

EMERGENCY SHELTER CARE (ESC)

RFSQ # 21-0072

REQUIRED FORMS

CONTRACTS REQUIRED FORMS – EXHIBIT 1

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

1.	<p>Select the options that best define your firm's business structure:</p> <p style="padding-left: 20px;">Corporation</p> <p style="padding-left: 20px;">Limited Liability Company (LLC)</p> <p style="padding-left: 20px;">Limited Partnership</p> <p style="padding-left: 20px;">Sole Proprietorship</p> <p style="padding-left: 20px;">Non-Profit</p> <p style="padding-left: 20px;">Franchise</p> <p style="padding-left: 20px;">Resource Family Approval Parent</p> <p style="padding-left: 20px;">Other (Specify): _____</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State of Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of Proprietor or Managing Partner: _____</p> <p>If Other, specify business structure name: _____</p> <p>If Resource Family Approval Parent, specify the Name: _____</p>
2.	<p>Is your firm doing business under one or more DBA's?</p> <p style="padding-left: 20px;">YES NO N/A</p>	<p>Name: _____</p> <p>Country of Registration: _____</p> <p>Year became DBA: _____</p>
3.	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p style="padding-left: 20px;">YES NO N/A</p>	<p>If YES, indicate name of Parent Firm and State of Incorporation:</p> <p>Name of Parent Firm: _____</p> <p>State of Incorporation or Registration of Parent firm: _____</p>
4.	<p>Has your firm done business as other names within last five (5) years?</p> <p style="padding-left: 20px;">YES NO N/A</p>	<p>If YES, indicate any other names and the year of name change.</p> <p>Name(s): _____</p> <p>Year(s) of Name Change: _____</p>

EXHIBIT 1

5.	<p>List the 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".</p>	
6.	<p>Is your firm involved in any pending acquisition or mergers?</p> <p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p>	<p>If YES, please provide additional information regarding the pending merger.</p>
7.	<p>List all the names and contact information of all individuals legally authorized to commit the Proposer.</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Telephone Number: _____</p> <p>E-Mail: _____</p>

Prospective Proposer's Name (Print)

Prospective Co-Proposer's Name (Print)

Prospective Proposer's Signature

Prospective Co-Proposer's Signature

Date

Date

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.	Attestation of Willingness to Consider GAIN/START Participants	Board Policy 5.050	Certifies Compliance? Yes No Willing to provide GAIN/START participants access to employee mentoring program? Yes No N/A
6.	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.
7.	Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	LACC 2.206	Certifies Compliance? Yes No If “No”, identify the exemption: <hr/>
8.	Certification of Prospective Proposer or Contractor not operating a child daycare business within the same physical structure or on the same property where ESC Services are being provided.	ESC-SOW 8.6	Certifies Compliance? Yes No

Prospective Proposer’s Name (Print)

Prospective Co-Proposer’s Name (Print)

Prospective Proposer’s Signature

Prospective Co-Proposer’s Signature

Date

Date



DEPARTMENT OF CHILDREN AND FAMILY SERVICES



EMERGENCY SHELTER CARE (ESC) PROSPECTIVE PROPOSER INFORMATION AND QUESTIONNAIRE

I. PROSPECTIVE PROPOSER'S PERSONAL INFORMATION: (Please use the same name indicated on Resource Family Approval Certificate)

Form section I containing fields for Name, Date of Birth, Social Security Number, Home Address, Mailing Address, P.O. Box status, Justification for Mailing Address, CA Driver's License, and Telephone/Email information.


PLEASE ATTACH A COPY OF THE PROSPECTIVE PROPOSER'S CALIFORNIA DRIVER'S LICENSE.

II. PROSPECTIVE CO-PROPOSER'S PERSONAL INFORMATION: (If applicable, otherwise state "N/A")

Form section II containing fields for Name, Date of Birth, Social Security Number, Home Address, Mailing Address, CA Driver's License, and Telephone/Email information.

RELATIONSHIP TO PROSPECTIVE PROPOSER:

PLEASE ATTACH A COPY OF THE PROSPECTIVE CO-PROPOSER'S CALIFORNIA DRIVER'S LICENSE.

