APPENDIX D

***DEPARTMENT OF HEALTH SERVICES***

***REQUIRED FORMS***

***FOR***

***INVITATION FOR BIDS (IFB)***

***Available only as electronic fillable forms in the DHS***

***Contracts and Grants Portal at*** [***http://cg.dhs.lacounty.gov/***](http://cg.dhs.lacounty.gov/)

**EXHIBITS**

1. BIDDER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND

 CBE INFORMATION

2 PROSPECTIVE CONTRACTOR REFERENCES

3 REQUEST FOR PREFERENCE PROGRAM CONSIDERATION

4 BID SHEET AND FACILITY BUDGETS

 GROUP 1. - Exhibit 4 – 1.

 GROUP 2. – Exhibit 4 – 2.

 GROUP 3. – Exhibit 4 – 3.

 GROUP 4. - EHIBIT 4 – 4.

5 FACILITY TRANSITION IMPLEMENTATION PLAN

6 CONTRACTOR NON-RESPONSIBILITY DEBARMENT –

 ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE

7 LABOR/PAYROLL/DEBARMENT HISTORY - ACKNOWLEDGEMENT

 AND STATEMENT OF COMPLIANCE

8 APPLICATION FOR EXEMPTION

9 APPROACH TO LABOR-PAYROLL RECORD KEEPING & REGULATORY

 COMPLIANCE

10 CHARITABLE CONTRIBUTIONS CERTIFICATION

***This Form is to be submitted with Bidders RSVP to IFB, Sub-Paragraph 2.7 - Mandatory Bidder’s Conference.***

**REQUIRED FORMS - EXHIBIT 1**

**BIDDER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

**AND CBE INFORMATION**

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of the Bidder and to bind the applicant to the Agreement.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State ofincorporation:

|  |  |  |
| --- | --- | --- |
| **Name** | **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. If your firm is doing business under one or more DBA’s, please list all DBA’s and the County(s) of registration:

|  |  |  |
| --- | --- | --- |
| **Name** | **County of Registration** | **Yr. became DBA** |
|       |       |      |
| **Name** | **County of Registration** | **Yr. became DBA** |
|       |       |      |

 **If your firm is going to use a DBA for the Agreement, please provide the Fictitious Business Name Statement filed with the LA County Registrar Recorder with the corresponding name.**

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? [ ]  No [ ]  Yes **If yes, Name of parent firm:**

 State of incorporation or registration of parent firm:

5. Please list any other names your firm has done business as within the last five (5) years.

|  |  |
| --- | --- |
| **Name** | **Yr. of Name Change** |
|       |      |
| **Name** | **Yr. of Name Change** |
|       |      |
| **Name** | **Yr. of Name Change** |
|       |      |

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

**Minimum Mandatory Requirements**

Interested and qualified Bidders that can demonstrate their ability to successfully provide all services required pursuant to Appendix B - Statements of Work are invited to submit bid(s).

7. **[ ]  Yes [ ]  No** Bidders must have three (3) years’ experience, within the last five (5) consecutive years, providing environmental housekeeping services, the cleaning criteria for which must have met the standards and compliances pursuant, but not limited to, Centers for Disease Control and Prevention, Joint Commission of Accreditation of Health Care Organizations, Occupational Safety and Health Administration (OSHA), California Department of Public Health Licensing and Certification Division, Centers for Medicare and Medicaid Services, and the Association of peri-Operative Registered Nurses (AORN), as applicable to the type of healthcare facility (e.g., hospital, health clinic, laboratory, etc.).

8. **[ ]  Yes [ ]  No** Bidder must have one representative attend the Mandatory Bidders’ Conference, as set forth in IFB, Sub-Paragraph 2.7 – Mandatory Bidders’ Conference.

9. **[ ]  Yes [ ]  No** Bidder must have one representative attend the Mandatory Group Site Visits and Mandatory Facilities Presentation, as set forth in IFB, Sub-Paragraph 2.8 – Mandatory Group Site Visits and Mandatory Facilities Presentations.

10.**[ ]  Yes [ ]  No** Should Bidder be engaged in any contracts with the County that have been reviewed by the Department of Auditor Controller within the last 10 years, Bidder must not have unresolved questioned costs identified by the Auditor-Controller (A-C), in an amount over $100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for 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. Does Bidder have any unresolved questioned costs identified by the A-C in an amount over $100,000 as described above?

11. If Bidder has unresolved costs, as referenced above provide the relevant information below. If not applicable, indicate “Not applicable” below.

**Bidder’s Acknowledgement**

Bidder acknowledges and certifies compliance with all terms and conditions outlined in Appendix A, Required Agreement, including the following codes and provisions specific to County of Los Angeles:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Appendix A - Required Agreement Sub-Paragraph 8.5 – Certification Regarding Debarment, Suspension, Ineligibility & Voluntary Exclusion – Lower Tiered Covered Transactions (2 C.F.R. Part 376). | Yes [ ]  | No [ ]  |
| 2. | The Los Angeles County Code, Chapter 4.32.010 and Appendix A - Required Agreement, Sub-Paragraph 8.8 – Compliance with Civil Rights Laws, Anti-Discrimination and Affirmative Action Laws. | Yes [ ]  | No [ ]  |
| 3. | Appendix A - Required Agreement, Sub-Paragraph 8.9 – Compliance with County’s Jury Service Program. | Yes [ ]  | No [ ]  |
| 4. | The Los Angeles County Code, Section 2.180.010 and Appendix A - Required Agreement, Sub-Paragraph 8.10 – Conflict of Interest. | Yes [ ]  | No [ ]  |
| 5. | Appendix A - Required Agreement, Sub-Paragraph 8.12 – Consideration of Hiring GAIN/GROW Participants. | Yes [ ]  | No [ ]  |
| 6. | The Los Angeles County Code, Chapter 2.202 and Appendix A - Agreement, Sub-Paragraph 8.13 – Contractor Responsibility and Debarment | Yes [ ]  | No [ ]  |
| 7. | The County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206 and Appendix A - Required Agreement, Sub-Paragraph 8.17 – Contractor’s Warranty of Compliance with County’s Defaulted Property Tax Reduction Program. | Yes [ ]  | No [ ]  |
| 8. | Appendix A - Required Agreement, Sub-Paragraph 8.61 – Compliance with County’s Zero Tolerance Policy on Human Trafficking. | Yes [ ]  | No [ ]  |
| 9. | Appendix A - Required Agreement, Sub-Paragraph 8.62 – Compliance with Fair Chance Employment Hiring Practices Certification. | Yes [ ]  | No [ ]  |
| 10. | The County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160. | Yes [ ]  | No [ ]  |
| 11. | Appendix A - Required Agreement, Sub-Paragraph 9.7 – Integrated Pest Management Program Compliance. | Yes [ ]  | No [ ]  |

**CBE INFORMATION**

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.

|  |
| --- |
| **Business Structure: [ ]**  Sole Proprietorship [ ]  Partnership [ ]  Corporation [ ]  Non-Profit [ ]  Franchise [ ]  Other (Please Specify)       |
| **Number of California Employees:**  |
| **Total Number of Employees of Firm** (including owners)**:** |
| **Race/Ethnic Composition of Firm.** Please distribute the **total number of employees** **of Firm** 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** |
|       |  |  |  |  |  |
|       |  |  |  |  |  |

Bidder further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this bid are made, the bid 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.**

|  |
| --- |
| **Bidder’s Name** |
|       |
| **Address** |
|       |

|  |  |  |
| --- | --- | --- |
| **E-mail address:** | **Telephone number:** | **Fax number:** |
|       |    -   -           |    -   -     |

On behalf of       (Bidder’s name), I       (Name of Bidder’s authorized representative), certify that the information contained in this Bidder’s Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

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

Signature

|  |  |
| --- | --- |
| **Title** | **CA Secretary of State****Entity Numbe**r |
|       |       |
| **Date** | **IRS Employer Identification Number** | **County WebVen Number** |
|       |       |       |

***This Form is to be submitted with Bidders RSVP to IFB, Sub-Paragraph 2.7 - Mandatory Bidders Conference.***

**REQUIRED FORMS - EXHIBIT 2**

**PROSPECTIVE CONTRACTOR REFERENCES**

**Bidder/Contractor’s Name:**

List four (4) References for services provided by the Bidder with the same or similar scope as those required by this IFB. Bidder must submit its completed Exhibit, via email (PDF format), to the Contract Administrator identified in Sub-Paragraph 1.9 - Contact with County Personnel, of the IFB, at the same time of RSVP response to the IFB, as specified in Sub-Paragraph 2.7 - Mandatory Bidders Conference of the IFB. **Bidder is not to submit any references from any County DHS or DPH Facilities.**

|  |  |  |
| --- | --- | --- |
| 1. **Name of Firm:**

      | **Address of Firm:**      | **Contact Person:**      |
|  **Telephone #:**    -   -           | **E-mail Address:**      | **Specific Date of Contract – From - To**  -  -     -   -  -     |
| **Name or Contract No.**      | **Type of Service:**      | **Annual Dollar Amount:**$      |

|  |  |  |
| --- | --- | --- |
| **2. Name of Firm:**      | **Address of Firm:**      | **Contact Person:**      |
|  **Telephone #:**    -   -           | **E-mail Address:**      | **Specific Date of Contract – From - To**  -  -     -   -  -     |
| **Name or Contract No.**      | **Type of Service:**      | **Annual Dollar Amount:**$      |

|  |  |  |
| --- | --- | --- |
| 1. **Name of Firm:**

      | **Address of Firm:**      | **Contact Person:**      |
|  **Telephone #:**    -   -           | **E-mail Address:**      | **Specific Date of Contract – From - To**  -  -     -   -  -     |
| **Name or Contract No.**      | **Type of Service:**      | **Annual Dollar Amount:**$      |

|  |  |  |
| --- | --- | --- |
| 1. **Name of Firm:**

      | **Address of Firm:**      | **Contact Person:**      |
|  **Telephone #:**    -   -           | **E-mail Address:**      | **Specific Date of Contract – From - To**  -  -     -   -  -     |
| **Name or Contract No.**      | **Type of Service:**      | **Annual Dollar Amount:**$      |

**REQUIRED FORMS - EXHIBIT 3**

**REQUEST FOR PREFERENCE PROGRAM CONSIDERATION**

**INSTRUCTIONS**: Businesses requesting preference consideration must complete and return this form for proper consideration of the bid. Businesses may request consideration for only one of the preference programs listed below.

**I meet all of the requirements and request this bid be considered for the Preference Program selected below. a copy of the CERTIFICATION letter issued by the Department of Consumer and Business Affairs (DCBA) is attached.**

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

[ ] Certified by the State of California as a small business and has had its principal place of business located in Los Angeles County for at least one (1) year; **or**

[ ]  Certified as a LSBE with other certifying agencies under DCBA’s inclusion policy that has its principal place of business located in Los Angeles County and has revenues and employee sizes that meet the State’s Department of General Services requirements; **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.**

☐ **A copy of the DCBA certification is attached.**

|  |  |
| --- | --- |
| Name of Firm | County Webven No. |
| Print Name: | Title: |
| Signature: | Date: |
|   |  |
| **Reviewer’s Signature** | **Approved** | **Disapproved** | **Date** |
|  |  |  |  |

**REQUIRED FORMS - EXHIBIT 4**

**BID SHEET AND FACILITY BUDGETS**

**REFER TO EXCEL SPREADSHEETS**

<http://dhs.lacounty.gov/wps/portal/dhs/cg>

**REQUIRED FORMS - EXHIBIT 5**

**FACILITY TRANSITION IMPLEMENTATION PLAN**

**Complete and submit a Facility Transition Implementation Plan for each respective Group that Bidder is submitting a bid for.**

<http://dhs.lacounty.gov/wps/portal/dhs/cg>

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 applicable boxes below**.

**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 bid; **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 bid. (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 bid 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 bid 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 Bidder’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      |

**Firm must complete and submit a separate form** (make photocopies of form) **for each instance of** (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 bid.

[ ]  A determination by a public entity within three (3) years of the date of the bid 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:**      |

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

[ ]  Additional Pages are attached for a total of       pages.

