Exhibit 9	Proposer's Debarment History and List of Terminated Contracts	___ to ___
	REQUIRED FORMS TO BE SUBMITTED	
Attachment 1	Copy of Minutes of Vendor's governing body meeting or Resolution Granting Authority to Submit the Statement of Qualifications and Execute the Master Agreement to the Person Signing	___ to ___
Attachment 2	Proof of Insurance or Insurability	___ to ___
Attachment 3	Applicable Licenses Held by Vendor	___ to ___

PART II
STATEMENT OF QUALIFICATIONS CHECKLIST

VENDOR'S LEGAL NAME

	REQUIRED FORMS TO BE COMPLETED	PAGE
Exhibit 10	Signature Page of Master Agreement	___ to ___
Exhibit 11	Certification of Compliance	___ to ___
Exhibit 12	Declaration	___ to ___
Exhibit 13	Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tiered Covered Transactions (45 C.F.R. Part 76)	___ to ___
Exhibit 14	Vendor's EEO Certification	___ to ___
	REQUIRED FORMS TO BE SUBMITTED	
Attachment 4	Articles of Incorporation as Filed with Secretary of State*	___ to ___
Attachment 5	Certificate of Good Standing with State of California or State of Incorporation*	___ to ___
Attachment 6	Statement of Information as Filed with California Secretary of State*	___ to ___
Attachment 7	IRS Letter Giving Tax Exempt Status*	___ to ___
Attachment 8	Copy of Most Recent Filing under Registry of Charitable Trusts*	___ to ___
Attachment 9	Financial Statements for Three Most Recent Fiscal Years	___ to ___
	For Year Ending _____ (insert year)	___ to ___
	For Year Ending _____ (insert year)	___ to ___
	For Year Ending _____ (insert year)	___ to ___
Attachment 10	Pending Litigation and Judgements If not applicable, Vendor shall include a statement indicating "No Pending Litigation and Judgements"	___ to ___
Note:	*Not required for public entities	

CONTRACTS REQUIRED FORMS – EXHIBIT 1
PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER NAME:	COUNTY WEBVEN NUMBER:
ADDRESS:	
TELEPHONE NUMBER:	E-MAIL:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:

1	<p>Select the options that best define your firm’s business structure:</p> <p><input type="checkbox"/>Corporation <input type="checkbox"/>Limited Liability Company (LLC) <input type="checkbox"/>Limited Partnership <input type="checkbox"/>Sole Proprietorship <input type="checkbox"/>Non-Profit <input type="checkbox"/>Franchise <input type="checkbox"/>Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State if Incorporation: _____ Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____</p> <p>If other: Specify business structure name: _____</p>								
2	<p>Is your firm doing business under one or more DBA’s?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: _____ Country of Registration: _____ Year became DBA: _____</p> <p>Name: _____ Country of Registration: _____ Year became DBA: _____</p> <p>Name: _____ Country of Registration: _____ Year became DBA: _____</p>								
3	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p> <p>State of Incorporation or registration of parent firm: _____</p>								
4	<p>Has your firm done business as other names within last five (5) years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <table border="0"> <tr> <td>Name(s):</td> <td style="text-align: right;">Year(s) of Name Change</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____</td> </tr> </table>	Name(s):	Year(s) of Name Change	_____	_____	_____	_____	_____	_____
Name(s):	Year(s) of Name Change									
_____	_____									
_____	_____									
_____	_____									

5	<p>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".</p>	
6	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide additional information regarding the pending merger.</p>
7	<p>List all names and contact information of all individuals legally authorized to commit the Proposer.</p>	<p>Name: _____ Title: _____ Phone: _____ Email: _____</p> <p>Name: _____ Title: _____ Phone: _____ Email: _____</p> <p>Name: _____ Title: _____ Phone: _____ Email: _____</p> <p>Name: _____ Title: _____ Phone: _____ Email: _____</p> <p>Name: _____ Title: _____ Phone: _____ Email: _____</p>

**REQUIRED FORMS
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

TITLE		REFERENCE			
1 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.			
Total Number of Employees in California:					
Total Number of Employees (including owners):					
Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:					
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Percentage of how ownership of the firm is distributed		
	Male	Female	Male	Female	
Black/African American			%	%	
Hispanic/Latino			%	%	
Asian or Pacific Islander			%	%	
Native Americans			%	%	
Subcontinent Asian			%	%	
White			%	%	

TITLE		REFERENCE				
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE		If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.				
		<input type="checkbox"/> Check if not applicable				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

CONTRACTS REQUIRED FORMS – EXHIBIT 3
REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Proposers requesting preference consideration must complete and include this form in their proposal. Proposers may request consideration for one or more preference programs. In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.

