APPENDIX B

CONTRACTS REQUIRED FORMS

Exhibits

1) Proposer’s Organization Questionnaire/Affidavit
2) Certification of Compliance
3) Request for Preference Consideration
4) Proposer's Debarment History and List of Terminated Contracts
5) Declaration
6) Community Business Enterprise (CBE) Information (Excel Worksheet)
7) Minimum Requirements
8) Proposer's List of References

CONTRACTS REQUIRED FORMS – EXHIBIT 1

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER NAME:	COUNTY WEBVEN NUMBER:
ADDRESS:	
TELEPHONE NUMBER:	E-MAIL:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:

1	**Select the options that best define 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): _____ State if 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?** ☐ Yes ☐ No	Name: _____ Country of Registration: _____ + Year became DBA: _____
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: _____ State of Incorporation or registration of parent firm: _____
4	**Has your firm done business as other names within last five (5) years?** ☐ Yes ☐ No	If yes, indicate any other names and the year of name change. Name(s): _____ Year(s) of Name Change _____ +

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".**	
6	**Is your firm involved in any pending acquisition or mergers?** ☐ Yes ☐ No	If yes, please provide additional information regarding the pending merger.
7	**List all names and contact information of all individuals legally authorized to commit the Proposer.**	Name: _____ Title: _____ Phone: _____ Email: _____

CONTRACTS REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

Proposer 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?** ☐ Yes ☐ No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	**Certifies Compliance?** ☐ Yes ☐ No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	**Certifies Compliance?** ☐ Yes ☐ No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	**Certifies Compliance?** ☐ Yes ☐ 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) _____	Board Policy 5.065	**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/Grow Participants	Board Policy 5.050	**Certifies Compliance?** ☐ Yes ☐ No **Willing to provide GAIN/GROW 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	**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	**Certifies Compliance?** ☐ Yes ☐ No **If No, identify exemption:**

CONTRACTS REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

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.**

☐ PREFERENCE NOT REQUESTED

OR

☐ PREFERENCE REQUESTED (SELECT ALL THAT APPLY)		
Preference Program		**Reference**
☐	Request for Local Small Business Enterprise (LSBE) Program Preference ☐ Certification for Non-Federally Funded County Solicitations ☐ Certification for Federally Funded County Solicitations	LACC 2.204
☐	Request for Social Enterprise (SE) Program Preference ☐ Certification for Non-Federally Funded County Solicitations ☐ Certification for Federally Funded County Solicitations	LACC 2.205
☐	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

Note: In no instance shall 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.

CONTRACTS REQUIRED FORMS – EXHIBIT 4

PROPOSER'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Proposer's Name: _____

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.

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: _____
_____

+

CONTRACTS REQUIRED FORMS – EXHIBIT 5
DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN THE EXHIBITS 1-6 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORMS – EXHIBIT 6
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

TITLE	REFERENCE
1 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.

Total Number of Employees in California:	
Total Number of Employees (including owners)**:**	

Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Percentage of how ownership of the firm is distributed	
	Male	Female	Male	Female
Black/African American			%	%
Hispanic/Latino			%	%
Asian or Pacific Islander			%	%
American Indian			%	%
Filipino			%	%
White			%	%

TITLE	REFERENCE
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE	If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following. ☐ **Check if not applicable**

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ

Instructions for Completing Form

The County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

Section 1: FIRM/ORGANIZATION INFORMATION	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE
If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ).Enter all the CBE certifications held by the firm.

Proposer 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.

REQUIRED FORMS - EXHIBIT 7

MINIMUM REQUIREMENTS

Proposer acknowledges and certifies that it meets and will comply with the Proposer's Minimum Qualifications indicated below and as stated in Paragraph 3.0, of this Request for Proposal.

No.	Minimum Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1.	Proposer must submit their Proposal(s) for FAMILY PRESERVATION by 12:00 PM, PST on Tuesday, November 14, 2022.		
2.	Proposer must have, or be willing to establish, an administrative business office located within or adjacent to the County of Los Angeles. The address of proposer's administrative business office must be included in the Proposal.		
3.	Proposer must demonstrate a minimum of two (2) years within the last three (3) years administering Federal, State, County or City contracts.		
4.	Proposer must have a minimum of five (5) years of experience within the last seven (7) years providing in-home outreach programs;		
5.	Proposer must be a non-profit social service organization founded for religious, charitable or social welfare purposes or public entity and be tax exempt under 501(c)(3) of the Internal Revenue Code.		
6.	If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over $100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for 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.		
7.	Minimum Qualifications to provide Family Preservation services to American Indian and Native		

No.	Minimum Requirement(s) (M/R)	Complies with M/R	
		Yes	No
	Alaskan, in addition to the subsections 3.1 through 3.6: Proposer must have a minimum of five (5) years of experience during the last seven (7) years in providing social services to families or coordinating social services among other community providers, equivalent to similar to the services listed in Exhibit A (Statement of Work) for Family Preservation, for the American Indian and Native Alaskan communities within Los Angeles County.		
8.	Minimum Qualifications to provide Family Preservation services to Asian Pacific Islander, in addition to subsections 3.1 through 3.6: Proposer must have a minimum of five (5) years of experience during the last seven (7) years in providing social services to families or coordinating social services among other community providers, equivalent to similar to the services listed in Exhibit A (Statement of Work) for Family Preservation, for the Asian Pacific Islander communities within Los Angeles County.		

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

Proposer Name:		County Webven #:	
Proposer Address:			
Proposer Phone #:		Proposer email:	
Tax Identification #:		California Business License #:	
Signature:		Date:	

REQUIRED FORMS - EXHIBIT 8

PROPOSER'S LIST OF REFERENCES

Proposer's Name: _____

Provide a comprehensive reference list for the same or similar scope of services that were provided by the Proposer during the previous five (5) years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

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

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
AGENCY/DEPT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
AGENCY/DEPT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
AGENCY/DEPT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
AGENCY/DEPT: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

2. PRIVATE FIRMS

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
FIRM NAME: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
FIRM NAME: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
FIRM NAME: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
CONTRACT AMT: _____
FIRM NAME: _____
ADDRESS: _____
CONTACT: _____
TELEPHONE: _____
E-MAIL: _____