APPENDIX D - REQUIRED FORMS

Forms

SOQ Documentation Checklist and Table of Contents

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Statement of Qualifications (SOQ)

Documentation Checklist and Table of Contents

PROPOSER'S LEGAL NAME

Proposer's Qualifications				
	Required Forms to be Completed	Yes	No	Page Numbers
Exhibit 1	Selection of Core Service Category(ies) and Supervisorial District(s)	☐	☐	_____
Exhibit 2	Organization Questionnaire/Affidavit	☐	☐	_____
Exhibit 3	Minimum Mandatory Requirements	☐	☐	_____
Exhibit 4	Proposer's Background and Experience	☐	☐	_____
Exhibit 5	Proposer's Plan to Provide Core Services	☐	☐	_____
Exhibit 6	List of References	☐	☐	_____
Exhibit 7	List of Public Entities	☐	☐	_____
	Required Forms to be Submitted by Proposer	Yes	No	Page Numbers
Attachment 1	Copy of the minutes of the Proposer's governing body meeting or resolution.	☐	☐	_____
Attachment 2	Proof of Insurability	☐	☐	_____
Attachment 3	Proof of Licenses	☐	☐	_____
General Requirements				
	Required Forms to be Completed	Yes	No	Page Numbers
Exhibit 8	Certification of Compliance	☐	☐	_____
Exhibit 9	Request for Preference Consideration	☐	☐	_____
Exhibit 10	Debarment History and List of Terminated Contracts	☐	☐	_____
Exhibit 11	Community Business Enterprise (CBE) Information (Excel Worksheet)	☐	☐	_____
Exhibit 12	Contribution and Agent Declaration Form	☐	☐	_____
Exhibit 13	Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)	☐	☐	_____
Exhibit 14	Declaration	☐	☐	_____

	Required Forms to be Submitted by Proposer	Yes	No	N/A	Page Numbers
Attachment 4	Articles of Incorporation as Filed with Secretary of State*	☐	☐	☐	_____
Attachment 5	Certificate of Good Standing with State of California or State of Incorporation*	☐	☐	☐	_____
Attachment 6	Conformed copy of the most recent Statement of Information as filed with the California Secretary of State listing corporate officers or members and managers*	☐	☐	☐	_____
Attachment 7	IRS Letter Granting Tax Exempt Status*	☐	☐	☐	_____
Attachment 8	Copy of Most Recent Filing Under Registry of Charitable Trusts*	☐	☐	☐	_____
Attachment 9	Copies of three most current fiscal years Financial Statements	☐	☐	☐	_____
Attachment 10	Pending Litigation and Judgments	☐	☐	☐	_____
Attachment 11	Unique Entity Identifier	☐	☐	☐	_____

*Note: Not required for public entities.

SELECTION OF CORE SERVICE CATEGORY(IES) AND SUPERVISORIAL DISTRICT(S) – EXHIBIT 1

_____
PROPOSER'S LEGAL NAME

Select the Core Service Category(ies) and Supervisorial District(s) for which Proposer is applying.

Supervisorial Districts	1	2	3	4	5
Child and Family Development Services	☐	☐	☐	☐	☐
Domestic Violence Services	☐	☐	☐	☐	☐
Emergency Services	☐	☐	☐	☐	☐
Employment Services	☐	☐	☐	☐	☐
Legal Services	☐	☐	☐	☐	☐
Senior and/or Disabled Adult Services	☐	☐	☐	☐	☐

REQUIRED FORMS – EXHIBIT 2

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Proposer's Name: _____	**County Webven Number:** _____
Address: _____	
Telephone Number: _____	**Email:** _____
Internal Revenue Service Employer Identification Number: _____	**California Business License Number:** _____

1	Select the option that best defines your firm's business structure: ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Partnership ☐ Sole Proprietorship ☐ Non-Profit ☐ Franchise ☐ Other (Specify)	**If Corporation or Limited Liability Company (LLC):** Legal Name (as stated in Articles of Incorporation): _____ State of Incorporation: _____ Year of Incorporation: _____ **If Limited Partnership or a Sole Proprietorship:** Name of proprietor or managing partner: _____ **If other:** Specify business structure name: _____
2	Is your firm doing business under one or more DBA's**?** ☐ Yes ☐ No	Name: _____ Country of Registration:_____ Year became DBA: _____
3	Is your firm wholly/majority owned by, or a subsidiary of another firm? ☐ Yes ☐ No	If yes, indicate name of Parent Firm and State of Incorporation. Name of Parent Firm: _____ State of Incorporation or registration of parent firm: _____
4	Has your firm done business under other names within last five (5) years? ☐ Yes ☐ No	If yes, indicate any other names and the year of name change. Name(s): _____ Year(s) of Name Change: _____