III. ALTERNATIVE CAREGIVER PERSONAL INFORMATION:							
(If applicable, otherwise state "N/A")							
NAME (First, Middle, Last):						DATE OF BIRTH (mm/dd/yyyy):	
DOES THE ALTERNATIVE CAREGIVER RESIDE WITH THE PROSPECTIVE PROPOSER?							
YES				NO			
HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):							
MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):							
CA DRIVER'S LICENSE (CDL) NUMBER:				CDL EXPIRATION DATE:			
PRIMARY TELEPHONE NUMBER:		ALTERNATE PHONE NUMBER:		EMAIL ADDRESS:			
RELATIONSHIP TO PROSPECTIVE PROPOSER:							
	DOES THE ALTERNATIVE CAREGIVER HAVE A WRITTEN CLEARANCE FROM THE STATE OF CALIFORNIA COMMUNITY CARE LICENSING? (NOTE: A copy of the written clearance from the State of California Community Care Licensing must be attached)						
YES				NO			
IV. HOUSEHOLD MEMBERS:							
Please list all persons who live in your home on a full or part time basis, including the Prospective Proposer, Prospective Co-Proposer (if applicable) and Alternative Caregiver (if applicable)							
NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH (MM/DD/YYYY):	AGE:	RELATIONSHIP TO PROSPECTIVE PROPOSER:	MALE/ FEMALE	LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING	DISABLED VETERAN	RACE/ETHNIC COMPOSITION OF HOUSEHOLD (CHECK ALL THAT APPLY FOR EACH PERSON)
1.			SELF	MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)
2.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)
3.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)

IV. HOUSEHOLD MEMBERS: Continued							
NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH (MM/DD/YYYY):	AGE:	RELATIONSHIP TO PROSPECTIVE PROPOSER:	MALE/ FEMALE	LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING	DISABLED VETERAN	RACE/ETHNIC COMPOSITION OF HOUSEHOLD (CHECK ALL THAT APPLY FOR EACH PERSON)
4.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)
5.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)
6.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below)

V. EMPLOYMENT (or SELF EMPLOYED):		
Do you currently have outside employment? YES NO	Please state any other income source you have (i.e., Retirement Pension, Social Security, etc.):	
NAME OF EMPLOYER (NOTE: If you are not currently employed, please indicate "N/A"):		
EMPLOYER'S ADDRESS (Number, Suite #, Street Name, City, State, Zip Code):		
EMPLOYER'S TELEPHONE NUMBER:	EMPLOYER'S EMAIL ADDRESS:	CONTACT NAME:
NUMBER OF WORK HOURS PER WEEK:		

VI. WORK SCHEDULE:						
DAYS OF THE WEEK	START TIME (Please indicate)	Check One		END TIME (Please indicate)	Check One	
		a.m.	p.m.		a.m.	p.m.
Sunday		a.m.	p.m.		a.m.	p.m.
Monday		a.m.	p.m.		a.m.	p.m.
Tuesday		a.m.	p.m.		a.m.	p.m.
Wednesday		a.m.	p.m.		a.m.	p.m.
Thursday		a.m.	p.m.		a.m.	p.m.
Friday		a.m.	p.m.		a.m.	p.m.
Saturday		a.m.	p.m.		a.m.	p.m.

VII. CHILD CARE PLAN:
<p>1. Please describe what childcare plan you have for ESC Services children or youth placed in your home when you are working:</p> <hr/> <hr/> <hr/> <hr/>
<p>2. Name of Day Care Provider:</p>

VIII. COUNTY CONTRACT HISTORY:		
1. Do you have a current or previous ESC Services contract with Los Angeles County?		
YES	NO	
2. If YES, please identify the commencement and termination dates of ESC Services contracts you've entered into with Los Angeles County:	<u>Start Date</u>	<u>End Date</u>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

<p>3. Has a Corrective Action Plan (CAP) ever been initiated in your home due to substantiated allegation brought against you by Community Care Licensing and/or by DCFS?</p> <p style="text-align: center;">YES NO</p>	<p>4. If YES, please indicate the DATE of the CAP (mm/dd/yyyy):</p> <p style="text-align: center;">_____</p>
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5. Please explain the incident:

IX. LICENSES AND CERTIFICATIONS:

1. What is your California State Foster Care License/Resource Family Approval Certificate Number: _____



2. PLEASE ATTACH A COPY OF THE RESOURCE FAMILY APPROVAL CERTIFICATE.

3. How long have you been a Licensed Foster Parent/Approved Resource Parent under your current license/approval?

YEARS: MONTHS:

4. Do you have six (6) months active experience as a licensed foster parent/approved resource parent with a valid license/approval issued by CDSS/CCL/County?

YES NO

5. If **YES**, please provide name of the agency you are/were working under and their contact information:

AGENCY NAME:	AGENCY ADDRESS (Number, Suite #, Street Name, City, State, Zip Code):	
TELEPHONE NUMBER:	EMAIL ADDRESS:	CONTACT PERSON:

6. Have you have ever been a Licensed Foster Parent/Approved Resource Parent in another County or State in the past?

YES NO

7. If **YES**, please complete the following:

Previous License/Certificate Number:	_____
County/State:	_____
Number of Years with previous License:	_____

X. TRANSPORTATION:

1. Are you willing to provide roundtrip transportation to medical and/or dental appointments for all children or youth placed in your home? This includes appointments scheduled prior to the placement at your home and those scheduled after placement has occurred.