PREFERENCE NOT REQUESTED

OR

<input type="checkbox"/> PREFERENCE REQUESTED (SELECT ALL THAT APPLY)		
Preference Program		Reference
<input type="checkbox"/>	Request for Local Small Business Enterprise (LSBE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	LACC 2.204
<input type="checkbox"/>	Request for Social Enterprise (SE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	LACC 2.205
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

Note: In no instance shall any of the listed preference programs price or scoring be combined with any other County program to exceed fifteen percent (15%) in response to any county solicitation.

MINIMUM MANDATORY QUALIFICATIONS

Vendor acknowledges and certifies that it meets and will comply with the Vendor's Minimum Mandatory Qualifications indicated below and as stated in Paragraph 3.0, of this Request Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Qualification(s) (M/Q)	Complies with M/Q	
		Yes	No
1	Vendor must have, by the SOQ submission date, a minimum of three years of experience out of the last five years providing case management services, employment-related services, and coordinated support services substantially similar to the services described in Subsection 2.1, Scope of Work.		
2	Vendor must have a business office located within the County of Los Angeles, at the time the Service Requisition award, with a responsible person to maintain all administrative records related to the proposed Master Agreement and financial reports that are required herein.		
3	Vendor must be a public or non-profit organization qualified to provide services in the State of California (this includes faith-based organizations or public entities).		
4	Vendor's Contract Manager must have, by the SOQ submission date, two years of experience within the last five years supervising and overseeing staff providing services substantially similar to the services described in Subsection 2.1, Scope of Work.		
6	Vendor's Case Manager(s) must meet one of the following educational requirements, at the time of the Service Requisition award. 1. A four-year college degree;		

No.	Minimum Mandatory Qualification(s) (M/Q)	Complies with M/Q	
		Yes	No
	<ul style="list-style-type: none"> 2. An Associate (AA) degree and two years of case management experience; 3. An AA degree and two years of employment counseling experience; or 4. Two years of employment counseling experience in the Greater Avenues for Independence (GAIN) environment. 		
7	<p>Vendor's Case Manager Supervisor(s) must meet one of the following educational requirements, at the time of the Service Requisition award.</p> <ul style="list-style-type: none"> 1. Two years of employment counseling experience in the County GAIN Program, one year of which must have been as a GAIN Services Worker; or 2. An AA degree and two years of experience as a GAIN Services Coordinator. 		
8	<p>The Vendor must have the financial capacity to provide services throughout the term of the Master Agreement.</p>		
9	<p>Vendor 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.</p>		
10	<p>Complete and submit all required SOQ exhibits (see Appendix B. SOQ Required Forms) and submit all required Attachments in the proper format as specified in Subsection 7.5.</p>		

No.	Minimum Mandatory Qualification(s) (M/Q)	Complies with M/Q	
		Yes	No
11	Vendor must provide up to ten, but no less than five references that are familiar with the job performance and scope of work completed by the Vendor within the last five years. Services provided must be substantially similar to the services described in Subsection 2.1, Scope of Work. At least one reference must be from a public entity.		
12	Vendor must have no record of unsatisfactory performance, lack of integrity, or poor business ethics.		
13	Vendor must register of the County's WebVen prior to submitting a SOQ.		

VENDOR'S DESCRIPTION OF CURRENT OPERATIONS

VENDOR'S LEGAL NAME

The items below pertain to the Vendor's current operations. Please attach additional pages if more space is needed, but do not exceed the page limit specified in the RFSQ, Subsection 7.5.1 Vendor's Qualifications (Part I). Make sure to include Vendor's name, Exhibit number, and Question number on all pages.

