APPENDIX D

**REQUIRED FORMS**

**REQUEST FOR PROPOSALS (RFP)**

**FOR**

**CLINICAL LABORATORY SERVICES**

**RFP NO. DMH070918B1**

**EXHIBITS**

**BUSINESS FORMS**

1 Proposer’s Organization Questionnaire/Affidavit and CBE Information

2 Prospective Contractor References

3 Prospective Contractor List of Contracts

4 Prospective Contractor List of Terminated Contracts

5 Certification of No Conflict of Interest

6 Familiarity with the County Lobbyist Ordinance Certification

7 Request for Preference Program Consideration

8 Proposer’s EEO Certification

9 Attestation of Willingness to Consider GAIN/GROW Participants

10 Contractor Employee Jury Service Program Certification Form and Application for Exception

**COST FORMS**

11 Cost Proposal Price List

12 Certification of Independent Price Determination and Acknowledgement of RFP Restrictions

**CERTIFICTIONS**

13 Charitable Contributions Certification (2004 Non-Profit Integrity Act (SB 1262, Chapter 919)

14 Certification of Compliance with the County's Defaulted Property Tax Reduction Program

15 Acknowledgement of County’s Commitment to Zero Tolerance Policy on Human Trafficking Certification

16 Attestation Regarding Proposer’s Pending and Past Litigation and Judgments

17 Minimum Mandatory Qualifications (MMQs) Checklist

18 LACDMH Clinical Laboratory Services Model Staffing Plan

19 Protection of Electronic County PI, PHI, and MI

20 LACDMH Proposer’s Compliance with Encryption Requirements

21 Compliance with Fair Chance Employment Hiring Practices Certification

**REQUIRED FORMS - EXHIBIT 1** Page 1 of 2

**PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION**

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

1. Is your firm a corporation or limited liability company (LLC)?  **Yes  No**

If yes, complete:

Legal Name (found in Articles of Incorporation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Inc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

3. Is your firm doing business under one or more DBA’s?  **Yes  No**

If yes, complete:

**Name County of Registration Year became DBA**

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

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

4. Is your firm wholly/majority owned by, or a subsidiary of another firm?  **Yes  No**

If yes, complete:

Name of parent firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of incorporation or registration of parent firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Has your firm done business as other names within last five (5) years ? **Yes  No**

If yes, complete:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Name Change \_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Name Change \_\_\_\_\_\_

6. Is your firm involved in any pending acquisition or mergers, including the associated company name?

**Yes  No** If yes, provide information:

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

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

**Proposer acknowledges and certifies that your agency meets the Minimum Mandatory Qualifications (MMQs) as stated in Paragraph 3.0 of the RFP. Proposer must complete Appendix D – Exhibit 17 – MMQ Checklist to certify that the Proposer meets the MMQs.**

**REQUIRED FORMS - EXHIBIT 1** Page 2 of 2

**PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE 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 (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Total Number of Employees**  (including owners)**:** | | | | | | |
| **Race/Ethnic Composition of Firm.** Distribute the above total number of individuals into the following categories: | | | | | | |
| **Race/Ethnic Composition** | **Owners/Partners/**  **Associate Partners** | | **Managers** | | **Staff** | |
|  | Male | Female | Male | Female | Male | Female |
| Black/African American |  |  |  |  |  |  |
| Hispanic/Latino |  |  |  |  |  |  |
| Asian or Pacific Islander |  |  |  |  |  |  |
| American Indian |  |  |  |  |  |  |
| Filipino |  |  |  |  |  |  |
| White |  |  |  |  |  |  |

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency Name** | **Minority** | **Women** | **Disadvantaged** | **Disabled Veteran** | **Other** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROPOSER NAME:** | | | **COUNTY WEBVEN NUMBER:** | |
|  | | |  | |
| **ADDRESS:** | | | | |
|  | | | | |
| **PHONE NUMBER:** | **E-MAIL:** | | | |
|  |  | | | |
| **INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:** | | **CALIFORNIA BUSINESS LICENSE NUMBER:** | | |
|  | |  | | |
| **PROPOSER OFFICIAL NAME AND TITLE (PRINT):** | | | | |
|  | | | | |
| **SIGNATURE** | | | | **DATE** |
|  | | | | |