REQUIRED FORMS – EXHIBIT 2

ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

REQUIRED FORMS – EXHIBIT 3

MINIMUM MANDATORY REQUIREMENTS

Proposer acknowledges and certifies that it meets and will comply with the Minimum Mandatory Requirements indicated below and as stated in Section 4.0 (Minimum Mandatory Requirements), of this Request for Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	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.	☐	☐
2	Proposer must be a non-profit corporation qualified to do business in the State of California (this includes faith-based organizations and public entities).	☐	☐
3	Proposer must have, by the SOQ submission date, a minimum of three (3) years of experience within the last five (5) years providing the Selected Core Service Category(ies).	☐	☐
4	Proposer must have, by the SOQ submission date, two (2) years of experience within the last five (5) years providing health and/or human services in the designated Supervisorial District(s).	☐	☐
5	Proposer must have two (2) years of experience within the last five (5) years providing services to low-income individuals/families.	☐	☐
6	Proposer must provide up to ten (10), but no less than five (5) references that are familiar with the job performance and scope of work completed by the Proposer within the last five (5) years. Services must be substantially similar to the selected Core Service Category(ies).	☐	☐
7	Proposer's Contract Manager must have, by the SOQ submission date, two (2) years of experience within the last five (5) years providing the selected Core Service Category(ies).	☐	☐

8	Proposer must have the financial capacity to provide services throughout the term of the Master Agreement.	☐	☐
9	Proposer must complete and submit all required Statement of Qualifications exhibits and submit all required attachments.	☐	☐
10	Proposer must have no record of unsatisfactory performance, lack of integrity, or poor business ethics.	☐	☐
11	Proposer must register on the County's WebVen by Statement of Qualifications submission date.	☐	☐

Proposer must complete the following table if applying for the following Core Service Category(ies): Domestic Violence Services, Employment Services, or Legal Services.

Core Service Category	Category Specific Mandatory Requirement(s)	Complies with Category-Specific Requirements		
		Yes	No	NA
Domestic Violence Services	Proposer shall have Domestic Violence Counselors who have at least forty (40) hours of Domestic Violence training that meets the requirements contained in California Evidence Code, Section 1037.1.	☐	☐	☐
	Proposer shall have at least one (1) Domestic Violence Counselor with a minimum of one (1) year experience counseling victims of Domestic Violence.	☐	☐	☐
Employment Services	Job Search and Job Training: Proposers must have documented partnerships and/or existing working relationships with other agencies that provide employment and/or job training services.	☐	☐	☐
	Apprenticeship/Internship and Youth Summer Work Placement: Proposer must provide a written commitment from one or more employers to employ or provide apprenticeship/internships to a specified number of qualified low-income individuals referred by the agency.	☐	☐	☐
Legal Services	Proposers must have attorneys licensed to practice law in the State of California.	☐	☐	☐

EXHIBIT 4 - PROPOSER'S BACKGROUND AND EXPERIENCE

Proposer's Legal Name: _____

Core Service Category (select all for which applying):

☐ Child and Family Development Services ☐ Domestic Violence Services

☐ Emergency Services ☐ Employment Services

☐ Legal Services ☐ Senior and/or Disabled Adult Services

Supervisorial District (select all for which applying):

☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth

The questions below pertain to the **Proposer's current operations**. Proposer must provide a summary that addresses the questions listed below. Proposer's response should not merely restate the requirement. For each question, provide sufficient information, such as specific dates, to demonstrate that the Proposer has the required experience and meets the minimum mandatory requirements listed in Section 4.0 (Minimum Mandatory Requirements). Ensure the Proposer's name, question and Exhibit number are included on all pages of the summary. Do not exceed the page limit specified in RFSQ Subparagraph 8.4.2.1.

1. Provide a description of the health and/or human services provided by the Proposer in each Supervisorial District for which it is applying. The response should also include a description of the geographic region(s), community(ies), and cities that your agency serves.

2. Provide a description of the Proposer's experience in working with low-income families and individuals.

3. Provide a description of the Proposer's experience providing the Core Service Category(ies) and applicable subservices. Proposer must clearly identify the Core Service Category(ies) and subservice(s) for which it is applying.

4. If the selected Core Service Category is 1) Domestic Violence Services, 2) Employment Services, or 3) Legal Services, please demonstrate how the Proposer meets the Category-Specific minimum requirements. Include documentation that demonstrates the Proposer's qualifications. **Note**: Additional documentation will not be counted in the page limit criteria.

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

EXHIBIT 5 - PROPOSER'S PLAN TO PROVIDE CORE SERVICES

Proposer's Legal Name: _____

Core Service Category (select all for which applying):

☐ Child and Family Development Services ☐ Domestic Violence Services

☐ Emergency Services ☐ Employment Services

☐ Legal Services ☐ Senior and/or Disabled Adult Services

Supervisorial District (select all for which applying):

☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth

The items below pertain to the **Proposer's plan to provide CSBG Services in the selected Core Service Category(ies) and Supervisorial District(s).** Do not exceed the page limit specified in RFSQ Subsection 8.4.2.1. Make sure to include the Proposer's name, Exhibit and question number on all pages.

1. Key Staff – Provide names, years of relevant experience and education, for Proposer's staff that meet the minimum mandatory requirements for each Core Service Category for which Proposer is applying.

2. Provide a detailed explanation of how the Proposer plans to provide the selected Core Service Category(ies) and applicable subservice(s) in the selected Supervisorial District(s). The Proposer's plan must clearly identify the Core Service Category(ies), subservice(s), and Supervisorial District(s) where services will be provided. Note: Responses such as "Proposer will follow the protocols and procedures described in the Statement of Work…" or "Proposer will provide all Service Categories in accordance with requirements noted in the Statement of Work" are not valid responses.

3. Describe the approach that will be used to identify and outreach to potential CSBG participants in the Core Service Category(ies) and Supervisorial District(s) where services will be provided.

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

REQUIRED FORMS – EXHIBIT 6

LIST OF REFERENCES

Proposer's Name: _____

Proposer must provide up to ten (10), but no less than five (5) references that are familiar with the job performance and scope of work completed by the Proposer within the last five (5) years. Services provided must be substantially similar to the selected Core Service Category(ies). Use additional pages if required.

Proposer's List of References will be used to validate Proposer meets the Minimum Mandatory Requirements stated in the RFSQ. It is the Proposer's responsibility to ensure accuracy of the information provided below.

REFERENCES			
REFERENCE 1		**REFERENCE 5**	
AGENCY/DEPT:		AGENCY/DEPT:	
SERVICE TYPE:		SERVICE TYPE:	
CONTRACT TERM:		CONTRACT TERM:	
CONTRACT AMT:		CONTRACT AMT:	
CONTACT:		CONTACT:	
TELEPHONE:		TELEPHONE:	
E-MAIL:		E-MAIL:	
REFERENCE 2		**REFERENCE 6**	
AGENCY/DEPT:		AGENCY/DEPT:	
SERVICE TYPE:		SERVICE TYPE:	
CONTRACT TERM:		CONTRACT TERM:	
CONTRACT AMT:		CONTRACT AMT:	
CONTACT:		CONTACT:	
TELEPHONE:		TELEPHONE:	
E-MAIL:		E-MAIL:	
REFERENCE 3		**REFERENCE 7**	
AGENCY/DEPT:		AGENCY/DEPT:	
SERVICE TYPE:		SERVICE TYPE:	
CONTRACT TERM:		CONTRACT TERM:	
CONTRACT AMT:		CONTRACT AMT:	
CONTACT:		CONTACT:	
TELEPHONE:		TELEPHONE:	
E-MAIL:		E-MAIL:	
REFERENCE 4		**REFERENCE 8**	
AGENCY/DEPT:		AGENCY/DEPT:	
SERVICE TYPE:		SERVICE TYPE:	
CONTRACT TERM:		CONTRACT TERM:	
CONTRACT AMT:		CONTRACT AMT:	
CONTACT:		CONTACT:	
TELEPHONE:		TELEPHONE:	
E-MAIL:		E-MAIL:	