1. Provide a detailed description of the geographic region and community served.

VENDOR'S DESCRIPTION OF CURRENT OPERATIONS
(continued)

VENDOR'S LEGAL NAME

2. Provide a demographic description of the population served by the Vendor, including, but not limited to: ethnicity; languages spoken; economic status; and barriers and challenges faced by the population served.

VENDOR'S DESCRIPTION OF CURRENT OPERATIONS
(continued)

VENDOR'S LEGAL NAME

3. Provide the Vendor's mission and a detailed description of the services provided.

VENDOR'S DESCRIPTION OF CURRENT OPERATIONS
(continued)

VENDOR'S LEGAL NAME

4. Provide a detailed description of the services provided by the Vendor during the last ten years that are the same or similar to following services as outlined in RFSQ, Subsection 2.1: 1) Case Management Services; 2) Family Stabilization Services; 3) Services to Older Refugees; and 4) Senate Bill 1232. Provide relevant background information such as specific dates to demonstrate the Vendor has the required experience.

VENDOR'S PLAN TO PROVIDE SERVICES

VENDOR'S LEGAL NAME

The items below pertain to the Vendor's plan to provide services. Please attach additional pages if more space is needed, but do not exceed the page limit specified in the RFSQ, Subsection 7.5.1 Vendor's Qualifications (Part I). Make sure to include Vendor's name, Exhibit number, and Question number on all pages.

1. Provide a detailed description of how the Vendor plans to provide the following services as outlined in RFSQ, Subsection 2.1: 1) Case Management Services, 2) Family Stabilization Services, 3) Services to Older Refugees, and 4) Senate Bill 1232.

VENDOR'S PLAN TO PROVIDE SERVICES
(continued)

VENDOR'S LEGAL NAME

2. Describe the Vendor's staff and their experience in providing services to clients. Please provide names, years of relevant experience and education for Vendor's staff that meet the minimum mandatory qualifications.

VENDOR'S PLAN TO PROVIDE SERVICES
(continued)

VENDOR'S LEGAL NAME

3. Provide a detailed description of Vendor's plan to provide culturally and linguistically sensitive services to a variety of cultural backgrounds and capacity to provide services in languages other than English. Vendor shall describe the challenges it expects in serving the County's multi-lingual population and describe how it plans to meet these challenges.

VENDOR'S PLAN TO PROVIDE SERVICES
(continued)

VENDOR'S LEGAL NAME

4. Describe the approach that will be used to outreach with community agencies to provide employment services to the County's refugee population.

VENDOR'S PLAN TO PROVIDE SERVICES
(continued)

VENDOR'S LEGAL NAME

5. Describe the Vendor's plan and timeframe needed to readily adjust and accommodate in the event a new language group enters the County.

VENDOR'S PLAN TO PROVIDE SERVICES
(continued)

VENDOR'S LEGAL NAME

6. Describe the Vendor's record keeping system, and how it will maintain confidentiality of participant information.

VENDOR'S PLAN TO PROVIDE SERVICES
(continued)

VENDOR'S LEGAL NAME

7. Explain the Vendor's quality control procedures and how the Vendor will ensure high quality services will be provided.

VENDOR'S LIST OF REFERENCES

Vendor's Name: _____

Provide a comprehensive reference list for the same or similar scope of services that were provided by the Vendor during the previous five years. It is the Vendor's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

1. PUBLIC AGENCIES (All contracts with other governmental agencies including the County of Los Angeles must be listed)

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
AGENCY/DEPT: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
AGENCY/DEPT: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
AGENCY/DEPT: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
AGENCY/DEPT: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

2. PRIVATE FIRMS

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
FIRM NAME: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
FIRM NAME: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
FIRM NAME: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
FIRM NAME: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

VENDOR'S LIST OF CONTRACTS

Vendor's Name: _____

Provide a comprehensive list of all contracts where the Vendor provided the same or similar scope of services described in RFSQ, Subsection 2.1, for the last five years. The list must include all contracts with public or government entities.

1. Name of Firm	Address of Firm	Contact Person	Telephone #	Fax #
Name or Contract No.	# of Years/Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone #	Fax #
Name or Contract No.	# of Years/Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone #	Fax #
Name or Contract No.	# of Years/Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone #	Fax #
Name or Contract No.	# of Years/Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone #	Fax #
Name or Contract No.	# of Years/Term of Contract		Type of Service	Dollar Amt.

