

APPENDIX D

DEPARTMENT OF HEALTH SERVICES

REQUIRED FORMS

FOR

REQUEST FOR PROPOSALS (RFP)

(Staffing Plan blank and sample are in excel format in a separate document.)

**APPENDIX D- REQUIRED FORMS
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REQUIRED FORMS - EXHIBIT 1 PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Page 1 of 2

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

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

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

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

Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Requirements listed in Paragraph 1.4 - Minimum Mandatory Requirements, of this Request for Proposal.

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.

Proposer's Name
Address

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

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

Signature

Title	CA Secretary of State Entity Number
Date	IRS Employer Identification Number
County WebVen Number	

APPENDIX D- REQUIRED FORMS

**REQUIRED FORMS - EXHIBIT 2
PROSPECTIVE CONTRACTOR REFERENCES**

Contractor's Name:

List 4 References where the same or similar scope of services were provided.

1. Name of Firm:	Address of Firm:	Contact Person:
Telephone #: - -	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 #: - -	Specific Date of Contract – From - To - - - - -	
Name or Contract No.	Type of Service:	Annual Dollar Amount: \$
3. Name of Firm:	Address of Firm:	Contact Person:
Telephone #: - -	Specific Date of Contract – From - To - - - - -	
Name or Contract No.	Type of Service:	Annual Dollar Amount: \$
4. Name of Firm:	Address of Firm:	Contact Person:
Telephone #: - -	Specific Date of Contract – From - To - - - - -	Annual Dollar Amount: \$
Name or Contract No.	Type of Service:	Annual Dollar Amount: \$

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REQUIRED FORMS - EXHIBIT 3

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:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. 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:

Date: - -

Official's Signature

APPENDIX D- REQUIRED FORMS

REQUIRED FORMS - EXHIBIT 4

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Proposer certifies that:

- Proposer is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- Each County Lobbyist, as defined by Los Angeles County Code Section 2.160.010, retained by the Proposer is in full compliance with Chapter 2.160 of the Los Angeles County Code; and
- Each such County Lobbyist retained by the Proposer is **not** on the Executive Office's List of Terminated Registered Lobbyists as part of their proposal.

Signature: _____ Date: _____

**Request for Local SBE Preference Program Consideration and
CBE Firm/Organization Information Form**

INSTRUCTIONS: All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME:
COUNTY VENDOR NUMBER:

- As a Local SBE, certified by the County of Los Angeles Department of Consumer and Business Affairs, I request this proposal/bid be considered for the Local SBE Preference.
- Attached is my Local SBE Certification letter issued by the County

II. 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: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> 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						

III. 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	%	%	%	%	%	%

IV. 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	Dis-advantaged	Disabled Veteran	Expiration Date

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

Print Authorized Name	Authorized Signature	Title	Date

**REQUIRED FORMS - EXHIBIT 6
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.	<input type="checkbox"/>	<input type="checkbox"/>
2. Proposer periodically conducts a self-analysis or utilization analysis of its work force.	<input type="checkbox"/>	<input type="checkbox"/>
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	<input type="checkbox"/>	<input type="checkbox"/>
4. 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.	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date: - -

Name of Signer: _____

Title: _____

REQUIRED FORMS - EXHIBIT 7
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

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.

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

YES (subject to verification by County) NO

B. 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

C. 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 Organization: _____

Signature: _____

Type or Print Name: _____

Type or Print Title: _____

Date: - -

Telephone Number: - -

FAX Number: - -

REQUIRED FORMS - EXHIBIT 8

**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 excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number: - -		
Solicitation For	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 9
CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number: - -		

The following definitions shall be applicable to the program.

Los Angeles County Code Chapter 2.206.020 A. "Contractor" shall mean any person, firm, corporation, partnership, or combination thereof, which submits a bid or proposal or enters into a contract or agreement with the County.

Los Angeles County Code Chapter 2.206.020 C. "County Property Taxes" shall mean any property tax obligation on the County's secured or unsecured roll; except for tax obligations on the secured roll with respect to property held by a Contractor in a trust or fiduciary capacity or otherwise not beneficially owned by the Contractor.

The Proposer 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 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 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: - -

EXHIBIT 10
DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION – A
LANDSCAPE MAINTENANCE SERVICES

SPECIFIC WORK REQUIREMENTS – ROUTINE MAINTENANCE

PROPOSER: _____

FACILITY	MONTHLY PRICE
Harbor-UCLA MC 1000 W. Carson Torrance, CA 90509	
Long Beach CHC 1333 Chestnut Ave Long Beach, CA 90813	
Wilmington HC 1403 W. Lomita Street Harbor City, CA 90744	

REGION “A” TOTAL: _____

Contractor shall provide all landscape services under the frequencies specified in Statement of Work (SOW) at the price described herein, unless instructed otherwise on the Facility Specification Sheets in SOW, Attachment 3. The monthly price shall be all inclusive and includes but not limited to all administrative costs, labor, supervision, materials, transportation, taxes, equipment and supplies, dumping fees.