YES NO

2. If you stated “**NO**” to Question 1, please state the reason why:

3. If you stated “**YES**” to Question 1, who will be driving?

Only myself:	Myself and Prospective Co-Proposer:	Only Prospective Co-Proposer:
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4. If you stated “**YES**” to Question 1, will you drive your own vehicle or someone else’s vehicle?

Only my vehicle:	Mine and Prospective Co-Proposer’s vehicle:	Only someone else’s vehicle:
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5. Please provide the following information:

CAR INFORMATION	VEHICLE 1	VEHICLE 2	VEHICLE 3
Legal Owner(s) (First, Middle, Last Name):			
Car Make:			
Car Model:			
License Plate Number:			
Year of Vehicle:			
Color of Vehicle:			



6. PLEASE ATTACH COPY/COPIES OF CURRENT CAR REGISTRATION(S).

7. **If someone else will be driving**, please provide that person’s information and attach a copy of the following:
 (If applicable, otherwise check “N/A”) **N/A**

NAME (First, Middle, Last):		DATE OF BIRTH (mm/dd/yyyy):
HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):		
MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):		
CA DRIVER’S LICENSE (CDL) NUMBER:	CDL EXPIRATION DATE:	
PRIMARY TELEPHONE NUMBER:	ALTERNATE PHONE NUMBER:	EMAIL ADDRESS:
RELATIONSHIP TO PROSPECTIVE PROPOSER:		

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

Prospective Proposer’s Name (Print)

Prospective Proposer’s Signature

Date

Prospective Co-Proposer’s Name (Print)

Prospective Co-Proposer’s Signature

Date

For County Use Only:

1. Number of beds approved by the DCFS Child Welfare Services Case Management System (CWS/CMS):

I certify that the following are TRUE and CORRECT:

2. Prospective Proposer does not have any substantiated **or** open non-compliance findings or investigations with any County, State, Federal, or out-of-state government agency that remain unresolved:

YES **NO**

3. Prospective Proposer is not on “**Do Not Use**” or a “**Hold**” with an adverse status with Los Angeles County or any other county:

YES **NO**

ESC Program Staff Name and Title (Print)	Signature	Date
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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.

**EMERGENCY SHELTER CARE SERVICES
PROSPECTIVE PROPOSER’S DECLARATION**

Emergency Shelter Care Services Contractor

I, _____, (Approved Resource Parent’s Name) hereby certifies that the information submitted by Prospective Proposer named above in response to Los Angeles County’s Request for Statement of Qualification (RFSQ) for Emergency Shelter Care Services for the Department of Children and Family Services is true to the best of Prospective Proposer’s information and belief.

I, _____, (Approved Resource Parent’s Legal Name) hereby offers to perform the services, the scope of which is set forth in the above-identified RFSQ for Los Angeles County under all the terms and conditions specified in the Contract included therein and agrees that this offer will remain irrevocable up to and including 30 days following the RFSQ submission due date stated in the RFSQ, Paragraph 1, Solicitation Information and Minimum Requirements.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-8 IS TRUE AND CORRECT.

Prospective Proposer’s Name (Print)	Prospective Proposer’s Signature	Date
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Emergency Shelter Care Service Co-Contractor (if applicable)

I, _____, (Approved Co-Resource Parent’s Name) hereby certifies that the information submitted by Prospective Proposer named above in response to Los Angeles County’s Request for Statement of Qualification (RFSQ) for Emergency Shelter Care Services for the Department of Children and Family Services is true to the best of Prospective Proposer’s information and belief.

I, _____, (Approved Co-Resource Parent’s Legal Name) hereby offers to perform the services, the scope of which is set forth in the above-identified RFSQ for Los Angeles County under all the terms and conditions specified in the Contract included therein and agrees that this offer will remain irrevocable up to and including 30 days following the RFSQ submission due date stated in the RFSQ, Paragraph 1, Solicitation Information and Minimum Requirements.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-8 IS TRUE AND CORRECT.

Prospective Co-Proposer’s Name (Print)	Prospective Co-Proposer’s Signature	Date
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REQUIRED FORM

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 **Emergency Shelter Care (ESC)** services **Request for Statement of Qualifications (RFSQ)**.

<u>NO.</u>	<u>MINIMUM REQUIREMENTS</u>	Complies with Minimum Requirement	
		YES	NO
1.	Prospective Proposer possesses a valid resource family home certification approved by the County.		
2.	Prospective Proposer has a minimum of six (6) months experience, within the past two (2) years, providing direct care services to foster youth.		
3.	Prospective Proposer does not have any substantiated <u>or</u> open non-compliance findings or investigations with any County, State, Federal, or out-of-state government agency that remain unresolved. Note: The Prospective Proposer must disclose any such non-compliance findings or investigations that can be construed as being unresolved.		
4.	Prospective Proposer is not on “Do Not Use” or a “Hold” with an adverse status with Los Angeles County or any other county.		
5.	Prospective Proposer does not operate a child daycare service within the same physical structure or on the same property where ESC services are provided and is willing to certify to that affect.		
6.	Prospective Proposer must pass and submit a home-visit evaluation and participate in an orientation prior to placement of any child or youth.		
7.	Prospective Proposer does not have unresolved questioned costs identified by the Auditor-Controller, if licensed resource parent(s) compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, 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.		