CONTRACTS REQUIRED FORMS ·
PROPOSER'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Proposer's Name: _____

1. DEBARMENT HISTORY (Check one)	YES	NO
Proposer is currently debarred by a public entity	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity:		
2. LIST OF TERMINATED CONTRACTS (Check one)	YES	NO
Proposer has contracts that have been terminated in the past three (3) years.	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list all contracts that have been terminated prior to expiration within the last three (3) years.

Service: _____ Name of Entity: _____
 Address: _____
 Contact: _____ Telephone: _____
 Email: _____
 Termination Date: _____ Name/Contract No: _____
 Reason for Termination: _____

Service: _____ Name of Entity: _____
 Address: _____
 Contact: _____ Telephone: _____
 Email: _____
 Termination Date: _____ Name/Contract No: _____
 Reason for Termination: _____

Service: _____ Name of Entity: _____
 Address: _____
 Contact: _____ Telephone: _____
 Email: _____
 Termination Date: _____ Name/Contract No: _____
 Reason for Termination: _____

Service: _____ Name of Entity: _____
 Address: _____
 Contact: _____ Telephone: _____
 Email: _____
 Termination Date: _____ Name/Contract No: _____
 Reason for Termination: _____

IN WITNESS WHEREOF, Contractor has executed this Master Agreement, or caused it to be duly executed and the County of Los Angeles, by order of its Board has caused this Master Agreement to be executed on its behalf by the Director or her designee of the Department of Public Social Services thereof, on this _____ day of _____, 20__.

COUNTY OF LOS ANGELES

By _____
Jackie Contreras, Ph.D., Director
Department of Public Social Services
Date _____

By: _____
Contractor

Contractor Signature
Date _____

Printed Name

Title

APPROVED AS TO FORM:

DAWYN R. HARRISON
County Counsel

By _____
Deputy County Counsel
Date _____

CERTIFICATION OF COMPLIANCE

Proposer certifies compliance with all programs, policies, and ordinances specified in exhibits listed below.

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Charitable Contributions Certification Enter the California Registry of Charitable Trusts "CT" number and upload a copy of firm's 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 (if applicable)	Board Policy 5.065	Check the Certification below that is applicable to your company. <input type="checkbox"/> 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 <input type="checkbox"/> Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document 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.
6	Attestation of Willingness to Consider Gain/Start/REP Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/START/REP participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.
8	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	LACC 2.206	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN THE EXHIBITS 1 - 11 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIERED
COVERED TRANSACTIONS (45 C.F.R. PART 76)**

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tiered Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “Participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Proposer further agrees by submitting this proposal that it will include the provision entitled Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction (45 C.F.R. Part 76),” as set forth in the text of the Sample Agreement attached to the Request for Proposals, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Proposer acknowledges that a Participant in a covered transaction may rely upon a certification of a prospective Participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous.

Proposer acknowledges that a Participant may decide the methods and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each Participant may, but is not required to; check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a Participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Expert for transactions authorized under paragraph 4 of these instructions, if a Participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Proposer and/or its subcontractor/Subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor/Subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the agreement which is being solicited by this Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered transactions (45 C.F.R. Part 76)

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractor/Subcontractors is currently debarred, suspended, proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

Dated

Signature of Authorized Representative

Title of Authorized Representative

Printed Name of Authorized Representative

VENDOR'S EEO CERTIFICATION

Contractor Name

Address

Internal Revenue Service Employer Identification Number

GENERAL CERTIFICATION

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the contractor, supplier, or vendor 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.

CONTRACTOR'S SPECIFIC CERTIFICATIONS

1. The Contractor has a written policy statement prohibiting discrimination in all phases of employment. Yes No
2. The Contractor periodically conducts a self-analysis or utilization analysis of its work force. Yes No
3. The Contractor has a system for determining if its employment practices are discriminatory against protected groups. Yes No
4. Where problem areas are identified in employment practices, the Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables. Yes No

Authorized Official's Printed Name and Title

Authorized Official's Signature

Date

TRANSMITTAL TO REQUEST A SOLICITATION REQUIREMENTS REVIEW

Proposer requesting a Solicitation Requirements Review must submit this form to the County within the timeframe identified in the solicitation document.