**REQUIRED FORMS - EXHIBIT 2**

**PROSPECTIVE CONTRACTOR REFERENCES**

**Proposer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposer shall list three (3) references where the same or similar scope of services were provided as stated in Section 7.8.7 of the RFP (Section B.2 – Proposer’s References).**

**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.

**REQUIRED FORMS - EXHIBIT 3**

**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

**Proposer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**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.

**REQUIRED FORMS - EXHIBIT 4**

**PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

**Proposer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**1.** **Name of Firm Address of Firm Contact Person Telephone # Fax #**

( ) ( )

Name or Contract No. Reason for Termination:

**2. Name of Firm Address of Firm Contact Person Telephone # Fax #**

( ) ( )

Name or Contract No. Reason for Termination:

**3. Name of Firm Address of Firm Contact Person Telephone # Fax #**

( ) ( )

Name or Contract No. Reason for Termination:

**4. Name of Firm Address of Firm Contact Person Telephone # Fax #**

( ) ( )

Name or Contract No. Reason for Termination:

**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.

**REQUIRED FORMS - EXHIBIT 5**

CERTIFICATION OF NO CONFLICT OF INTEREST

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

# CONTRACTS PROHIBITED

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

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

4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

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

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

Proposer Name

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

Proposer Official Title

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

Official’s Signature

**REQUIRED FORMS - EXHIBIT 6**

# FAMILIARITY WITH THE COUNTY

# LOBBYIST ORDINANCE CERTIFICATION

The Proposer certifies that:

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

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

**REQUIRED FORMS - EXHIBIT 7**

**REQUEST FOR PREFERENCE CONSIDERATION**

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

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

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

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

☐ Certified as a LSBE by the DCBA.

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

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

☐ Certified as a SE business by the DCBA.

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

☐ Certified by the State of California, **or**

☐ Certified by U.S. Department of Veterans Affairs as a DVBE; **or**

☐ Certified as a DVBE with other certifying agencies under to DCBA’s inclusion policy that meets the criteria set forth by: the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration: and

☐ Certified as a DVBE by the DCBA.

**\*Business understands that ONLY ONE of the Above preferences will apPly. in no instance shall ANY OF the above listed preference programs price or scoring preference be combined with any other County program to exceed fifteen percent (15%) in response to any County solicitation.**

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

☐ **DCBA certification is attached.**

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

**REQUIRED FORMS - EXHIBIT 8**

#### PROPOSER’S EEO CERTIFICATION

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

Company Name

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

Address

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

Internal Revenue Service Employer Identification Number

#### GENERAL

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

#### CERTIFICATION YES NO

1. Proposer has written policy statement prohibiting

discrimination in all phases of employment. ( ) ( )

1. Proposer periodically conducts a self-analysis or

utilization analysis of its work force. ( ) ( )

1. Proposer has a system for determining if its employment

practices are discriminatory against protected groups. ( ) ( )

1. When problem areas are identified in employment practices,

Proposer has a system for taking reasonable corrective

action to include establishment of goal and/or timetables. ( ) ( )

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

Signature Date

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

Name and Title of Signer (please print)

**REQUIRED FORMS - EXHIBIT 9**

**ATTESTATION OF WILLINGNESS TO CONSIDER**

**GAIN/GROW PARTICIPANTS**

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

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

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

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

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

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

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

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

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

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

Proposer’s Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**REQUIRED FORMS - EXHIBIT 10**

**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM**

**CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

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

|  |
| --- |
| Company Name: |
| Company Address: |
| City: State: Zip Code: |
| Telephone Number: |
| RFP Solicitation for Clinical Laboratory Services |

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

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

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

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

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

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

**OR**

**Part II: Certification of Compliance**

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

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

|  |  |
| --- | --- |
| Print Name: | Title: |
| Signature: | Date: |

**REQUIRED FORMS - EXHIBIT 11**

**COST PROPOSAL PRICE LIST**

**Please attach Commonly Used Laboratory Test Price List as found in Appendix C - SOW Technical Exhibits, Exhibit 4**

**REQUIRED FORMS - EXHIBIT 12**

CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

AND ACKNOWLEDGEMENT OF RFP RESTRICTIONS

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

NAME PHONE NUMBER

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. 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”.

D. Proposer acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this RFP. Proposer understands that,

if it is determined by the County that the Proposer did participate as a consultant in this

RFP process, the County shall reject this proposal.

Name of Firm

Print Name of Signer Title

Signature Date

**REQUIRED FORMS - EXHIBIT 13**

#### CHARITABLE CONTRIBUTIONS CERTIFICATION

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

Company Name

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

Address

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

Internal Revenue Service Employer Identification Number

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

California Registry of Charitable Trusts “CT” number (if applicable)

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

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

#### 

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

**OR**

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

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

Signature Date

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

Please Print Name and Title of Signer

**REQUIRED FORMS EXHIBIT 14**

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY’S**

**DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

|  |
| --- |
| Company Name: |
| Company Address: |
| City: State: Zip Code: |
| Telephone Number: Email address: |
| RFP Solicitation for Clinical Laboratory Services |

The Proposer/Bidder/Contractor certifies that:

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

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

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

**- OR -**

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

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

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

|  |  |
| --- | --- |
| Print Name: | Title: |
| Signature: | Date: |

**REQUIRED FORMS - EXHIBIT 15**

**ACKNOWLEDGEMENT OF COUNTY’S COMMITMENT TO**

**ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING**

**CERTIFICATION**

|  |
| --- |
| Company Name: |
| Company Address: |
| City: State: Zip Code: |
| Telephone Number: Email address: |
| RFP Solicitation for Clinical Laboratory Services |

**PROPOSER CERTIFICATION**

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

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

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

|  |  |
| --- | --- |
| Print Name: | Title: |
| Signature: | Date: |

**REQUIRED FORMS - EXHIBIT 16**

**ATTESTATION REGARDING PROPOSER’S PENDING AND PAST LITIGATION AND JUDGMENTS**

|  |  |  |
| --- | --- | --- |
| pROPOSER’S Name: | | |
| BUSINESS ADDREss: | | |
| City: | State: | Zip Code: |

Please identify by name, case and court jurisdiction any pending and past litigation in which Proposer is involved, or judgments against Proposer in the past five (5) years. Use additional sheets if necessary.

|  |  |  |
| --- | --- | --- |
| Name of Litigant(s) | Case and Court Jurisdiction | Statement describing the size and scope of pending litigation. |
|  |  |  |
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**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.**

|  |  |
| --- | --- |
| PRINT NAME: | TITLE: |
| SIGNATURE: | DATE: |

**REQUIRED FORMS - EXHIBIT 17**

**Minimum Mandatory Qualifications (MMQ) Checklist**

Proposer must meet each of the following MMQs in order to submit a Proposal. Failure to provide the information in the proper section as listed on this checklist may result in the rejection of your proposal as non-responsive. **Please refer to RFP Section 3.0 (Proposer’s MMQs) for more information.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHECK**  **BOX** | **RFP Section** | **ITEM** | **LOCATED IN**  **Please include Page #, Section, etc.** |
|  | 3.1 | Proposer must submit a Mandatory Letter of Intent following the instructions indicated in Section 7.6 (Mandatory Letter of Intent) of this RFP **on or before Wednesday, August 8, 2018, 12:00 p.m., Pacific Time.** | **Proposer certifies that the Mandatory Letter of Intent was submitted on or before Wednesday, August 8, 2018,12:00 P.M., Pacific Time.** A copy of the Mandatory Letter of Intent can be found on page \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 3.2 | Proposer must have a minimum of seven (7) years cumulative experience within the last seven (7) years serving the communities of Los Angeles County and providing Clinical Laboratory Services similar to the services described in Appendix B (SOW). **LACDMH will contact references listed on Appendix D – Required Forms (Exhibit 2) to verify experience.** | **Proposer certifies that:**  **🞎** Proposer meets the minimum years of required experience providing similar Clinical Laboratory Services identified in Appendix B – SOW. |
|  | 3.3 | Proposer must maintain a business office in Los Angeles County and maintain its State of California, Department of Public Health Clinical Laboratory License. **Proposer must provide a current copy of its State of California, Department of Public Health Clinical Laboratory License labeled as “Attachment I – MMQ.”** | **Attachment I - MMQ can be**  **found on page \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | 3.4 | Proposer must have demonstrated experience contracting with Medi-Cal, Medicare, and a wide range of private insurance payors for at least five (5) years as identified in Appendix B, SOW. **Proposer must provide documentation (award letter) verifying experience labeled as “Attachment II – MMQ.”** | **Attachment II - MMQ can be**  **found on page \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | 3.5 | Proposer must demonstrate compliance with the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") by producing documentation (CLIA Certificate). **Please refer to Section 3.5 of the RFP for more information.**  **Proposer must provide a copy of the CLIA Certificate labeled as “Attachment III – MMQ.”** | **Attachment III - MMQ can be**  **found on page \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | 3.6 | Proposer must register in the County’s WebVen and provide its WebVen ID Number. **Please refer to Section 3.6 of the RFP for more information.** **LACDMH will verify to ensure Proposers is registered with the County’s WebVen.** | **WebVen ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | 3.7 | Proposer must not be on the Los Angeles County Debarment List or on the Office of Inspector General (OIG) Health & Human Services (HHS) Debarment List. **Please refer to Section 3.7 of the RFP for more information. LACDMH will verify to ensure Proposer is not on the Debarment List** | **Proposer certifies that:**  **🞎** Proposer is not on the Debarment List  **OR**  **🞎** Proposer is currently on the following Debarment List(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 3.8 | 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 contracting 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. **Please refer to Section 3.8 if the RFP for more information.**  **LACDMH will verify to ensure Proposer does not have Unresolved Disallowed Costs.** | **Proposer certifies that:**  **🞎** Proposer does not have Unresolved Disallowed Costs with the County  **OR**  **🞎** Proposer currently has Unresolved Disallowed Costs with the County. If yes, identify the County department(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**REQUIRED FORMS - EXHIBIT 18**

**LACDMH Clinical Laboratory Services Model Staffing Plan**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **Name** | **Title** | **Role** | **Implementation Team (Y/N)** | **Discipline** | **License**  (if applicable) | **# of Hrs per week** | **Languages Spoken**  (for Customer Service Center Staff) |
|  |  |  |  |  |  |  |  |
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**REQUIRED FORMS - EXHIBIT 19**

**Protection of Electronic County PI, PHI and MI**

**Data Encryption**

Contractor and Subcontractors that electronically transmit or store personal information (PI), protected health information (PHI) and/or medical information (MI) shall comply with the encryption standards set forth below. PI is defined in California Civil Code Section 1798.29(g). PHI is defined in Health Insurance Portability and Accountability Act of 1996 (HIPAA), and implementing regulations. MI is defined in California Civil Code Section 56.05(j).

**1. Stored Data**

Contractors’ and Subcontractors’ workstations and portable devices (e.g., mobile, wearables, tablets, thumb drives, external hard drives) require encryption (i.e. software and/or hardware) in accordance with: (a) Federal Information Processing Standard Publication (FIPS) 140-2; (b) National Institute of Standards and Technology (NIST) Special Publication 800-57 Recommendation for Key Management — Part 1: General (Revision 3); (c) NIST Special Publication 800-57.

Recommendation for Key Management — Part 2: Best Practices for Key Management Organization; and (d) NIST Special Publication 800-111 Guide to Storage Encryption Technologies for End User Devices. Advanced Encryption Standard (AES) with cipher strength of 256-bit is minimally required.

**2. Transmitted Data**

All transmitted (e.g. network) County P1, PHI and/or MI require encryption in accordance with: (a) NIST Special Publication 800-52 Guidelines for the Selection and Use of Transport Layer Security Implementations; and (b) NIST Special Publication 800-57 Recommendation for Key Management — Part 3: Application-Specific Key Management Guidance. Secure Sockets Layer (SSL) is minimally required with minimum cipher strength of 128-bit.