DECLARATION:

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

Prospective Proposer's Name (Print)

Prospective Co-Proposer's Name (Print)

Prospective Proposer's Signature

Prospective Co-Proposer's Signature

Date

Date

EMERGENCY SHELTER CARE SERVICES

PRICING SCHEDULE

Contractor hereby agrees to perform the services, the scope of which is set forth in the Emergency Shelter Care (ESC) Services Contract for the County of Los Angeles, under all of the terms and conditions specified in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments and Contract.

Prices include all applicable charges and costs associated with receipt, delivery, confirmation, and any other costs necessary in the performance of all tasks outlined in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments, and Contract.

APPROVED BED CAPACITY	
1. Licensed/Approved Capacity (Number of Beds):	
2. DCFS ESC Approved Capacity (Number of Beds):	

Please check one of the following boxes:	
NEW CONTRACT	AMENDMENT TO CHANGE BED CAPACITY

EMERGENCY SHELTER CARE PRICING SCHEDULE					
Bed Placement Category	Monthly Rate Per Available Bed	Number of Available Beds ^{1,2}			Annual Cost for Available Beds
		Male	Female	Both	
1. Number of Cribs for Infants, ages 0-2					
2. Number of Beds for Children, ages 3-20					
3. Number of Beds for Sibling Group, ages 0-20 ³					
4. Number of Bed Sets, consisting of one bed and one crib for Teen Mother and her Infant ⁴					

CONTRACTOR'S NAME (Print)

CO-CONTRACTOR'S NAME (Print)

CONTRACTOR'S SIGNATURE

CO-CONTRACTOR'S SIGNATURE

Date

Date

¹ The total number of beds cannot exceed the bed capacity per your Resource Family Approval certificate and Title 22 Regulations.
² If a bed vacancy exceeds 60 days, CPM reserves the right to withhold the Monthly Bed Availability rate payment and place the bed on off-call status until a placement is secured.
³ A minimum of two beds must be available for sibling groups with a maximum of two children per bedroom.
⁴ Rate includes one bed for the mother and a separate crib for the infant in the same room. A separate crib is required for each infant.

**EMERGENCY SHELTER CARE
LINE ITEM BUDGET**

CONTRACTOR NAME: _____

CO-CONTRACTOR NAME: _____

This budget shall contain Contractor's proposed monthly expenses to provide Emergency Shelter Care (ESC) services, based on the number of available ESC beds, and the category of these available beds that Contractor has entered into agreement with COUNTY.

A. ESTIMATED TOTAL MONTHLY HOUSEHOLD INCOME (excluding ESC Contract Revenue):	\$
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B. Monthly Household Expenses		
Mortgage or Rent	\$	
Homeowner's (or Renter's) Liability Insurance	\$	
Automobile Insurance	\$	
Utilities (Water, Power, Gas, etc.)	\$	
Telephone/Communication (i.e., Cell Phone, Wi-Fi)	\$	
Food (Groceries)	\$	
Total Monthly Household Expenses:	\$	

C. Estimated Monthly ESC Beds Expenses		
1. Linen for ESC Beds	\$	
2. Laundry Items for ESC Beds	\$	
3. Other Items to maintain availability of ESC Beds (List Additional Items Below):		
a.	\$	
b.	\$	
c.	\$	
Total Estimated Monthly ESC Beds Expenses:	\$	

D. TOTAL MONTHLY EXPENSES (Add Total Monthly Household Expenses and Total Estimated Monthly ESC Beds Expenses):	\$
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E. TOTAL MONTHLY NET INCOME (A minus D):	\$
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Prospective Contractor's Name (Print)

Prospective Co-Contractor's Name (Print)

Prospective Contractor's Signature

Prospective Co-Contractor's Signature

Date

Date

FOR COUNTY USE ONLY		
I have reviewed the above ESC Line Item Budget for accuracy and appropriateness of expenditures.		
_____ ESC Program Staff Name and Title (Print)	_____ Signature	_____ Date

REQUIRED FORMS – EXHIBIT 9

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 9
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 9
CONTRIBUTION AND AGENT DECLARATION FORM

- 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 9

CONTRIBUTION AND AGENT DECLARATION FORM

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 9
CONTRIBUTION AND AGENT DECLARATION FORM

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