APPENDIX B

DEPARTMENT OF HEALTH SERVICES

REQUIRED FORMS

REQUEST FOR QUALIFICATIONS

FOR A

FINANCIAL AND REVENUE ANCILLARY SERVICES MASTER AGREEMENT

Available only as electronic fillable forms in the DHS Contracts and Grants Portal at http://cg.dhs.lacounty.gov/

REQUIRED FORMS EXHIBIT 1
VENDOR'S ORGANIZATION QUESTIONNAIRE AND MINIMUM REQUIREMETNS CERTIFICATION AFFIDAVIT

Please complete, date and sign this form in its entirety. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in an 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 of incorporation: .....

Name	**State**	**Year Inc.**
Address		

2. Vendor must be registered with the California Secretary of State in order to do business with the County. Provide the following:

Name	**CA Secretary of State Entity Number**

3. All Vendors must register on the County's WebVen. Provide Vendor's County WebVen Number:

4. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

5. If your firm is doing business under one or more DBA, please list all DBA names 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 this Master Agreement, provide the Fictitious Business Name Statement filed with the LA County Registrar-Recorder with the corresponding name.

6. 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:

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

MINIMUM REQUIREMENTS CERTIFICATION

Vendor acknowledges and certifies it meets the following Minimum Requirements listed in this Request For Qualifications, Section 1.6 – Minimum Requirements:

	MINIMUM REQUIREMENT		
1.	Vendor must have at least two (2) years of consecutive experience, within the last three (3) years, directly providing any of the following financial services: • medical billing services for institutional or professional billing; • medical billing follow-up or collection services; • medical billing audit or appeals related services; • patient financial resources eligibility detection, identification or investigation services; • third-party financial resource identification or recovery services; • medical billing financial data reporting or data mining services; • cost report recovery or related services; • other medical billing related services; • underpaid account identification services; • other revenue protection, detection, discovery, identification, mining, or recovery related services; • electronic financial data interchange or electronic financial clearinghouse services.	Yes ☐	No ☐

COMPLIANCE WITH SPECIFIC COUNTY PROVISIONS

Vendor acknowledges and certifies that it will be in compliance with all terms and conditions outlined in Appendix A, Master Agreement, and the following specific Los Angeles County codes and provisions:

1.	Appendix A, Master Agreement, Paragraph 8.4 – 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, Master Agreement, Paragraph 8.7 – Compliance with Civil Rights Laws, Anti-Discrimination and Affirmative Action Laws.	Yes ☐	No ☐
3.	Appendix A, Master Agreement, Paragraph 8.8 – Compliance with County's Jury Service Program.	Yes ☐	No ☐
4.	The Los Angeles County Code, Section 2.180.010 and Appendix A, Master Agreement, Paragraph 8.9 – Conflict of Interest.	Yes ☐	No ☐
5.	Appendix A, Master Agreement, Paragraph 8.11 – Consideration of Hiring GAIN/GROW Participants.	Yes ☐	No ☐
6.	The County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206 and Appendix A, Master Agreement, Paragraph 8.16 – Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program.	Yes ☐	No ☐
7.	Appendix A, Master Agreement, Paragraph 8.28 – General Provisions for All Insurance Coverage and Paragraph 8.29 – Insurance Coverage. **Vendor shall submit proof of insurability prior to execution of a Work Order.**	Yes ☐	No ☐
8.	Appendix A, Master Agreement, Paragraph 8.60 – Compliance with County's Zero Tolerance Policy on Human Trafficking.	Yes ☐	No ☐
9.	Appendix A, Master Agreement, Paragraph 8.61 – Compliance with Fair Chance Employment Hiring Practices.	Yes ☐	No ☐
10.	The County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160.	Yes ☐	No ☐

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this RFQ are made, the RFQ 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 INFORMATION PROVIDED IN THIS EXHIBIT 1 IS TRUE AND ACCURATE.

Vendor's Name

On behalf of _____ (Vendor's name), I (Name of Vendor's authorized representative), certify that the information contained in this Appendix B - Exhibit 1, Vendor's Organization Questionnaire and Minimum Requirements Certification Affidavit, is true and correct to the best of my information, and understand and agree that submission of a response to the RFQ constitutes acknowledgment and acceptance of, and willingness to comply with all terms and conditions outlined in Appendix A – Master Agreement of this RFQ.

_____
Signature

_____ _____
Title Date

_____ _____
E-mail Address Telephone Number

REQUIRED FORMS – EXHIBIT 2
COMMUNITY BUSINESS ENTERPRISE INFORMATION

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

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

REQUIRED FORMS - EXHIBIT 3

CHARITABLE CONTRIBUTIONS CERTIFICATION

Vendor Name: _____

Address: _____

Internal Revenue Service Employer Identification Number: _____

☐ The Agency 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 the Agency or Contractor is not exempt, **check the Certification below that is applicable to your company.**

☐ The Vendor 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 Vendor engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide the County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

☐ Vendor or Contractor is registered with the California Registry of Charitable Trusts **as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586** under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Contractor shall be listed in good standing and is required to **annually** renew its registry with the Attorney General's Registry of Charitable Trusts.

_____

Signature **Date:** - -

Name of Signer: _____

Title: _____

INTERNAL REVENUE SERVICE NOTICE NO. 1015

Latest version is available from IRS website at
http://www.irs.gov/pub/irs-pdf/n1015.pdf

Department of the Treasury
Internal Revenue Service

Notice 1015

(Rev. December 2018)

Have You Told Your Employees About the Earned Income Credit (EIC)?

What is the EIC?

The EIC is a refundable tax credit for certain workers.

Which Employees Must I Notify About the EIC?

You must notify each employee who worked for you at any time during the year and from whose wages you did not withhold income tax. However, you do not have to notify any employee who claimed exemption from withholding on Form W-4, Employee's Withholding Allowance Certificate.

Note: You are encouraged to notify each employee whose wages for 2018 are less than $54,884 that he or she may be eligible for the EIC.

How and When Must I Notify My Employees?

You must give the employee one of the following.

- The IRS Form W-2, Wage and Tax Statement, which has the required information about the EIC on the back of Copy B.
- A substitute Form W-2 with the same EIC information on the back of the employee's copy that is on Copy B of the IRS Form W-2.
- Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC).
- Your written statement with the same wording as Notice 797.

If you give an employee a Form W-2 on time, no further notice is necessary if the Form W-2 has the required information about the EIC on the back of the employee's copy. If you give an employee a substitute Form W-2, but it does not have the required information, you must notify the employee within 1 week of the date the substitute Form W-2 is given. If Form W-2 is required but is not given on time, you must give the employee Notice 797 or your written statement by the date Form W-2 is required to be given. If Form W-2 is not required, you must notify the employee by February 7, 2019.

You must hand the notice directly to the employee or send it by first-class mail to the employee's last known address. You will not meet the notification requirements by posting Notice 797 on an employee bulletin board or sending it through office mail. However, you may want to post the notice to help inform all employees of the EIC. You can download copies of the notice at *www.irs.gov/FormsPubs*. Or you can go to *www.irs.gov/OrderForms* to order it.

How Will My Employees Know If They Can Claim the EIC?

The basic requirements are covered in Notice 797. For more detailed information, the employee needs to see Pub. 596, Earned Income Credit (EIC), or the instructions for Form 1040.

How Do My Employees Claim the EIC?

An eligible employee claims the EIC on his or her 2018 tax return. Even an employee who has no tax withheld from wages and owes no tax may claim the EIC and ask for a refund, but he or she must file a tax return to do so. For example, if an employee has no tax withheld in 2018 and owes no tax but is eligible for a credit of $800, he or she must file a 2018 tax return to get the $800 refund.

Notice **1015** (Rev. 12-2018)
Cat. No. 20599I

APPENDIX D

LISTING OF CONTRACTORS DEBARRED IN LOS ANGELES COUNTY

List of Debarred Contractors in Los Angeles County may be obtained by going to the following website:

https://doingbusiness.lacounty.gov/listing-of-contractors-debarred-in-los-angeles-county/