

# 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) List of Contracts
- 9) Contribution and Agent Declaration Form
- 10) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion– Lower Tier Covered Transactions (45 C.F.R. Part 76)
- 11) Application for Exemption
- 12) Staffing Plan (Excel Worksheet)
- 13) Meal Delivery Schedule
- 14) Declaration

## Business Proposal

- 15) Business Proposal (Narrative)

## Cost Proposal

- 16) Pricing Sheet
- 17) Line Item Budget
- 18) Budget Narrative

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

<b>Proposer Name:</b>	<b>County Webven Number:</b>
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Email:</b>
<b>Internal Revenue Service Employer Identification Number:</b>	<b>California Business License Number:</b>

1	<p>Select the option that best defines your firm's business structure:</p> <p><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)</p>	<p><b>If Corporation or Limited Liability Company (LLC):</b>  Legal Name (as stated in Articles of Incorporation):    State of Incorporation: _____  Year of Incorporation: _____</p> <p><b>If Limited Partnership or a Sole Proprietorship:</b>  Name of proprietor or managing partner:    </p> <p><b>If other:</b> Specify business structure name: _____</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>	Name: _____ Country of Registration: _____ Year became DBA: _____
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.    Name of Parent Firm: _____    State of Incorporation or registration of parent firm: _____</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.    Name(s): _____    Year(s) of Name Change: _____</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".	
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.
7	List all names and contact information of all individuals legally authorized to commit the Proposer.	Name: _____ Title: _____ Phone: _____ Email: _____  Name: _____ Title: _____ Phone: _____ Email: _____  Name: _____ Title: _____ Phone: _____ Email: _____

## REQUIRED FORMS – EXHIBIT 2

### CERTIFICATION OF COMPLIANCE

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

<b>TITLE</b>		<b>REFERENCE</b>	<b>CERTIFICATIONS</b>
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="#">Board Policy 5.065</a>	<p><b>Check the Certification below that is applicable to your company.</b></p> <p><input type="checkbox"/> 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.</p> <p><b>OR</b></p> <p><input type="checkbox"/> 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.</p>
6	Attestation of Willingness to Consider GAIN/START Participants	<a href="#">Board Policy 5.050</a>	<p><b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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</p>
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	<a href="#">LACC 2.203</a>	<p><b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If No, identify exemption:</b></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	<a href="#">LACC 2.206</a>	<p><b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If No, identify exemption:</b> _____</p>

**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**

<input type="checkbox"/> <b>PREFERENCE REQUESTED (SELECT ALL THAT APPLY)</b>		
<b>Preference Program</b>		<b>Reference</b>
<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**

Proposer's Name: \_\_\_\_\_

<b>1. DEBARMENT HISTORY (Check one)</b>	<b>YES</b>	<b>NO</b>
Proposer 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>
Proposer 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:	
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:	

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

<b>TITLE</b>	<b>REFERENCE</b>			
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.			
<b>Total Number of Employees in California:</b>				
<b>Total Number of Employees (including owners):</b>				
<b>Race/Ethnic Composition of Firm.</b> 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			%	%

<b>TITLE</b>	<b>REFERENCE</b>				
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.				
<input type="checkbox"/> <b>Check if not applicable</b>					
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ

### Instructions for Completing Exhibit 5 - CBE Form

**Proposer must submit Exhibit 5 - Community Business Enterprise (CBE) Information 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.

<b>Section 1: FIRM/ORGANIZATION INFORMATION</b>	
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 will be at the Director's sole judgment and their judgment will be final.

**REQUIRED FORMS – EXHIBIT 6**  
**MINIMUM MANDATORY REQUIREMENTS**

Proposer acknowledges and certifies that it meets and will comply with the Minimum Mandatory Requirements indicated below and as stated in Paragraph 4.0, of this Request for Proposals.

No.	Minimum Mandatory Requirement(s) (MMR)	Complies with M/R	
		Yes	No
1	Proposal must be submitted by the proposal due date and time identified in Paragraph 1.0 (Solicitation Information and Minimum Mandatory Requirements).	<input type="checkbox"/>	<input type="checkbox"/>
2	Proposer must have a minimum of three (3) years of experience during the last five (5) years specializing in serving or delivering meals to children.	<input type="checkbox"/>	<input type="checkbox"/>
3	Proposer must have a food handling certificate.	<input type="checkbox"/>	<input type="checkbox"/>
4	Proposer must have an A rating in restaurant health inspections.	<input type="checkbox"/>	<input type="checkbox"/>
5	Proposer 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.	<input type="checkbox"/>	<input type="checkbox"/>