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 may 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 Bidders 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. | [ ]  Yes [ ]   No |

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

[ ]  My business is subject to abona 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:**      |

***Reviewed by the County:***

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE OF REVIEWER** | **APPROVED** | **DISAPPROVED** | **DATE** |
|  |  |  |  |

Please answer each question below. Based on the answers provided, an evaluation will be made as to whether there appears to be sufficient controls in place to ensure compliance with State & Federal labor regulations and record keeping requirements.

*Attach to this Exhibit the following documents:*

*- copy of source document used to create the firm’s payroll*

*- copy of check and check stub*

|  |
| --- |
| **Tracking of employee Hours Actually Worked** |
| **1. Where do employees report to work at the beginning of their shift? (e.g. work location or a central site with travel to the worksite?)** |
|       |
| **2. When does the employees’ shift start? (e.g. at central site or upon arrival at the work location?** |
|       |
| **3. How does the firm know employees actually reported to work and at what time? (e.g. sign-in sheets, computerized check-in, call-in system, etc.)** |
|       |
| **4. What records are created to document the beginning and ending times of employee’s actual work shifts?** |
|       |
| **5. What records are maintained by the firm of actual time worked?** |
|       |
| **6. Are the records maintained daily or at another interval? Indicate the interval.** |
|       |
| **7. Who creates these records? (e.g. employee, supervisor, or office staff?)** |
|       |
| **8. Who checks the records and what are they checking for?** |
|       |
| **9. What happens to these records? Are they used as a source document to create the firm’s payroll?** |
|       |
| 1. **If the records previously discussed are not used as a source document to create the payroll, what is the source document used?**
 |
|       |
| 1. **Who prepares and who checks the source document?**
 |
|       |
| 1. **Does the employee sign it?**
 |
|       |
| 1. **Who approves the source document and what do they compare it with prior to approving the source document?**
 |
|       |
| 1. **How does the firm ensure that employees take mandated breaks and meal breaks?**
 |
|       |
| 1. **Does the firm maintain any written supporting documentation to validate that the breaks actually occur? If so, who prepares, reviews, and approves such documentation?**
 |
|       |
| **Payroll Preparation** |
| 1. **How are employees paid? (e.g. manually issued check, cash, automated check, or combination of methods?**
 |
|       |
| 1. **If by check, do they receive a single check for straight time and overtime or are separate payments made?**
 |
|       |
| 1. **What information is provided on the check? (e.g. deductions for taxes, etc.)**
 |
|       |
| 1. **Does the firm use a manual payroll system or an automated payroll service with an outside firm?**
 |
|       |
| 1. **Describe the steps taken to prepare the payroll – starting from the source document through the issuance of a check.**
 |
|       |
| 1. **If the employee has multiple wage rates (e.g. County’s Living Wage rate for County work and the firm’s standard rate for other non-County work), how are the total wages calculated?**
 |
|       |
| 1. **How does the firm calculate overtime wages? What if the employee has multiple wage rates?**
 |
|       |
| **Travel Time – *(please complete if applicable)*** |
| 1. **How is travel time during an employee’s shift paid?**
 |
|       |
| 1. **At what rate is such travel time paid if the employee has multiple wage rates?**
 |
|       |
| 1. **How does the firm calculate a day’s wages for the following situation? During a single shift, an employee works 3 hours at a work location under a County Living Wage contract, then travels an hour to another work location to work 4 hours, where they are paid at a different rate that the County’s Living Wage rate.**
 |
|       |
| 1. **How does the firm calculate a day’s wages for the following situation? During a single shift, an employee works 3 hours at a work location under a County Living Wage contract, then travels an hour to another work location to work 4 hours, where they are also paid a County’s Living Wage rate.**
 |
|       |

**Company Name:**

**Address:**

**Internal Revenue Service Employer Identification Number:**

[ ]  Bidder or Contractor is exempt from the California Nonprofit Integrity Act.

**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.

If Bidder or Contractor is not exempt, **check the Certification below that is applicable to your company.**

[ ]  Bidder 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 Bidder 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**

[ ]  Bidder 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.**

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**Signature** **Date:**   -  -

**Name of Signer:**

**Title:**