**3. Certification**

The County must receive within ten (10) business days of its request, a certification from Contractor (for itself and any Subcontractors) that certifies and validates compliance with the encryption standards set forth above. In addition, Contractor shall maintain a copy of any validation/attestation reports that its data encryption product(s) generate and such reports shall be subject to audit in accordance with the Contract. Failure on the part of the Contractor to comply with any of the provisions of this Exhibit (Data Encryption) shall constitute a material breach of this Contract upon which the County may terminate or suspend this Contract.

**4. Compliance**

The Proposer shall provide information about its encryption practices by completing Required Forms - Exhibit - 20 “LACDMH Proposer’s Compliance with Encryption Requirements” questionnaire. By submitting, Proposer certifies that it will be in compliance with Los Angeles County Board of Supervisors Policy 5.200, Contractor Protection of Electronic County Information, at the commencement of any contract and during the term of any contract that may be awarded pursuant to this solicitation. The completed forms must be returned to DMH DISO within ten (10) business days to certify compliance.

**LACDMH PROPOSER’S COMPLIANCE**

|  |  |
| --- | --- |
|  | **REQUIRED FORMS - EXHIBIT 20** |

**WITH ENCRYPTION REQUIREMENTS EXHIBIT**

**Proposer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Proposer shall provide information about its encryption practices by completing this Exhibit. By submitting this Exhibit, Proposer certifies that it will be in compliance with Los Angeles County Board of Supervisors Policy 5.200, Contractor Protection of Electronic County Information, at the commencement of any contract and during the term of any contract that may be awarded pursuant to this solicitation.

**COMPLIANCE QUESTIONS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DOCUMENTATION AVAILABLE**  **N/A YES NO** | | | |
| 1 | Will County data stored on your workstation(s) be encrypted? | ☐ | ☐ | ☐ |  | ☐ | ☐ |
|  | *If “NO”, or N/A please explain.* |  |  |  |  |  |  |
|  |  | **YES** | **NO** | **N/A** |  | **YES** | **NO** |
| 2 | Will County data stored on your laptop(s) be encrypted? | ☐ | ☐ | ☐ |  | ☐ | ☐ |
|  | *If “NO”, or N/A please explain.* |  |  |  |  |  |  |
|  |  | **YES** | **NO** | **N/A** |  | **YES** | **NO** |
| 3 | Will County data stored on removable media be encrypted? | ☐ | ☐ | ☐ |  | ☐ | ☐ |
|  | *If “NO”, or N/A please explain.* |  |  |  |  |  |  |
|  |  | **YES** | **NO** | **N/A** |  | **YES** | **NO** |
| 4 | Will County data be encrypted when transported? | ☐ | ☐ | ☐ |  | ☐ | ☐ |
|  | *If “NO”, or N/A please explain.* |  |  |  |  |  |  |
|  |  | **YES** | **NO** | **N/A** |  | **YES** | **NO** |
| 5 | Will Proposer maintain a copy of any validation / attestation reports generated by its encryption tools? | ☐ | ☐ | ☐ |  | ☐ | ☐ |
|  | *If “NO”, or N/A please explain.* |  |  |  |  |  |  |
|  |  | **YES** | **NO** | **N/A** |  | **YES** | **NO** |
| 6 | Will County data be stored on remote servers\*?  \*Cloud storage, Software-as-a-Service or SaaS | ☐ | ☐ | ☐ |  | ☐ | ☐ |
|  | *Please provide public URL and hosting information for the server.* |  |  |  | | |  |

**Authorized Signatory Name (Print) Authorized Signatory Official Title**

**Authorized Signatory Signature Date**

***Protection of Electronic County PI, PHI and MI - CONTRACTS / AMENDMENTS***

**REQUIRED FORMS - EXHIBIT 21**

**COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES   
CERTIFICATION**

|  |  |  |
| --- | --- | --- |
| Company Name: |  |  |
| Company Address: |  |  |
| City: | State: Zip Code: | ode: |
| Telephone Number: | Email address: |  |
| RFP Solicitation for Clinical Laboratory Services |  |  |
|  |  |  |

**PROPOSER/CONTRACTOR CERTIFICATION**

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

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

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

Print Name: Title:

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

Signature: Date: