

APPENDIX

B

APPENDIX B - REQUIRED FORMS

RFP Forms

- 1) Organization Questionnaire/Affidavit
- 2) Certification of Compliance
- 3) Proposer's EEO Certification
- 4) Debarment History and List of Terminated Contracts
- 5) Community Business Enterprise (CBE) Information (Excel Worksheet)
- 6) List of Current Members of Board of Directors/Other Agencies
- 7) List of Current Contracts
- 8) List of References
- 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) Declaration
- 12) Business Proposal (Narrative Form)
- 13) Line Item Budget
- 14) Budget Narrative
- 15) Service Planning Area Preference Form
- 16) Proposer's Involvement in Litigation and Contract Compliance Difficulties

REQUIRED FORMS – FORM 1
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER 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><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Franchise</p> <p><input type="checkbox"/> Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State if 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>		
2	<p>Is your firm doing business under one or more DBA's?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
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.</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><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">Name(s):</td> <td style="width: 30%; text-align: right;">Year(s) of Name Change</td> </tr> </table>	Name(s):	Year(s) of Name Change
Name(s):	Year(s) of Name Change			

5	List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".	
6	Is your firm involved in any pending acquisition or mergers? <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.	

REQUIRED FORMS – FORM 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	<u>LACC 2.180</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<u>LACC 2.160</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<u>Motion</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<u>Board Policy 5.250</u>	Certifies Compliance? <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) _____	<u>Board Policy 5.065</u>	Check the Certification below that is applicable to your company. <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. OR <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.
6	Attestation of Willingness to Consider Gain/Grow Participants	<u>Board Policy 5.050</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/GROW participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	<u>LACC 2.203</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <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.
8	Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	<u>LACC 2.206</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption:

REQUIRED FORMS - FORM 3
PROPOSER'S EEO CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION	YES	NO
1. Proposer has written policy statement prohibiting discrimination in all phases of employment.	()	()
2. Proposer periodically conducts a self-analysis or utilization analysis of its work force.	()	()
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	()	()
4. When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	()	()

Signature

Date

Name and Title of Signer (please print)

REQUIRED FORMS – FORM 4
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		<input type="checkbox"/>	<input type="checkbox"/>
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.		<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:	_____

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

[Refer to Excel Worksheet](#)



REQUIRED FORMS – FORM 6

LIST OF CURRENT MEMBERS OF BOARD OF DIRECTORS/OTHER AGENCIES

Legal Name of Agency:

First Name	Last Name	Address, City, State	Phone (P): FAX (F):	Other Agency's*
			P: ()	
			F: ()	
			P: ()	
			F: ()	
			P: ()	
			F: ()	
			P: ()	
			F: ()	

*List the name of any other agency that the Board Member also serves on. (Please make additional copies of this form if necessary)

I declare under penalty of perjury that the foregoing is true and correct.

Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the bid or proposal to the County

Authorized Signature of Principal Owner, an Officer, or Manager responsible for submission of the bid or proposal to the County

Date: _____

REQUIRED FORMS - FORM 7
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)

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

<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>
<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>

REQUIRED FORMS - FORM 8
LIST OF REFERENCES

Proposer's Name: _____

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

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

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

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

REQUIRED FORMS – FORM 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.

REQUIRED FORMS – FORM 11

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN FORMS 1-11 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's background and experience specific to item 8.5.1.1.

- 8.5.1.1 Provide a summary of relevant background information to demonstrate that the Proposer meets or exceeds the minimum requirement(s) stated in Paragraph 4.0 (Minimum Mandatory Requirements) of this RFP and has the capability to perform the required services as a corporation or other entity.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.1.1 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.1

- 8.5.2.1 Describe how your agency has provided the same or similar services to the Target Population listed in the Statement of Work.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.1 Continued

REQUIRED FORM - FORM 12

Relative Home Assessment Services Request for Proposals #24-0015

Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.2

8.5.2.2 Describe how your agency will meet the staffing education and experience requirements listed in the Statement of Work.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.2. Continued

REQUIRED FORM - FORM 12

Relative Home Assessment Services Request for Proposals #24-0015

Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.3

8.5.2.3 Describe how your agency will ensure all staff complete background criminal clearances before starting work on this contract.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.3 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.4

- 8.5.2.4 Describe how your agency will ensure staff supervision is completed as indicated in Section 10.7 of the Statement of Work.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.4 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.5

- 8.5.2.5** Describe how your agency will contact the applicant within 2 business days of receiving the referral and complete the initial RHAS visit within 5 days of receiving the referral.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.5 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.6

- 8.5.2.6 Describe how your agency will ensure the In-Home Orientation and Home Environment Assessment visit are completed within 5 business days of receiving the RHAS referral or within 6 business days if the referral is received after 4:00pm.**

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.6 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.7

- 8.5.2.7** Describe how your agency will develop the Home Environment Standard Requirements Form during the initial visit and document all areas required to bring the home into compliance with RFA standards including the usage of photographs.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.7 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.8

- 8.5.2.8 Describe how your agency will arrange the purchase, delivery, and set-up of items/services including the installation of furnishings, supplies, services and repairs. In addition, how your agency will obtain photo documentation of completed repairs and/or services.**

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.8 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.9

- 8.5.2.9** Describe how your agency will ensure that all trainers complete the initial RFA Training-4-Trainers and complete at least one annual training conducted by the County.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.9 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.10

8.5.2.10 Describe your agency's experience providing in-person and virtual training.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.10 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.11

- 8.5.2.11 Describe how your agency will ensure applicants are registered for Pre-approval training within 21 days of receiving the RHAS referral.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.11 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.12

- 8.5.2.12** Describe how your organization will offer the RFA Pre-Approval Training series and initial Annual Training with English and Spanish modules; including dates and times: Monday through Friday during the day, and evenings Monday through Thursday, including weekends.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.12 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.13

8.5.2.13 Describe how your organization will offer a varied tentative training schedule of the proposed RFA Training modules at a location(s) within the SPA, to accommodate potential resource families which includes sites easily accessible by public transportation, has safe and convenient parking, a room that can accommodate up to 35 adults set up in a U-shape, a separate place for child care, and has clean and operable restroom facilities.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.13 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.14.

8.5.2.14 Describe how your organization will arrange for the Cardio Pulmonary Resuscitation(CPR) certification training and First Aid certification training for the RFA applicants up to 90 days following RFA Approval?

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.14 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.15

- 8.5.2.15 Describe how your agency will ensure documents are uploaded into the RFA Tracking System within the timeline specified in the Statement of Work.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.15 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.16

- 8.5.2.16 Describe how your organization will demonstrate a plan for concluding services within 45 days.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.16 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.17

- 8.5.2.17 Describe how your agency has provided the same or similar services listed in the Statement of Work, to the API population.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.17 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.18

- 8.5.2.18** Describe your agency's experience providing in-person and virtual training to the API community.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.18 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.19

- 8.5.2.19** Describe how your organization will offer the countywide RFA Pre-Approval Training series and initial Annual Training to the API population; including dates and times: Monday through Friday during the day, and evenings Monday through Thursday, including weekends.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.19 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's approach to providing required services specific to item 8.5.2.20

8.5.2.20 Describe how your organization will offer a varied tentative training schedule to the API population of the proposed RFA Training modules at locations county-wide to accommodate potential resource families which includes sites easily accessible by public transportation, has safe and convenient parking, a room that can accommodate up to 35 adults set up in a U-shape, a separate place for child care, and has clean and operable restroom facilities.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.2.20 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's quality control plan, as further described in RFP section 8.5.3.

- 8.5.3 Describe how your agency will establish and maintain a comprehensive Quality Control Plan (QCP) to ensure the requirements of this Contract are provided as specified, including the proposed monitoring system of all services listed on the Performance Requirements Summary (PRS) in the Statement of Work.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.3 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's quality control plan, as further described in RFP section 8.5.3.1.

- 8.5.3.1 Describe the activities to be monitored, monitoring methods, forms used in monitoring and documenting results, monitoring frequency, and titles/levels and qualifications of personnel performing monitoring functions.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.3.1 Continued

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

Provide a narrative that demonstrates the organization's quality control plan specific to item 8.5.3.2.

8.5.3.2 Describe your organization's protocol to ensure uninterrupted services to RHAS clients in the event of work stoppage or emergent staffing shortage due to the following: a. Illness; b. Vacation and absences; and c. Pandemic.

REQUIRED FORM - FORM 12
Relative Home Assessment Services Request for Proposals #24-0015
Narrative Form

8.5.3.2 Continued

Line Item Budget

(Placeholder)

Budget Narrative

(Placeholder)

REQUIRED FORMS - Form 15
SERVICE PLANNING AREA PREFERENCE FORM

Proposer's Name: _____

Section A: Proposer's Authorized Person and Signatory (Identify the person authorized to sign and bind the contract on behalf of the agency)	
Name:	Title:
Email:	Phone Number:
Mailing address:	City, State, Zip Code:
Signature:	Date:

Instructions:

Check off at least one (1) Service Planning Area (SPA) where your agency has submitted a proposal, Section B below, and indicate the order of preference. The information below will be utilized to select a contract for those agencies that submit multiple proposals. The County retains the right to negotiate service planning areas based on Proposer's capacity and need.

Section B: Proposer must check off at least one (1) Service Planning Area where it is able to provide Relative Home Assessment Services and indicate the order of preference.	
<input type="checkbox"/> SPA 1 – Preference #:	<input type="checkbox"/> SPA 5 – Preference #:
<input type="checkbox"/> SPA 2 – Preference #:	<input type="checkbox"/> SPA 6 – Preference #:
<input type="checkbox"/> SPA 3 – Preference #:	<input type="checkbox"/> SPA 7 – Preference #:
<input type="checkbox"/> SPA 4 – Preference #:	<input type="checkbox"/> SPA 8 – Preference #:

PROPOSER'S INVOLVEMENT IN LITIGATION AND CONTRACT COMPLIANCE DIFFICULTIES

Check yes or no for the following questions. If answers to any of the six questions are yes, please fully explain the circumstances on a separate page, including discussion of the potential impact on the contract, if awarded.

As part of the Request for Proposals selection process, the County, in its own discretion, may implement procedures to validate the responses made below. The County reserves the right to reject all or part of the proposal if false or incorrect information is submitted by the applicant.

	YES	NO
1. Is the agency currently, or within the past seven years, involved in litigation?	_____	_____
2. Is the Chief Executive Officer currently, or within the past seven years, involved in litigation related to the administration and operation of a program or organization?	_____	_____
3. Are any agency staff members unable to be bonded?	_____	_____
4. Have there been unfavorable rulings by a funding source against the agency for improper or contract compliance deficiencies?	_____	_____
5. Has the agency or Chief Executive Officer ever had public or foundation funds withheld?	_____	_____
6. Has the agency or Chief Executive Director refused to participate in any fiscal audit or review requested by a government agency or funding source?	_____	_____

Agency's Legal Name

Authorized Signer

Signature of authorized individual

Date