## **CONTRACTS REQUIRED FORMS - EXHIBIT 7**

### **PROPOSER'S LIST OF REFERENCES**

**Proposer's Name:** \_\_\_\_\_

Provide five (5) references where the same or similar scope of services were provided by the Proposer during the previous three (3) years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

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

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

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

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

## **CONTRACTS REQUIRED FORMS - EXHIBIT 8**

### **PROPOSER'S LIST OF CONTRACTS**

**Proposer's Name:**

Provide a list of all public entities for which the Proposer has provided service within the last three (3) years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

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

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

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

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

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

**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.

<b>Date</b> (contribution solicited, or directed)	<b>Recipient Name</b> (elected official)	<b>Amount</b>

\*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.

<b>Date</b> (contribution made)	<b>Name</b> (of the contributor)	<b>Recipient Name</b> (elected official)	<b>Amount</b>

\*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.

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**Signature**

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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.

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Signature

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Date

## **REQUIRED FORMS – EXHIBIT 10**

### **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 Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Proposer further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Master Agreement, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Proposer and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this Request for Proposals.

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

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

PRINT NAME: <hr/>	TITLE:
SIGNATURE:	DATE:

## **REQUIRED FORMS – EXHIBIT 11**

### **LIVING WAGE PROGRAM**

#### **APPLICATION FOR EXEMPTION**

The contract to be awarded pursuant to the County's solicitation is subject to the County of Los Angeles Living Wage Program (LW Program) ([Los Angeles County Code, Chapter 2.201](#)). Contractors and subcontractors must apply individually for consideration for an exemption from the LW Program. **To apply, Contractors must complete and submit this form with supporting documentation to the County by the due date set forth in the solicitation document.** Upon review of the submitted Application for Exemption, the County department will determine, in its sole discretion, whether the contractor and/or subcontractor is/are exempt from the LW Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
My business has received an aggregate sum of less than \$25,000 during the preceding 12 months under one or more Proposition A contracts and/or cafeteria services contracts, including the proposed contract amount.		<input type="checkbox"/> Yes <input type="checkbox"/> No

**I am requesting an exemption from the LW Program for the following reason(s) (attach all documentation that supports your claim to this form). Please check all that apply:**

- My business is subject to or intends to enter into a bona fide Collective Bargaining Agreement (attach agreement); **AND**
  - the Collective Bargaining Agreement expressly provides that it supersedes all the provisions of the Living Wage Program; **OR**
  - the Collective Bargaining Agreement expressly provides that it supersedes the following specific provisions of the Living Wage Program (I will comply with all provisions of the Living Wage Program not expressly superseded by my business' Collective Bargaining Agreement):

**REQUIRED FORMS – EXHIBIT 12**  
**LIVING WAGE PROGRAM**  
**STAFFING PLAN**

**Company Name:** \_\_\_\_\_

Proposer must submit a staffing plan that is comprised of full time employees, unless the contractor can demonstrate to the County the necessity of part time staff. If a staffing plan contains part time employees, contractor must submit written justification for the use of part time staff.

**Meal Delivery Services - Work Order  
Delivery Schedule**

Proposer Name:	County Webven Number:
Address:	
Telephone Number:	E-mail
Tax ID:	California Business License Number:

Proposer must indicate the days and times they plan on delivering meals to Edelman's Children Court.

<b>Proposed Weekly Meal Delivery Schedule</b>	
<b>Day</b>	<b>Time</b>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Proposed weekly delivery schedule shall become part of the contract, if proposal is recommended.

The undersigned offers to furnish all personnel, labor, and materials necessary for the preparation and delivery of meals to Edelman's Children Court. Said work shall be done for the period prescribed and in the manner set forth in the Meal Delivery Statement of Work.

---

Authorized Signature

---

Date

---

Print Name and Title

## **REQUIRED FORMS – EXHIBIT 14**

### **DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-14 IS TRUE AND CORRECT.**

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

**REQUIRED FORM – EXHIBIT 15**

Food Services Request for Proposals #25-0044 Narrative Form

**8.6.1.1.1** Proposer must demonstrate their agency's experience serving food to children 4-21 years old in the Los Angeles communities

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.1.1.1**      Continued

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.1.1.2** Proposer must demonstrate their agency's experience delivering meals, snacks and beverages to 10 - 40 or more children daily.

**REQUIRED FORM – EXHIBIT 15**

Food Services Request for Proposals #25-0044 Narrative Form

**8.6.1.1.2**      Continued

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.1.1.3** Proposer must demonstrate their agency's experience complying with nutritional standards including the USDA Food and Nutrition Service, Child and Adult Care Food Program regulations, and the National School Lunch and School Breakfast Programs for lunch and breakfast.

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.1.1.3**      Continued

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.2.1** Proposer must describe their approach to preparing food for children 4-21 years old.

**REQUIRED FORM – EXHIBIT 15**

Food Services Request for Proposals #25-0044 Narrative Form

**8.6.2.1**      Continued

## REQUIRED FORM – EXHIBIT 15

### Food Services Request for Proposals #25-0044 Narrative Form

**8.6.2.2** Proposer must describe their agency's approach to delivering food to the courts each day.

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.2.2**      Continued

## **REQUIRED FORM – EXHIBIT 15**

### Food Services Request for Proposals #25-0044 Narrative Form

**8.6.2.3** Proposer must describe their agency's approach to meal preparation using the food groups described in Appendix A, Statement of Work, Section 6.3.3.

**REQUIRED FORM – EXHIBIT 15**

Food Services Request for Proposals #25-0044 Narrative Form

8.6.2.3      Continued

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.2.4** Proposer must describe their agency's approach to developing nutritional menus for children.

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.2.4**      Continued

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.2.5** Proposer must describe their agency's approach for ensuring correct food temperatures during storage and transportation.

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.2.5**      Continued

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.3.1** Proposer must describe their agency's methods for identifying and addressing improvement opportunities to ensure the ongoing provision of quality services.

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.3.1**      Continued

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.3.2** Proposer must describe their agency's protocol for ensuring uninterrupted services despite unforeseen circumstances below:

- 1) Medical leaves      2) Pandemic      3) Vacations      4) Other staffing shortages

**REQUIRED FORM – EXHIBIT 15**

Food Services Request for Proposals #25-0044 Narrative Form

**8.6.3.2**      Continued

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

#### **8.6.3.3**

Proposer must describe their agency's methods for assuring that essential documentation is completed:

- 1) Daily inventory
- 2) Invoices

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

**8.6.3.3**      Continued

## REQUIRED FORM – EXHIBIT 15

### Food Services Request for Proposals #25-0044 Narrative Form

Proposer must describe the methodology for tracking/documenting employee work hours from start of shift until completion of work shift including mandated breaks and travel time, when applicable. The detailed narrative should explain the documentation maintained actual time worked and the frequency of monitoring. Provide a copy of these records.

**8.6.4.2**

**REQUIRED FORM – EXHIBIT 15**

Food Services Request for Proposals #25-0044 Narrative Form

**8.6.4.2**      Continued

## **REQUIRED FORM – EXHIBIT 15**

### **Food Services Request for Proposals #25-0044 Narrative Form**

Proposer must describe the payroll record keeping system and process utilized to ensure that employee wages are appropriately paid. If the employee has multiple wage rates (i.e., County's Living Wage rate for County work and the firm's standard rate for other non-County work), how is the payroll calculated and total wages paid.

**8.6.4.2**

**REQUIRED FORM – EXHIBIT 15**

Food Services Request for Proposals #25-0044 Narrative Form

**8.6.4.2**      Continued

## REQUIRED FORM – EXHIBIT 15

### Food Services

### Request for Proposals #25-0044 Narrative Form

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected.

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

Agency Name: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Food Services  
PRICING SHEET**

Proposer Name:	County Webven Number:
Address:	
Telephone Number:	E-mail
Tax ID:	California Business License Number:

Proposer must indicate the cost per meal item in the worksheet below. The number of children and youth attending court varies from 10 to 40 per day. Rates quoted must be fully loaded to include all applicable costs associated with the preparation and delivery of meals to the Edelman's Children Court. The bid amount must include all necessary costs to perform all tasks outlined in the Work Order, Statement of Work, Exhibits, and Attachments.

<b>Proposed Price Per Day Per Child</b>	
<b>Meal Item</b>	<b>Cost</b>
Breakfast	
Lunch	
Snack	
Beverages	
Utensils	
Daily Delivery Fee (if applicable)	

**Total price per day per child :**

Proposers must demonstrate how they arrived at the final price proposed by completing the Line Item Budget (Exhibit 17) and Budget Narrative (Exhibit 18). Proposals may be disqualified if the costs do not add up, or if there is a discrepancy between Line Item Budget and the Budget Narrative. All information provided in the Price Sheet shall become part of the contract, if proposal is recommended.

The undersigned offers to furnish all personnel (**personnel providing services to the County must be paid no less than a living wage, refer to RFP Section 6.12.2 for living wage hourly rates**), labor, and materials necessary for the preparation and delivery of meals to Edelman's Children Court. Said work shall be done for the period prescribed and in the manner set forth in the Food Services Statement of Work.

I declare that all computations used to arrive at the projected total price indicated above are true and correct to the best of my knowledge.

---

Authorized Signature

---

Date

---

Print Name and Title

## **REQUIRED FORMS - EXHIBIT 17**

### **FOOD SERVICES SAMPLE LINE ITEM BUDGET SUMMARY**

Proposer should adjust line items as necessary in order to fully demonstrate how they will provide services.

#### **BUDGET SHEET FOR \_\_\_\_\_**

Proposer Name \_\_\_\_\_

#### **DIRECT COST (List each staff classification)**

Salaries and Wages:	FTE*	Monthly Salary
Employee Classification	_____	\$_____
Employee Classification	_____	\$_____
Employee Classification	_____	\$_____
Others (Please continue to list)		

**Total Annual Salaries and Wages \$\_\_\_\_\_**

\*FTE = Full Time Equivalent Positions

Employee Benefits (EB)	Monthly Cost per FTE
Medical Insurance	\$_____
Dental Insurance	\$_____
Life Insurance	\$_____
Other (list)	\$_____

**Total Annual Benefits \$\_\_\_\_\_**

Payroll Taxes (List all appropriate, e.g., FICA, SUI, Workers' Compensation, etc.)

\$  
\$  
\$  
\$

**Total Annual Payroll Taxes \$\_\_\_\_\_**

#### **Services & Supplies**

Auto/Travel	\$_____
Supplies	\$_____
Purchased Services	\$_____
Office Equipment	\$_____
Telephone/Utilities	\$_____
Insurance not listed under EB	\$_____
Rent	\$_____
Other (please continue to list)	\$_____

**Total Annual Services & Supplies \$\_\_\_\_\_**

**TOTAL ANNUAL DIRECT COSTS \$\_\_\_\_\_**

#### **INDIRECT COST**

**TOTAL ANNUAL INDIRECT COSTS \$\_\_\_\_\_**

Indirect Annual Cost as it relates to Total Annual Cost (Please enter a percentage) %\_\_\_\_\_

Reminder: Contractors may utilize a maximum of ten percent (10%) of expenses of their Maximum Annual Contract Sum for administrative/indirect costs.

(Provide a full breakdown of costs in the Narrative)

**TOTAL DIRECT AND INDIRECT ANNUAL COST \$\_\_\_\_\_**

**TOTAL PROJECTED NUMBER OF FAMILIES TO BE SERVED \_\_\_\_\_**

## **REQUIRED FORMS - EXHIBIT 18**

### **BUDGET NARRATIVE**

Proposers are allowed to develop their budget narrative in a manner that they believe best reflects and supports the Line Item Budget of their proposal. All proposals must have a narrative attached to the line item budget providing a thorough and clear explanation of all projected line item budget costs.

The narrative must follow the same sequence as the line item budget, and include an explanation of the method of allocating costs for any joint or shared budget item. All figures and compilations must be clearly explained. Include explanation of any line item expenditure, which may be unclear to a reviewer who is unfamiliar with your organization. There is no recommendation for page length.

Specifications:

#### **DIRECT COST**

Provide an explanation for purpose and particulars associated with each classification listed in the "Salaries and Wages" section of the Line Item Budget and explain their benefit to this program.

All benefits to be provided in addition to Medical, Dental, and Life Insurance should be listed as well as the Monthly Cost per FTE. For all benefits, specify amounts paid by the employer, the employee and the total monthly premium.

For all items detailed under "Services and Supplies", provide an explanation for their need and/or how it benefits the program. Computations associated with these costs should be explained and provided. The following costs are not allowable under any circumstances: bad debts, contingency provisions, contributions and donations, fines and penalties, fundraising activities, and interest expenses (unless expressly allowed by federal guidelines). Regarding Insurance, provide annual total costs for each Insurance type/coverage. For further clarification, see Sample Contract, Sub-paragraph 8.25, Insurance Coverage.

#### **INDIRECT COST**

All details and computations associated with indirect costs should be explained.

Contractors may utilize a maximum of ten percent (10%) of expenses of their expenses of their Maximum Annual Contract Sum for administrative/indirect costs. of expenses of their Maximum Annual Contract Sum for administrative/indirect costs.