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

**PRICE PROPOSAL REGION - A
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK**

Facility	Harbor-UCLA MC
Address	1000 W. Carson Torrance, CA 90509
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Once a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION - A
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	Long Beach CHC
Address	1333 Chestnut Ave Long Beach, CA 90813
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice per year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

**DEPARTMENT OF HEALTH SERVICES
PRICE PROPOSAL REGION - A
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK**

Facility	Wilmington HC
Address	1325 Broad Avenue, Wilmington, CA 90744
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

III. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

IV. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10
DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION – B
LANDSCAPE MAINTENANCE SERVICES

SPECIFIC WORK REQUIREMENTS – ROUTINE MAINTENANCE

PROPOSER: _____

FACILITY	MONTHLY PRICE
LAC+USC MC 2051 Marengo Street Los Angeles, CA 90033	
El Monte CHC 10953 Ramona Blvd. El Monte, CA 91731	
La Puente HC 15930 Central Avenue La Puente, CA 91744	
H. Claude Hudson CHC 2829 South Grand Avenue Los Angeles, CA 90007	

REGION “B” TOTAL: _____

Contractor shall provide all landscape services under the frequencies specified in Statement of Work (SOW) at the price described herein, unless instructed otherwise on the Facility Specification Sheets in SOW, Attachment 3. The monthly price shall be all inclusive and includes but not limited to all administrative costs, labor, supervision, materials, transportation, taxes, equipment and supplies, dumping fees.

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION - B
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	LAC+USC MC
Address	2051 Marengo Street, Los Angeles, CA 90033
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION - B
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	El Monte CHC
Address	10953 Ramona Blvd. El Monte, CA 91731
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC LANDSCAPE MAINTENANCE SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION - B
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	La Puente HC
Address	15930 Central Avenue La Puente, CA 91744
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION - B
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	H. Claude Hudson CHC
Address	2829 South Grand Avenue Los Angeles, CA 90007
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance *Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour

EXHIBIT 10
DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION – C
LANDSCAPE MAINTENANCE SERVICES

SPECIFIC WORK REQUIREMENTS – ROUTINE MAINTENANCE

PROPOSER: _____

FACILITY	MONTHLY PRICE
Martin Luther King Jr. OC 1670 East 120th Street Los Angeles, CA 90059	
Hubert Humphrey CHC 5850 South Main Street Los Angeles, CA 9003	

REGION “C” TOTAL: _____

Contractor shall provide all landscape services under the frequencies specified in Statement of Work (SOW) at the price described herein, unless instructed otherwise on the Facility Specification Sheets in SOW, Attachment 3. The monthly price shall be all inclusive and includes but not limited to all administrative costs, labor, supervision, materials, transportation, taxes, equipment and supplies, dumping fees.

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPSAL REGION C
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	Martin Luther King Jr. OC
Address	1670 East 120th Street Los Angeles, CA 90059
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION - C
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	Hubert H. Humphrey CHC
Address	5850 South Main Street Los Angeles, CA 90003
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL – REGION – D
LANDSCAPE MAINTENANCE SERVICES

SPECIFIC WORK REQUIREMENTS – ROUTINE MAINTENANCE

PROPOSER: _____

FACILITY	MONTHLY PRICE
Olive View-UCLA MC 14445 Olive View Drive Sylmar, CA 91342	
San Fernando HC 1212 Pico St., San Fernando, CA 91340	

REGION "D" TOTAL: _____

Contractor shall provide all landscape services under the frequencies specified in Statement of Work (SOW) at the price described herein, unless instructed otherwise on the Facility Specification Sheets in SOW, Attachment 3. The monthly price shall be all inclusive and includes but not limited to all administrative costs, labor, supervision, materials, transportation, taxes, equipment and supplies, dumping fees.

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

**PRICE PROPOSAL REGION - D
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK**

Facility	Olive View-UCLA MC
Address	14445 Olive View Drive, Sylmar CA 91342
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION - D
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC- UNSCHEDULED/OTHER WORK

Facility	San Fernando HC
Address	1212 Pico St., San Fernando, CA 91340
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	None		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	As needed		
Turf-Renovation (SOW, Paragraph 4.4)	None		
Vertical Mowing (SOW, Paragraph 4.5)	None		
Turf Reseeding (SOW, Paragraph 4.6)	None		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW: 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION – E
LANDSCAPE MAINTENANCE SERVICES

SPECIFIC WORK REQUIREMENTS – ROUTINE MAINTENANCE

PROPOSER: _____

FACILITY	MONTHLY PRICE
Rancho Los Amigos NRC 7601 East Imperial Highway Downey, CA 90242	

REGION "E" TOTAL: _____

Contractor shall provide all landscape services under the frequencies specified in Statement of Work (SOW) at the price described herein, unless instructed otherwise on the Facility Specification Sheet in SOW, Attachment 3. The monthly price shall be all inclusive and includes but not limited to all administrative costs, labor, supervision, materials, transportation, taxes, equipment and supplies, dumping fees.

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION - E
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	Rancho Los Amigos NRC
Address	7601 East Imperial Highway Downey, CA 90242
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	Once a year		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour

EXHIBIT 10
DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION – F
LANDSCAPE MAINTENANCE SERVICES

SPECIFIC WORK REQUIREMENTS – ROUTINE MAINTENANCE

PROPOSER: _____

FACILITY	MONTHLY PRICE
HSA-Headquarters 313 N. Figueroa Street Los Angeles, CA 90012	
HSA-Commerce 5555 Ferguson, City of Commerce 90022	
Central PH Center 241 N. Figueroa Street, Los Angeles, CA 90012	

REGION "F" TOTAL: _____

Contractor shall provide all landscape services under the frequencies specified in Statement of Work (SOW) at the price described herein, unless instructed otherwise on the Facility Specification Sheets in SOW, Attachment 3. The monthly price shall be all inclusive and includes but not limited to all administrative costs, labor, supervision, materials, transportation, taxes, equipment and supplies, dumping fees.

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

**PRICE PROPOSAL – REGION F
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK**

Facility	HSA Headquarters
Address	313 N. Figueroa Street Los Angeles, CA 90012
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	Once a year		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION – F
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	HSA-Commerce
Address	5555 Ferguson, City of Commerce CA 90022
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

III. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	Twice a year		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Twice a year		
Turf-Renovation (SOW, Paragraph 4.4)	As needed		
Vertical Mowing (SOW, Paragraph 4.5)	Once a year		
Turf Reseeding (SOW, Paragraph 4.6)	As needed		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

IV. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

EXHIBIT 10

DEPARTMENT OF HEALTH SERVICES

PRICE PROPOSAL REGION - F
LANDSCAPE MAINTENANCE SERVICES
SEASONAL/PERIODIC - UNSCHEDULED/OTHER WORK

Facility	Central Health Center - PH
Address	241 N. Figueroa Street, Los Angeles, CA 90012
Hours of Operation	Services to be provided between the hours of 6 a.m. to 6 p.m., Monday through Friday, excluding County observed Holidays.

I. SEASONAL/PERIODIC SERVICES

TASK	Frequency	Total Maximum Frequency Cost	Total Maximum Cost Per Agreement Year
Aerification (SOW, Paragraph 4.1)	None		
Disease/Insect Control (SOW, Paragraph 4.2)	As needed		
Fertilization (SOW, Paragraph 4.3)	Once a year		
Turf-Renovation (SOW, Paragraph 4.4)	None		
Vertical Mowing (SOW, Paragraph 4.5)	None		
Turf Reseeding (SOW, Paragraph 4.6)	None		
	ANNUAL TOTAL		
Tree Maintenance and Tree Pruning (SOW 4.7)	Once every three years		

II. UNSCHEDULED/OTHER WORK

CLASSIFICATION	HOURLY RATE (Includes Profit & Overhead)
Pest Control Operator	\$ per hour
Irrigation Specialist	\$ per hour
Landscape Maintenance Laborer	\$ per hour

REQUIRED FORMS - EXHIBIT 11

***CERTIFICATION OF INDEPENDENT PRICE DETERMINATION
AND ACKNOWLEDGEMENT OF RFP RESTRICTIONS***

- A. 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.
- B. List all names and telephone number of person legally authorized to commit the Proposer.

NAME

PHONE NUMBER

NAME	PHONE NUMBER
	- -
	- -
	- -

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

- C. 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

REQUIRED FORMS - EXHIBIT 13
EMPLOYEE BENEFITS FOR REGION _____
To be paid under the Proposed Agreement

Medical Insurance/Health Plan:

Employer Pays: \$ _____ **Employee Pays:** \$ _____ **Total Mo. Premium:** \$ _____

Annual Deductible
Employee: \$ _____ Family: \$ _____

Coverage (x)

- Hospital Care (In Patient Out Patient X-Ray and Laboratory
- Surgery
- Office Visits
- Pharmacy
- Maternity
- Mental Health/Chemical Dependency, In Patient
- Mental Health/Chemical Dependency, Out Patient

Dental Insurance:

Employer Pays: \$ _____ **Employee Pays:** \$ _____ **Total Mo. Premium:** \$ _____

Life Insurance:

Employer Pays: \$ _____ **Employee Pays:** \$ _____ **Total Mo. Premium:** \$ _____

Vacation:

Number of Days: _____ and

Any increase after _____ years of employment, number of days or hours _____

Sick Leave:

Number of Days: _____ and

Any increase after _____ years of employment, number of days or hours _____

Holidays:

Number of Days: _____ per year

Retirement:

Employer Pays: \$ _____ **Employee Pays:** \$ _____ **Total Mo. Premium:** \$ _____

REQUIRED FORMS - EXHIBIT 14

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (2 C.F.R. PART 376)

Page 1 of 2

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (2 C.F.R. Part 376)

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 (2 C.F.R. Part 376),” as set forth in the text of the Sample Contract attached to the Request for Proposals, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered 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.

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 owners, officers, partners, directors, other principals, employees, or independent contractors 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 Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (2 C.F.R. Part 376)

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

Dated: - - -

Signature of Authorized Representative

Title of Authorized Representative

Printed Name of Authorized Representative



**COUNTY OF LOS ANGELES
LIVING WAGE PROGRAM
AND CONTRACTOR NON-RESPONSIBILITY DEBARMENT**

ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE

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 proposal; **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 proposal. (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 proposal 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 proposal 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 proposer'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



**COUNTY OF LOS ANGELES
LIVING WAGE PROGRAM
ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE
LABOR/PAYROLL/DEBARMENT HISTORY**

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 proposal.
- A determination by a public entity within three (3) years of the date of the proposal 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.



**COUNTY OF LOS ANGELES
LIVING WAGE ORDINANCE**

LIVING WAGE DECLARATION

The contract to be awarded pursuant to this Request for Proposal (RFP) is subject to the County of Los Angeles Living Wage Ordinance (Living Wage Program). You must declare your intent to comply with the Living Wage Program.

If you believe that you are exempt from the Program, please complete the Application for Exemption form and submit it, as instructed in the RFP, to the County awarding department.

If you are not exempt from the Program, please check the option that best describes your intention to comply with the Program.

- I **do not** have a bona fide health care benefit plan for those employees who will be providing services to the County under the contract. I will pay an hourly wage rate of not less than **\$11.84 per hour** per employee.
- I **do have** a bona fide health care benefit plan for those employees who will be providing services to the County under the contract but will pay into the plan **less than \$2.20 per hour** per employee. I will pay an hourly wage of not less than **\$11.84 per hour** per employee.
- I **do have** a bona fide health care benefit plan for those employees who will be providing services to the County under the contract and will pay into the plan **at least \$2.20 per hour** per employee. I will pay an hourly wage of not less than **\$9.64 per hour** per employee.

Health Plan(s):

Company Insurance Group Number:

Health Benefit(s) Payment Schedule:

- Monthly Quarterly Bi-Annual
- Annually Other: _____
(Specify)

PLEASE PRINT COMPANY NAME:	
I declare under penalty of perjury under the laws of the State of California that the above is true and correct:	
SIGNATURE:	DATE:
PLEASE PRINT NAME:	TITLE OR POSITION:



COUNTY OF LOS ANGELES LIVING WAGE PROGRAM

APPLICATION FOR EXEMPTION

Page 1 of 3

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 Program. To apply, Contractors must complete and submit this form to the County after the Mandatory Proposers 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):

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 a non-profit corporation qualified under Internal Revenue Code Section 501(c)(3) (*attach IRS Determination Letter*).
- My business is a Small Business (as defined in the Living Wage Ordinance) which is not an affiliate or subsidiary of a business dominant in its field of operation **AND** during the contract period will have 20 or fewer full- and part-time employees; **AND**
 - Has less than \$1 million in annual gross revenues in the preceding fiscal year including the proposed contract amount; **OR**
 - Is a technical or professional service that has less than \$2.5 million in annual gross revenues in the preceding fiscal year including the proposed contract amount.
- 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.



**COUNTY OF LOS ANGELES
LIVING WAGE PROGRAM**

APPLICATION FOR EXEMPTION

Continued from previous page

Page 2 of 3

- My business is subject to a bona 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 COUNTY:

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE



**COUNTY OF LOS ANGELES
LIVING WAGE PROGRAM**

APPLICATION FOR EXEMPTION

Continued from previous page

Page 3 of 3

Additional Information

The additional information requested below is for information purposes only. It is not required for consideration of this Application for Exemption. The County will not consider or evaluate the information provided below by Contractor, in any way whatsoever, when recommending selection or award of a contract to the Board of Supervisors.

- I, **or my collective bargaining unit, have** a bona fide health care benefit plan for those employees who will be providing services to the County under the contract.

Health Plan Company Name(s): _____

Company Insurance Group Number(s): _____

Health Premium Amount Paid by Employer: _____

Health Premium Amount Paid by Employee: _____

Health Benefit(s) Payment Schedule:

Monthly

Quarterly

Bi-Annual

Annually

Other: _____
(Specify)

- I, **or my collective bargaining unit, do not** have a bona fide health care benefit plan for those employees who will be providing services to the County under the contract.

REQUIRED FORMS - EXHIBIT 19

LIVING WAGE PROGRAM

**MODEL CONTRACTOR STAFFING PLAN
(Excel File not attached here)**

APPROACH TO LABOR-PAYROLL RECORD KEEPING & REGULATORY COMPLIANCE

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?
10. If the records previously discussed are not used as a source document to create the payroll, what is the source document used?

11. Who prepares and who checks the source document?
12. Does the employee sign it?
13. Who approves the source document and what do they compare it with prior to approving the source document?
14. How does the firm ensure that employees take mandated breaks and meal breaks?
15. 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
16. How are employees paid? (e.g. manually issued check, cash, automated check, or combination of methods?)
17. If by check, do they receive a single check for straight time and overtime or are separate payments made?
18. What information is provided on the check? (e.g. deductions for taxes, etc.)
19. Does the firm use a manual payroll system or an automated payroll service with an outside firm?
20. Describe the steps taken to prepare the payroll – starting from the source document through the issuance of a check.
21. 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?
22. How does the firm calculate overtime wages? What if the employee has multiple wage rates?

Travel Time – (please complete if applicable)
23. How is travel time during an employee’s shift paid?
24. At what rate is such travel time paid if the employee has multiple wage rates?
25. 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 than the County’s Living Wage rate.
26. 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.

REQUIRED FORMS - EXHIBIT 21
CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name: _____

Address: _____

Internal Revenue Service Employer Identification Number: _____

Proposer 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 Proposer or Contractor is not exempt, **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: - -

Name of Signer: _____

Title: _____

**REQUIRED FORMS - EXHIBIT 22
TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:

I hereby certify that I meet all the requirements for this program:

- My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for 3 years (*attach IRS Determination Letter*);
- I have submitted my three most recent annual tax returns with my application;
- I have been in operation for at least one year providing transitional job and related supportive services to program participants; and
- I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants and any other information requested by the contracting department.

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 COUNTY:

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE

REQUIRED FORMS - EXHIBIT 23

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PREFERENCE PROGRAM

Company Name: _____

All Proposers requesting the Disabled Veteran Business Enterprise (DVBE) Preference must complete and return this form with the submittal of their proposal.

In reviewing proposals, the County will give preference to businesses that are certified by the State of California as a Disabled Veteran Business Enterprise (DVBE) or by the Department of Veterans as a Service Disabled Veteran Owned Small Business (SDVOSB) consistent with Chapter 2.211 of the Los Angeles County Code.

Proposer understands that in no instance shall the disabled veteran business enterprise preference program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to any County solicitation.

Information about the State's Disabled Veteran Business Enterprise certification regulations is in the California Code of Regulations, Title 2, Subchapter 8, Section 1896 et seq., and is also available on the California Department of General Services Office of Disabled Veteran Business Certification and Resources Website at <http://www.pd.dgs.ca.gov/>

Information on the Veteran Affairs Disabled Business Enterprise certification regulations may be found in the Code of Federal Regulations, 38CFR 74 and is also available on the Veterans Affairs Website at: <http://www.vetbiz.gov/>

As of the date of this proposal, I am certified as indicated below and I request this proposal be considered for the DVBE Preference: *(Check one of the boxes below)*

- Disabled Veteran Enterprise with the State of California
- Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs

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

PRINT AUTHORIZED NAME:	TITLE:
AUTHORIZED SIGNATURE:	DATE: - -

REVIEWED BY COUNTY:

<i>SIGNATURE OF REVIEWER</i>	<i>APPROVED</i>	<i>DISAPPROVED</i>	<i>DATE</i>