Proposer Name:	Date of Request:
Solicitation Title:	Solicitation No.:

A **Solicitation Requirements Review** is being requested because the Proposer asserts that they are being unfairly disadvantaged for the following reason(s): *(check all that apply)*

- Application of **Minimum Requirements**
- Application of **Evaluation Criteria**
- Application of **Business Requirements**
- Due to **unclear instructions**, the process may result in the County not receiving the best possible responses

For each area contested, Proposer must explain in detail the factual reasons for the requested review. *(Attach supporting documentation.)*

Request submitted by:

_____ *(Name)*

_____ *(Title)*

For County use only

Date Transmittal Received by County: _____ Date Solicitation Released: _____

Reviewed by: _____

BACKGROUND AND RESOURCES: CALIFORNIA CHARITIES REGULATION

There is a keen public interest in preventing misuse of charitable contributions. California's "Supervision of Trustees and Fundraisers for Charitable Purposes Act" regulates those raising and receiving charitable contributions. The "Non-profit Integrity Act of 2004" (SB 1262, Chapter 919) tightened Charitable Purposes Act requirements for charitable organization administration and fundraising.

The Charitable Purposes Act rules cover California public benefit corporations, unincorporated associations, and trustee entities. They may include similar foreign corporations doing business or holding property in California. Generally, an organization is subject to the registration and reporting requirements of the Charitable Purposes Act if it is a California non-profit public benefit corporation or is tax exempt under Internal Revenue Code § 501(c)(3), and not exempt from reporting under Government Code § 12583. Most educational institutions, hospitals, cemeteries, and religious organizations are exempt from Supervision of Trustees Act requirements.

Key new Charitable Purposes Act requirements affect executive compensation, fund-raising practices and documentation. Charities with over \$2 million of revenues (excluding grants and service-contract funds a governmental entity requires to be accounted for) have new audit requirements. Charities required to have audits must also establish an audit committee whose members have no material financial interest in any entity doing business with the charity.

Organizations or persons that receive or raise charitable contributions are likely to be subject to the Charitable Purposes Act. A Proposer on Los Angeles County contracts must determine if it is subject to the Charitable Purposes Act and certify either that:

- It is not presently subject to the Act, but will comply if later activities make it subject, or,
- If subject, it is currently in compliance.

RESOURCES

The following references to resources are offered to assist Proposers who engage in charitable contributions activities. Each Proposer, however, is ultimately responsible to research and determine its own legal obligations and properly complete Exhibit J (Charitable Contributions Certification) of Appendix A.

In California, supervision of charities is the responsibility of the Attorney General, whose website, <http://oag.ca.gov/> contains much information helpful to regulated charitable organizations.

1. LAWS AFFECTING NON-PROFITS

The "Supervision of Trustees and Fundraisers for Charitable Purposes Act" is found at California Government Code §§ 12580 through 12599.7. Implementing regulations are found at Title 11, California Code of Regulations, §§ 300 through 312. In California, charitable solicitations ("advertising") are governed by Business & Professions Code §§ 17510 through 17510.95. Regulation of non-profit corporations is found at Title 11, California Code of Regulations, §§ 999.1 through 999.5. (Amended regulations are pending.) Links to all of these rules are at: <http://oag.ca.gov/charities/laws>

BACKGROUND AND RESOURCES: CALIFORNIA CHARITIES REGULATION

2. SUPPORT FOR NON-PROFIT ORGANIZATIONS

Several organizations offer both complimentary and fee-based assistance to non-profits, including in Los Angeles, the *Center for Non-profit Management*, 606 S. Olive St #2450, Los Angeles, CA 90014 (213) 623-7080 <http://www.cnmsocal.org/>, and statewide, the *California Association of Non-profits*, <http://www.calnonprofits.org/>. Both organizations' websites offer information about how to establish and manage a charitable organization.

The above information, including the organizations listed, provided under this sub-section of this Appendix D is for informational purposes only. Nothing contained in this sub-section shall be construed as an endorsement by the County of Los Angeles of such organizations.