

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) Intentionally Omitted
- 9) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
– Lower Tier Covered Transactions (45 C.F.R. Part 76)
- 10) Declaration
- 11) Contribution and Agent Declaration Form
- 12) As-Needed Temporary Position Form

REQUIRED FORMS – EXHIBIT 1
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

| | |
|---|--|
| Vendor's Name: | County Webven Number: |
| Address: | |
| Telephone Number: | Email: |
| Internal Revenue Service Employer Identification Number: | California Business License Number: |

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

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". | <hr/> <hr/> <hr/> <hr/> |
| 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. <hr/> <hr/> <hr/> |
| 7 | List all names and contact information of all individuals legally authorized to commit the Vendor. | <div> Name: <hr/> Title: <hr/> Phone: <hr/> Email: <hr/> </div> <div> Name: <hr/> Title: <hr/> Phone: <hr/> Email: <hr/> </div> <div> Name: <hr/> Title: <hr/> Phone: <hr/> Email: <hr/> </div> <div> Name: <hr/> Title: <hr/> Phone: <hr/> Email: <hr/> </div> |

REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

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

| TITLE | | REFERENCE | CERTIFICATIONS |
|-------|---|------------------------------------|--|
| 1 | Certification of No Conflict of Interest | LACC 2.180 | Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Familiarity with the County Lobbyist Ordinance Certification | LACC 2.160 | Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Zero Tolerance Policy on Human Trafficking Certification | Motion | Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Compliance with Fair Chance Employment Hiring Practices Certification | Board Policy 5.250 | Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | <p>Charitable Contributions Certification</p> <p>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)</p> <p>Click or tap here to enter text.</p> | Board Policy 5.065 | <p>Check the Certification below that is applicable to your company.</p> <p><input type="checkbox"/> Vendor 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 Vendor 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.</p> <p>OR</p> <p><input type="checkbox"/> Vendor 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.</p> |
| 6 | Attestation of Willingness to Consider GAIN/START Participants | Board Policy 5.050 | <p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Willing to provide GAIN/START participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available</p> |
| 7 | Contractor Employee Jury Service Program Certification Form & Application for Exception | LACC 2.203 | <p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption:</p> <p><input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program.</p> <p><input type="checkbox"/> My business is a small business as defined in the Program.</p> <p><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</p> |
| 8 | Certification of Compliance with the County's Defaulted Property Tax Reduction Program | LACC 2.206 | <p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption:</p> |

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Vendors requesting preference consideration must complete and include this form in their SOQ. Vendors 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.**

☐ **PREFERENCE NOT REQUESTED**

OR

☐ **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)**

| 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 | <u>LACC 2.204</u> |
| <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 | <u>LACC 2.205</u> |
| <input type="checkbox"/> | Request for Disabled Veterans Business Enterprise (DVBE) Program Preference | <u>LACC 2.211</u> |

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

Vendor's Name: _____

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

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

| | |
|-------------------------|--|
| Service: | |
| Name of Entity: | |
| Address: | |
| Contact: | |
| Telephone: | |
| Email: | |
| Termination Date: | |
| Name/Contract No: | |
| Reason for Termination: | |

| | |
|-------------------------|--|
| Service: | |
| Name of Entity: | |
| Address: | |
| Contact: | |
| Telephone: | |
| Email: | |
| Termination Date: | |
| Name/Contract No: | |
| Reason for Termination: | |

| | |
|-------------------------|--|
| Service: | |
| Name of Entity: | |
| Address: | |
| Contact: | |
| Telephone: | |
| Email: | |
| Termination Date: | |
| Name/Contract No: | |
| Reason for Termination: | |

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

[Refer to Excel Worksheet](#)

REQUIRED FORMS – EXHIBIT 6
MINIMUM MANDATORY REQUIREMENTS

Intentionally Omitted

REQUIRED FORMS – EXHIBIT 7

LIST OF REFERENCES

Intentionally Omitted

REQUIRED FORMS – EXHIBIT 8

PRICING SCHEDULE

Intentionally Omitted

REQUIRED FORMS – EXHIBIT 9

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

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 Vendor 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. Vendor shall provide immediate written notice to the person to whom this proposal is submitted if at any time Vendor 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. Vendor 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. Vendor 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. Vendor 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. Vendor acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Vendor 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 Vendor and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Vendor shall attach a written explanation to its proposal in lieu of submitting this Certification. Vendor'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 Vendor 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 solicitation.

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

Vendor 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 1-12** IS TRUE AND CORRECT.

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

REQUIRED FORMS – EXHIBIT 11
CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act (Government Code section 84308), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.

This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.

REQUIRED FORMS – EXHIBIT 11
CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State “none” if applicable.

A. COMPANY OR APPLICANT INFORMATION

- 1) Declarant Company or Applicant Name: _____
- a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal: _____
- b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months: _____
- c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution: _____

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

- 2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. “Controlled or directed” means shared ownership, 50% or greater ownership, or shared management and control between the entities.
- a) Parent(s): _____
- b) Subsidiaries: _____
- c) Related Business Entities: _____
- 3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder. _____
- 4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control. _____

REQUIRED FORMS – EXHIBIT 11

CONTRIBUTION AND AGENT DECLARATION

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.
-
-

B. CONTRIBUTIONS

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

| Date (contribution solicited, or directed) | Recipient Name (elected official) | Amount |
|---|--|---------------|
| | | |
| | | |
| | | |

*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

| Date (contribution made) | Name (of the contributor) | Recipient Name (elected official) | Amount |
|---------------------------------|----------------------------------|--|---------------|
| | | | |
| | | | |
| | | | |

*Please attach an additional page, if necessary.

REQUIRED FORMS – EXHIBIT 11
CONTRIBUTION AND AGENT DECLARATION

C. DECLARATION

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

I, _____ (Authorized Representative), on behalf of _____ (Declarant Company), at which I am employed as _____ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date

REQUIRED FORMS – EXHIBIT 11
CONTRIBUTION AND AGENT DECLARATION

INDIVIDUAL BIDDERS OR APPLICANTS

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within
12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date

Exhibit 12
AS-NEEDED TEMPORARY POSITION FORM

Based on SOW Attachment A-2 – As-Needed Temporary Position Descriptions, please indicate the temporary positions that your agency has the capacity to recruit and employ/contract. Until July 18, 2025, at 12 p.m. (PST), we are requesting information about all temporary positions. After this date, only as-needed Psychiatry services will be requested.

If positions other than As-Needed Psychiatry Services (psychiatrist) are needed, a Statement of Work and rates will be negotiated with Proposers.

| As-Needed/Temporary Position | Does your agency have the capacity to provide staffing positions? | |
|-----------------------------------|---|--------------------------|
| | Yes | No |
| Psychiatrist | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Data Analyst | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Data Scientist | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Management Analyst | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Mental Health Program Manager II | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Psychiatric Social Worker II | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Medical Case Worker I | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Mental Health Clinical Supervisor | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|--|
| Agency's full business name: | |
| New Proposer: <input type="checkbox"/> Currently Contracted: <input type="checkbox"/> | |
| Date of form submission: | |
| Name of Lead Staff for this submission: | |
| e-Mail and telephone number of Lead Staff | |