

# 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) Minimum Mandatory Requirements
- 7) List of References
- 8) Proposed Annual Budget
- 9) Declaration

**REQUIRED FORMS – EXHIBIT 1**  
**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>Bidder Name:</b> <a href="#">Click or tap here to enter text.</a>	<b>County Webven Number:</b> <a href="#">Click or tap here to enter text.</a>
<b>Address:</b> <a href="#">Click or tap here to enter text.</a>	
<b>Telephone Number:</b> <a href="#">Click or tap here to enter text.</a>	<b>Email:</b> <a href="#">Click or tap here to enter text.</a>
<b>Internal Revenue Service Employer Identification Number:</b> <a href="#">Click or tap here to enter text.</a>	<b>California Business License Number:</b> <a href="#">Click or tap</a>

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

**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".	<u>Click or tap here to enter text.</u>
6	Is your firm involved in any pending acquisition or mergers?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.  <u>Click or tap here to enter text.</u>
7	List all names and contact information of all individuals legally authorized to commit the Bidder.	Name: <u>Click or tap here to enter text.</u> Title: <u>Click or tap here to enter text.</u> Phone: <u>Click or tap here to enter text.</u> Email: <u>Click or tap here to enter text.</u>  Name: <u>Click or tap here to enter text.</u> Title: <u>Click or tap here to enter text.</u> Phone: <u>Click or tap here to enter text.</u> Email: <u>Click or tap here to enter text.</u>  Name: <u>Click or tap here to enter text.</u> Title: <u>Click or tap here to enter text.</u> Phone: <u>Click or tap here to enter text.</u> Email: <u>Click or tap here to enter text.</u>

## REQUIRED FORMS – EXHIBIT 2

### CERTIFICATION OF COMPLIANCE

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

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	<a href="#">LACC 2.180</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<a href="#">LACC 2.160</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<a href="#">Motion</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<a href="#">Board Policy 5.250</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Charitable Contributions Certification  Enter 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)  <a href="#">Click or tap here to enter text.</a>	<a href="#">Board Policy 5.065</a>	<b>Check the Certification below that is applicable to your company.</b>  <input type="checkbox"/> Bidder or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Bidder engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General’s Registry of Charitable Trusts when filed.  <b>OR</b>  <input type="checkbox"/> Bidder 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	<a href="#">Board Policy 5.050</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Willing to provide GAIN/START participants access to employee mentoring program?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	<a href="#">LACC 2.203</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If No, identify exemption:</b> <input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> 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	<a href="#">LACC 2.206</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If No, identify exemption:</b> <a href="#">Click or tap here to enter text.</a>

**REQUIRED FORMS – EXHIBIT 3**

**REQUEST FOR PREFERENCE CONSIDERATION**

**INSTRUCTIONS:** Bidders requesting preference consideration must complete and include this form in their bid. Bidders 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.**

<input type="checkbox"/> <b>PREFERENCE NOT REQUESTED</b>
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**OR**

<input type="checkbox"/> <b>PREFERENCE REQUESTED (SELECT ALL THAT APPLY)</b>	
Preference Program	Reference
<input type="checkbox"/> Request for Local Small Business Enterprise (LSBE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<a href="#"><u>LACC 2.204</u></a>
<input type="checkbox"/> Request for Social Enterprise (SE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<a href="#"><u>LACC 2.205</u></a>
<input type="checkbox"/> Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<a href="#"><u>LACC 2.211</u></a>

**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.**

**REQUIRED FORMS – EXHIBIT 4**  
**DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

Bidder's Name: [Click or tap here to enter text.](#)

<b>1. DEBARMENT HISTORY (Check one)</b>		<b>YES</b>	<b>NO</b>
Bidder is currently debarred by a public entity		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity:			
<b>2. LIST OF TERMINATED CONTRACTS (Check one)</b>		<b>YES</b>	<b>NO</b>
Bidder has contracts that have been terminated in the past three (3) years.		<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list all contracts that have been terminated prior to expiration within the last three (3) years.