REQUIRED FORMS – EXHIBIT 7

LIST OF PUBLIC ENTITIES

Proposer's Name: _____

Provide all public entity contracts for the last three (3) years where the same or similar scope of services was provided. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

PUBLIC AGENCIES

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

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

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

REQUIRED FORMS – EXHIBIT 8

CERTIFICATION OF COMPLIANCE

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

	TITLE	REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	**Certifies Compliance?** ☐Yes ☐No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	**Certifies Compliance?** ☐Yes ☐No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	**Certifies Compliance?** ☐Yes ☐No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	**Certifies Compliance?** ☐Yes ☐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.** ☐ 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 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 Participants	Board Policy 5.050	**Certifies Compliance?** ☐ Yes ☐ No **Willing to provide GAIN/START participants access to employee mentoring program?** ☐Yes ☐No ☐N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	**Certifies Compliance?** ☐Yes ☐No **If No, identify exemption:** ☐ My business does not meet the definition of "contractor," as defined in the Program. ☐My business is a small business as defined in the Program. ☐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?** ☐Yes ☐No **If No, identify exemption:** _____

REQUIRED FORMS – EXHIBIT 9

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Proposers requesting preference consideration must complete and include this form in their SOQ. 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

☐ **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)**		
Preference Program		**Reference**
☐	Request for Social Enterprise (SE) Program Preference ☐ Certification for Non-Federally Funded County Solicitations ☐ Certification for Federally Funded County Solicitations	LACC 2.205
☐	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

Note: In no instance should 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.

REQUIRED FORMS – EXHIBIT 10
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	☐	☐
If yes, please provide the name of the public entity:		
2. LIST OF TERMINATED CONTRACTS AND/OR MASTER AGREEMENTS (Check one)	**YES**	**NO**
Proposer has contracts that have been terminated in the past five (5) years.	☐	☐

If yes, please list all Contracts and/or Master Agreements that have been terminated prior to expiration within the last five (5) years. Do not include contracts that expired.

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:	

REQUIRED FORMS – EXHIBIT 11

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

Refer to Excel Worksheet

REQUIRED FORMS – EXHIBIT 12

CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act (Government Code Section 84308), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than $250 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.

This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice*. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.*

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Rev. [4/16/24]

REQUIRED FORMS – EXHIBIT 12

CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State "none" if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

_____

a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal:

_____

b) If applicable, variations and acronyms of Declarant Company's name used within the past 12 months:

_____

c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

_____

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. "Controlled or directed" means shared ownership, 50% or greater ownership, or shared management and control between the entities.

a) Parent(s):

_____

b) Subsidiaries:

_____

c) Related Business Entities:

_____

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

_____

4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

_____

5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.
*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

_____

6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

_____

B. CONTRIBUTIONS

1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

Date (contribution solicited, or directed)	**Recipient Name** (elected official)	**Amount**

*Please attach an additional page, if necessary.

2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

Date (contribution made)	**Name** (of the contributor)	**Recipient Name** (elected official)	**Amount**

*Please attach an additional page, if necessary.

REQUIRED FORMS – EXHIBIT 12

CONTRIBUTION AND AGENT DECLARATION FORM

C. DECLARATION

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

I, _____ (Authorized Representative), on behalf of _____(Declarant Company), at which I am employed as _____(Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

_____

Signature Date

REQUIRED FORMS – EXHIBIT 12

CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL BIDDERS OR APPLICANTS

I, _____ , declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

_____ _____

Signature Date

REQUIRED FORMS – EXHIBIT 13

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

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier 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 Transactions (45 C.F.R. Part 76),” as set forth in the text of the Master Agreement, 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 transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method 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 Nonprocurement Programs.

REQUIRED FORMS – EXHIBIT 13

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

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. Except 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 C.F.R. 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(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 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 contract which is being solicited by this solicitation.

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 subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

_____ _____

Signature of Authorized Representative Dated

_____

Printed Name of Authorized Representative

_____

Title of Authorized Representative

REQUIRED FORMS – EXHIBIT 14

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-14 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE: