**APPENDIX B - REQUIRED FORMS**

**Exhibits**

1. Organization Questionnaire/Affidavit
2. Certification of Compliance
3. Request for Preference Consideration
4. Debarment History and List of Terminated Contracts
5. Community Business Enterprise (CBE) Information (Excel Worksheet)
6. Intentionally Omitted
7. Intentionally Omitted
8. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)
9. Estimated Annual Budget
10. Declaration

**REQUIRED FORMS – EXHIBIT 1**

**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

|  |  |
| --- | --- |
| **Proposer Name:** Click or tap here to enter text. | **County Webven Number:** Click or tap here to enter text. |
| **Address:**Click or tap here to enter text. |
| **Telephone Number:**Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Internal Revenue Service Employer Identification Number:**Click or tap here to enter text. | **California Business License Number:**Click or tap here to enter text. |

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

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| **REQUIRED FORMS – EXHIBIT 1****ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**  |
| 5 |  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”.  | Click or tap here to enter text. |
| 6 | Is your firm involved in any pending acquisition or mergers? [ ]  Yes [ ]  No | If yes, please provide additional information regarding the pending merger.Click or tap here to enter text. |
| 7 | List all names and contact information of all individuals legally authorized to commit the Proposer.  | Name: Click or tap here to enter text. Title: Click or tap here to enter text. Phone: Click or tap here to enter text. Email: Click or tap here to enter text. Name: Click or tap here to enter text.Title: Click or tap here to enter text. Phone: Click or tap here to enter text. Email: Click or tap here to enter text.Name: Click or tap here to enter text.Title: Click or tap here to enter text. Phone: Click or tap here to enter text. Email: Click or tap here to enter text. |

**REQUIRED FORMS – EXHIBIT 2**

**CERTIFICATION OF COMPLIANCE**

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

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| **TITLE** | **REFERENCE** | **CERTIFICATIONS** |
| 1 | Certification of No Conflict of Interest | [LACC 2.180](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.180COCUFOCOEM) | **Certifies Compliance ?**[ ]  Yes [ ]  No |
| 2 | Familiarity with the County Lobbyist Ordinance Certification | [LACC 2.160](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.160COLO) | **Certifies Compliance ?**[ ]  Yes [ ]  No |
| 3 | Zero Tolerance Policy on Human Trafficking Certification | [Motion](http://file.lacounty.gov/SDSInter/bos/supdocs/107916.pdf) | **Certifies Compliance ?**[ ]  Yes [ ]  No |
| 4 | Compliance with Fair Chance Employment Hiring Practices Certification | [Board Policy 5.250](https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=CH5COPU_5.250FACHEM) | **Certifies Compliance ?**[ ]  Yes [ ]  No |
| 5 | Charitable Contributions CertificationEnter the California Registry of Charitable Trusts “CT” number and upload a copy of firm’s most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586 (if applicable)Click or tap here to enter text.  | [Board Policy 5.065](https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=CH5COPU_5.065NOCOREPO) | **Check the Certification below that is applicable to your company.**[ ]  Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General’s Registry of Charitable Trusts when filed.**OR**[ ]  Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts.  |
| 6 | Attestation of Willingness to Consider GAIN/START Participants | [Board Policy 5.050](https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=CH5COPU_5.050COUSGAGRPA) | **Certifies Compliance ?**[ ]  Yes [ ]  No**Willing to provide GAIN/START participants access to employee mentoring program?**[ ]  Yes [ ]  No [ ]  N/A-program not available |
| 7 | Contractor Employee Jury Service Program Certification Form & Application for Exception | [LACC 2.203](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.203COEMJUSE) | **Certifies Compliance ?**[ ]  Yes [ ]  No**If No, identify exemption:**[ ]  My business does not meet the definition of “contractor,” as defined in the Program.[ ]  My business is a small business as defined in the Program.[ ]  My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program |
| 8 | Certification of Compliance with the County's Defaulted Property Tax Reduction Program | [LACC 2.206](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.206DEPRTAREPR) | **Certifies Compliance ?**[ ]  Yes [ ]  No**If No, identify exemption:**Click or tap here to enter text.  |

**REQUIRED FORMS – EXHIBIT 3**

**REQUEST FOR PREFERENCE CONSIDERATION**

In the event of any conflict between the federal requirements and this preference, check the requirement of any applicable federal funding streams and discuss, as needed, with your County Counsel attorney.

**INSTRUCTIONS**: Proposers requesting preference consideration must complete and include this form in their proposal. Proposers may request consideration for one or more preference programs.  **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

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| [ ]  **PREFERENCE NOT REQUESTED**  |

**OR**

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| [ ]  **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)** |
| **Preference Program** | **Reference** |
| [ ]  | Request for Local Small Business Enterprise (LSBE) Program Preference | [**LACC 2.204**](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.204LOBUENPRPR) |
|  | [ ]  Certification for Non-Federally Funded County Solicitations  |
|  | [ ]  Certification for Federally Funded County Solicitations |
| [ ]  | Request for Social Enterprise (SE) Program Preference[ ]  Certification for Non-Federally Funded County Solicitations[ ]  Certification for Federally Funded County Solicitations | [**LACC 2.205**](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.205SOENPRPR) |
| [ ]  | Request for Disabled Veterans Business Enterprise (DVBE) Program Preference | [**LACC 2.211**](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.211DIVEBUENPRPR) |

**Note: In no instance should any of the listed preference programs price or scoring be combined with any other County program to exceed fifteen percent (15%) in response to any county solicitation.**

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| **REQUIRED FORMS – EXHIBIT 4** |
| **DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**  |
|  |  |  |  |  |  |  |  |  |
| Proposer's Name: Click or tap here to enter text. |
|  |  |  |  |  |  |  |  |  |
| **1. DEBARMENT HISTORY (Check one)** | **YES** | **NO** |
| Proposer is currently debarred by a public entity | [ ]  | [ ]  |
| If yes, please provide the name of the public entity:  |   |
| **2. LIST OF TERMINATED CONTRACTS (Check one)** | **YES** | **NO** |
| Proposer has contracts that have been terminated in the past three (3) years. | [ ]  | [ ]  |
| If yes, please list all contracts that have been terminated prior to expiration within the last three (3) years.  |

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| Service:  | Click or tap here to enter text. |
| Name of Entity:  | Click or tap here to enter text. |
| Address:  | Click or tap here to enter text. |
| Contact:  | Click or tap here to enter text. |
| Telephone:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Termination Date:  | Click or tap here to enter text. |
| Name/Contract No:  | Click or tap here to enter text. |
| Reason for Termination:  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Service:  | Click or tap here to enter text. |
| Name of Entity:  | Click or tap here to enter text. |
| Address:  | Click or tap here to enter text. |
| Contact:  | Click or tap here to enter text. |
| Telephone:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Termination Date:  | Click or tap here to enter text. |
| Name/Contract No:  | Click or tap here to enter text. |
| Reason for Termination:  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Service:  | Click or tap here to enter text. |
| Name of Entity:  | Click or tap here to enter text. |
| Address:  | Click or tap here to enter text. |
| Contact:  | Click or tap here to enter text. |
| Telephone:  | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Termination Date:  | Click or tap here to enter text. |
| Name/Contract No:  | Click or tap here to enter text. |
| Reason for Termination:  | Click or tap here to enter text. |

**REQUIRED FORMS – EXHIBIT 5**

**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

Refer to Excel Worksheet

**REQUIRED FORMS – EXHIBIT 6 -7**

**INTENTIONALLY OMITTED**

**REQUIRED FORMS – EXHIBIT 8**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS**

**(45 C.F.R. PART 76)**

(This exhibit should be used for all federally funded solicitations)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

5. Proposer further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Master Agreement, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

9. Where Proposer and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer’s written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person’s or those persons’ job description(s) and function(s) as they relate to the contract which is being solicited by this Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

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

**REQUIRED FORMS – EXHIBIT 10**

**DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-10 IS TRUE AND CORRECT.**

|  |  |
| --- | --- |
| PRINT NAME: Click or tap here to enter text. | TITLE: Click or tap here to enter text. |
| SIGNATURE: | DATE: Click or tap here to enter text. |