Service:	<a href="#">Click or tap here to enter text.</a>
Name of Entity:	<a href="#">Click or tap here to enter text.</a>
Address:	<a href="#">Click or tap here to enter text.</a>
Contact:	<a href="#">Click or tap here to enter text.</a>
Telephone:	<a href="#">Click or tap here to enter text.</a>
Email:	<a href="#">Click or tap here to enter text.</a>
Termination Date:	<a href="#">Click or tap here to enter text.</a>
Name/Contract No:	<a href="#">Click or tap here to enter text.</a>
Reason for Termination:	<a href="#">Click or tap here to enter text.</a>

Service:	<a href="#">Click or tap here to enter text.</a>
Name of Entity:	<a href="#">Click or tap here to enter text.</a>
Address:	<a href="#">Click or tap here to enter text.</a>
Contact:	<a href="#">Click or tap here to enter text.</a>
Telephone:	<a href="#">Click or tap here to enter text.</a>
Email:	<a href="#">Click or tap here to enter text.</a>
Termination Date:	<a href="#">Click or tap here to enter text.</a>
Name/Contract No:	<a href="#">Click or tap here to enter text.</a>
Reason for Termination:	<a href="#">Click or tap here to enter text.</a>

Service:	<a href="#">Click or tap here to enter text.</a>
Name of Entity:	<a href="#">Click or tap here to enter text.</a>
Address:	<a href="#">Click or tap here to enter text.</a>
Contact:	<a href="#">Click or tap here to enter text.</a>
Telephone:	<a href="#">Click or tap here to enter text.</a>
Email:	<a href="#">Click or tap here to enter text.</a>
Termination Date:	<a href="#">Click or tap here to enter text.</a>
Name/Contract No:	<a href="#">Click or tap here to enter text.</a>
Reason for Termination:	<a href="#">Click or tap here to enter text.</a>

**REQUIRED FORMS – EXHIBIT 5**  
**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

Refer to Excel Worksheet

**REQUIRED FORMS – EXHIBIT 6**

**MINIMUM MANDATORY REQUIREMENTS**

Bidder acknowledges and certifies that it meets and will comply with the Bidder’s Minimum Mandatory Requirements indicated below and as stated in Paragraph 3.0, of this Invitation for Bids (IFB).

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	<b>Bidder must have five years’ experience, within the last seven years providing TF-CBT Training services as outlined in Appendix A – SOW</b>	<input type="checkbox"/>	<input type="checkbox"/>
2	<b>Bidder must have at least five nationally certified TF-CBT trainers and be able to host up to five simultaneous trainings. Trainers must have a master’s degree or higher in social work, psychology, or related field.</b>	<input type="checkbox"/>	<input type="checkbox"/>
3	<b>Bidder must provide copies of the company’s most current and prior two fiscal years’ financial statements. Statements must include the company’s assets, liabilities and net worth and, at a minimum, include the Balance Sheet, Statement of Income, and the Statement of Cash Flows. It should be noted that depending on the nature of the entity, i.e., for profit, non-profit, governmental, the title of these statements may differ. For example, for a non-profit entity, the Balance Sheet is referred to as the Statement of Financial Position. Do not submit Income Tax Returns to meet this requirement. Financial statements will be kept confidential if so stamped on each page.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4	<b>Bidder 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 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.</b>	<input type="checkbox"/>	<input type="checkbox"/>
5	<b>Bid must be submitted by the Bid due date and time identified in Paragraph 1.0 (Solicitation Information and Minimum Mandatory Requirements).</b>	<input type="checkbox"/>	<input type="checkbox"/>



## REQUIRED FORMS – EXHIBIT 7

### LIST OF REFERENCES

**Bidder’s Name:** Click or tap here to enter text.

Provide three references for the same or similar scope of services that were provided by the Bidder during the previous five years. References will be used for review purposes and to validate Bidder meets the Minimum Mandatory Requirements stated in the IFB. It is the Bidder’s responsibility to ensure accuracy of the information provided below. County may utilize any reference provided by Bidder (including Public Agencies listed below). Use additional pages if required.

<b>1. REFERENCES – PUBLIC AND PRIVATE</b>	
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SERVICE TYPE: <u>Click or tap here to enter text.</u>
CONTRACT TERM: <u>Click or tap here to enter text.</u>
CONTRACT AMT: <u>Click or tap here to enter text.</u>
AGENCY/DEPT: <u>Click or tap here to enter text.</u>
CONTACT: <u>Click or tap here to enter text.</u>
TELEPHONE: <u>Click or tap here to enter text.</u>
E-MAIL: <u>Click or tap here to enter text.</u>
<small>Customize according to MMRs:</small> <u>Click or tap here to enter text.</u>

SERVICE TYPE: <u>Click or tap here to enter text.</u>
CONTRACT TERM: <u>Click or tap here to enter text.</u>
CONTRACT AMT: <u>Click or tap here to enter text.</u>
AGENCY/DEPT: <u>Click or tap here to enter text.</u>
CONTACT: <u>Click or tap here to enter text.</u>
TELEPHONE: <u>Click or tap here to enter text.</u>
E-MAIL: <u>Click or tap here to enter text.</u>
<small>Customize according to MMRs:</small> <u>Click or tap here to enter text.</u>

SERVICE TYPE: <u>Click or tap here to enter text.</u>
CONTRACT TERM: <u>Click or tap here to enter text.</u>
CONTRACT AMT: <u>Click or tap here to enter text.</u>
AGENCY/DEPT: <u>Click or tap here to enter text.</u>
CONTACT: <u>Click or tap here to enter text.</u>
TELEPHONE: <u>Click or tap here to enter text.</u>
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AGENCY/DEPT: <u>Click or tap here to enter text.</u>
CONTACT: <u>Click or tap here to enter text.</u>
TELEPHONE: <u>Click or tap here to enter text.</u>
E-MAIL: <u>Click or tap here to enter text.</u>
<small>Customize according to MMRs:</small> <u>Click or tap here to enter text.</u>

SERVICE TYPE: <u>Click or tap here to enter text.</u>
CONTRACT TERM: <u>Click or tap here to enter text.</u>
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AGENCY/DEPT: <u>Click or tap here to enter text.</u>
CONTACT: <u>Click or tap here to enter text.</u>
TELEPHONE: <u>Click or tap here to enter text.</u>
E-MAIL: <u>Click or tap here to enter text.</u>
<small>Customize according to MMRs:</small> <u>Click or tap here to enter text.</u>

**2. PUBLIC AGENCIES** (All contracts with other governmental agencies including the County of Los Angeles must be listed)

SERVICE TYPE:	<u>Click or tap here to enter text.</u>
CONTRACT TERM:	<u>Click or tap here to enter text.</u>
CONTRACT AMT:	<u>Click or tap here to enter text.</u>
FIRM NAME:	<u>Click or tap here to enter text.</u>
ADDRESS:	<u>Click or tap here to enter text.</u>
CONTACT:	<u>Click or tap here to enter text.</u>
TELEPHONE:	<u>Click or tap here to enter text.</u>
E-MAIL:	<u>Click or tap here to enter text.</u>
Customize according to MMRs:	<u>Click or tap here to enter text.</u>

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CONTRACT AMT:	<u>Click or tap here to enter text.</u>
FIRM NAME:	<u>Click or tap here to enter text.</u>
ADDRESS:	<u>Click or tap here to enter text.</u>
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TELEPHONE:	<u>Click or tap here to enter text.</u>
E-MAIL:	<u>Click or tap here to enter text.</u>
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CONTRACT AMT:	<u>Click or tap here to enter text.</u>
FIRM NAME:	<u>Click or tap here to enter text.</u>
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CONTRACT AMT:	<u>Click or tap here to enter text.</u>
FIRM NAME:	<u>Click or tap here to enter text.</u>
ADDRESS:	<u>Click or tap here to enter text.</u>
CONTACT:	<u>Click or tap here to enter text.</u>
TELEPHONE:	<u>Click or tap here to enter text.</u>
E-MAIL:	<u>Click or tap here to enter text.</u>
Customize according to MMRs:	<u>Click or tap here to enter text.</u>

**REQUIRED FORMS – EXHIBIT 8**

**PROPOSED ANNUAL BUDGET**

Add the following language to Proposed Annual Budget:

By submission of this Bid, Bidder certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Bidder or competitor for the purpose of restricting competition.

<b>ANNUAL CONTRACT AMOUNT:</b>	
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<b>TF-CBT TRAINING - ANNUAL CONTRACT AMOUNT(S)</b>			
<b>CATEGORY</b>	<b>ANNUAL CONTRACT AMOUNT FY 2023-24</b>	<b>ANNUAL CONTRACT AMOUNT FY 2024-25</b>	<b>ANNUAL CONTRACT AMOUNT FY 2025-26</b>
<b>Items Including:</b>	\$ _____	\$ _____	\$ _____
<b>Administrative Costs:</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL CONTRACT AMOUNT</b>	\$ _____	\$ _____	\$ _____

**REQUIRED FORMS – EXHIBIT 9**

**DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-9 IS TRUE AND CORRECT.**

PRINT NAME: <a href="#">Click or tap here to enter text.</a>	TITLE: <a href="#">Click or tap here to enter text.</a>
SIGNATURE:	DATE: <a href="#">Click or tap here to enter text.</a>