County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 3, 2024

To: Prospective Proposers and Interested Parties

Claudia Pineda for Leticia Torres-Ibarra

From: Leticia Torres-Ibarra, Division Manager
Contracts Administration Division

ADDENDUM NUMBER THREE TO EMERGENCY SHELTER CARE SERVICES REQUEST FOR STATEMENTS OF QUALIFICATIONS NO. 21-0072

Addendum Number Three is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all holders of the Emergency Shelter Care (ESC) Services Request for Statements of Qualifications (RFSQ) released on August 1, 2023. Addendum Number Three amends sections of the RFSQ. Changes only apply to referenced sections and/or subsections that are amended or deleted; all other sections remain in full effect.

A Prospective Proposer's failure to address the requirements of this Addendum Number Three may result in the proposal being found non-responsive and not being considered, as determined in the sole discretion of the County.

Changes to wording in RFSQ sections in this Addendum Number Three include both deletions and additions. Deletions are indicated by strikethrough (~~strikethrough~~) and additions are underlined (underlined).

A red line version of the ESC RFSQ No. 21-0072, which includes changes from Addendum Number One, Addendum Number Two, and Addendum Number Three, is now available on the DCFS Website and the Internal Services Department Website.

RFSQ section revisions are listed in sequential order as they appear in the document:

I. RFSQ, Section 5.10, **Table of Contents**, has been amended to read as follows:

5.10 Consideration of ~~GAIN/GROW~~ GAIN/START Participants for Employment

II. RFSQ, Section 5.22, **Table of Contents**, has been amended to read as follows:

5.22 Contribution and Agent Declaration

III. RFSQ, Section 5.10, **Consideration of Hiring GAIN-GROW Participants,** Subsection 5.10.1, has been amended to read as follows:

5.10 Consideration of ~~GAIN/GROW~~ GAIN/START Participants for Employment

5.10.1 As a threshold requirement for consideration of a Contract, Contractors must demonstrate a proven record of hiring participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) or ~~General Relief Opportunity for Work (GROW) Programs~~ Skills and Training to Achieve Readiness for Tomorrow (START) or must attest to a willingness to consider ~~GAIN/GROW~~ GAIN/START participants for any future employment openings if they meet the minimum qualifications for that opening. Contractors must attest to a willingness to provide employed ~~GAIN/GROW~~ GAIN/START participants access to the Contractor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

IV. RFSQ, **Section 5.22, Contribution and Agent Declaration,** has been added as follows:

5.22 Government Code Section 84308 requires a party to a contract proceeding to disclose any contribution of more than $250 made to a County officer within the preceding twelve (12) months by the party or their agent. State regulations require this disclosure to be made at the time an application is filed, and, if a contribution is made during the contract proceeding, within 30 days of making a contribution or on the date on which the party first appears before or communicates with the agency regarding the proceeding after making the contribution, whichever is earliest. All Proposers are advised that they and all of their Prospective Co-Proposers must complete and return as part of the Statement of Qualifications (SOQ), the Contribution and Agent Declaration included in Exhibit 9 (Contribution and Agent Declaration Form) of Appendix B (Required Forms). Proposers are further advised that they and their Prospective Co-Proposers must update the Contribution and Agent Declaration Form throughout the pendency of the solicitation if a contribution is made after the initial disclosure when the SOQ is submitted, and as requested at any time by the County prior to

contract award. Failure by the Proposer or any Prospective Co-Proposer(s) to complete and submit the required Contribution and Agent Declaration Form in Exhibit 9, and failure by the Proposer or any Prospective Co-Proposer(s) to update the declaration as required by law or as otherwise requested by the County, may eliminate the SOQ from further consideration and/or the Proposer may be disqualified from a contract award, as determined in the County's sole discretion. Further, all Proposers and their Prospective Co-Proposers are prohibited under Government Code Section 84308 from making a contribution of more than $250 to a County officer for twelve (12) months after the date a final decision is made in the contract proceeding involving this solicitation.

V. RFSQ, Section 7.5, **Preparation and Format of SOQ**, has been amended to read as follows:

All SOQs must be bound and submitted in the prescribed format. Any SOQ that deviates from this format may be rejected without review at the County's sole discretion.

The content and sequence of the SOQ must be as follows:

1) Proposer's Qualifications (Section A) (Proposer's Organization Questionnaire/Affidavit)
2) Required Forms (Section B)
~~3) Proof of Insurability (Section C)~~
~~4)~~ 3) Proof of Licenses (Section ~~D~~ C)

VI. RFSQ, Section 7.5.2, **Required Forms (Section B)**, has been amended to add the following:

Exhibit 9 Contribution and Agent Declaration Form

VII. RFSQ, Section 8.1.3, **Required Forms**, has been amended to add the following:

Exhibit 9 Contribution and Agent Declaration Form

VIII. RFSQ, Appendix A, Sample Contract, **Table of Contents,** Section 7 **ADMINISTRATION OF CONTRACT- CONTRACTOR,** Subsection 7.2, has been amended to read as follows:

7.2 Contractor's ~~Project~~ Program Manager

IX. RFSQ, Appendix A, Sample Contract, **Table of Contents**, Section 7, **ADMINISTRATION OF CONTRACT-CONTRACTOR**, Subsection 7.7, has been added to read as follows:

7.7. Campaign Contribution Prohibition Following Final Decision in Contract Proceeding

X. RFSQ, Appendix A, Sample Contract, Section 7.7, **Campaign Contribution Prohibition Following Final Decision in Contract Proceeding**, is added as follows:

7.7 Pursuant to Government Code Section 84308, Contractor and its Co-contractors, are prohibited from making a contribution of more than $250 to a County officer for twelve (12) months after the date of the final decision in the proceeding involving this Contract. Failure to comply with the provisions of Government Code Section 84308 and of this paragraph, may be a material breach of this Contract as determined in the sole discretion of the County.

XI. RFSQ, Appendix B, Required Forms, Exhibit 3, "**Emergency Shelter Care (ESC) -Prospective Proposer Information and Questionnaire**", has been replaced in its entirety. Please refer to Attachment I of this Addendum Three.

XII. RFSQ, Appendix B, Required Forms**, Exhibit 9, Contribution and Agent Declaration Form**, included in this Addendum Three as Attachment II, has been added.

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)

NAME (First, Middle, Last):	DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:

HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):

MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):

IS THE MAILING ADDRESS A P.O. BOX?

☐ YES ☐ NO

JUSTIFICATION FOR MAILING ADDRESS:

CA DRIVER'S LICENSE (CDL) NUMBER:	CDL EXPIRATION DATE:

PRIMARY TELEPHONE NUMBER:	ALTERNATE PHONE NUMBER:	EMAIL ADDRESS:

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")

NAME (First, Middle, Last):	DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:

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:

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	
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:

1. Please describe what childcare plan you have for ESC Services children or youth placed in your home when you are working:

_____

_____

_____

_____

2. Name of Day Care Provider:

VIII. COUNTY CONTRACT HISTORY:

1. Do you have a current or previous ESC Services contract with Los Angeles County?

☐ **YES** ☐ **NO**

	Start Date	End Date
2. If **YES**, please identify the commencement and termination dates of ESC Services contracts you've entered into with Los Angeles County:		

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? ☐ **YES** ☐ **NO**	4. If **YES**, please indicate the **DATE** of the CAP **(mm/dd/yyyy):** _____

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: ☐

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: ☐

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 Co-Proposer's Name (Print)**
Prospective Proposer's Signature	**Prospective Co-Proposer's Signature**
Date	**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

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 delaAys 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.

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