APPENDIX B

**REQUIRED FORMS**

**Exhibits**

7 Minimum Requirements

8 Proposer’s List of References

9 Proposed Budget (Cost Proposal)

***(Please see separate excel document)***

|  |
| --- |
|  |

REQUIRED FORMS - EXHIBIT 7

**MINIMUM REQUIREMENTS**

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

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Minimum Requirement(s) (M/R) | Complies with M/R | |
| Yes | No |
| 1 | If Proposer’s compliance with a County contract has been reviewed by the County of Los Angeles Department of the Auditor-Controller (Auditor-Controller) within the last ten (10) years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over $100,000.00, that are confirmed to be disallowed costs by the contracting County of Los Angeles department, and remain unpaid for six (6) 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, as determined in the sole discretion of County. |  |  |
| 2 | Proposer must have five (5) consecutive years of experience, obtained within the past ten (10) years, providing services which are equivalent or substantially similar to Program Services described in Appendix A, Sample Subaward, Exhibit A, Statement of Work, Section 10.0 (Specific Work Requirements) |  |  |
| 3 | Proposer shall have the following mandatory staff who meet all the requirements listed in Appendix A (Sample Subaward), Exhibit A (Statement of Work), Subsection 6.1.2 (Subrecipient’s Personnel) for Program Services: Neuropsychologist and Project Manager. Such Staff shall be listed on Proposer’s completed Appendix B (Required Forms), Form Exhibit 9 (Proposed Budget). |  |  |
| 4 | Proposer shall not be debarred, or have an equivalent prohibition on doing business with Proposer, by any government agency within the last five (5) years. |  |  |
| 5 | Proposer’s organizational business structure shall be a non-profit corporation, for-profit, public/government entity, or joint powers agency.Non-profit Corporation, For-profit or Joint Powers Agency: Proposer’s organization shall be either a Single-Purpose Agency or Multi-Purpose Agency. Non-profit Corporation, For-profit, Public/Government Entity, or Joint Powers Agency: If Proposer’s organization is a multi-Purpose Agency and/or a public/government entity, it shall ensure that none of its other Sponsored Programs conflict with the objectives and policies of the Program Services, and it must devote adequate resources to meet the Program Services objectives |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REQUIRED FORMS - EXHIBIT 8 | | | | | | | | | |
| **PROPOSER'S LIST OF REFERENCES** | | | | | | | | | |
| **Proposer's Name:** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Provide a comprehensive reference list for the same or similar scope of services that were provided by the Proposer during the previous XX years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required. | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **1. PUBLIC AGENCIES** (All contracts with other governmental agencies including the County of Los Angeles must be listed) | | | | | | | | | |
| SERVICE TYPE: |  | | |  | SERVICE TYPE: |  | | | |
| CONTRACT TERM: |  | | |  | CONTRACT TERM: |  | | | |
| CONTRACT AMT: | jlkjlj | | |  | CONTRACT AMT: |  | | | |
| AGENCY/DEPT: |  | | |  | AGENCY/DEPT: |  | | | |
| CONTACT: |  | | |  | CONTACT: |  | | | |
| TELEPHONE: |  | | |  | TELEPHONE: |  | | | |
| E-MAIL: |  | | |  | E-MAIL: |  | | | |
| Customize according to MRs: |  | | |  | Customize according to MRs: |  | | | |
|  |  |  |  |  |  |  |  |  |  |
| SERVICE TYPE: |  | | |  | SERVICE TYPE: |  | | | |
| CONTRACT TERM: |  | | |  | CONTRACT TERM: |  | | | |
| CONTRACT AMT: |  | | |  | CONTRACT AMT: |  | | | |
| AGENCY/DEPT: |  | | |  | AGENCY/DEPT: |  | | | |
| CONTACT: |  | | |  | CONTACT: |  | | | |
| TELEPHONE: |  | | |  | TELEPHONE: |  | | | |
| E-MAIL: |  | | |  | E-MAIL: |  | | | |
| Customize according to MRs: |  | | |  | Customize according to MRs: |  | | | |
|  |  |  |  |  |  |  |  |  |  |
| **2. PRIVATE FIRMS** | | | | | | | | | |
| 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: |  | | | |
| Customize according to MRs: |  | | |  | Customize according to MRs: |  | | | |
|  |  |  |  |  |  |  |  |  |  |
| 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: |  | | | |
| Customize according to MRs: |  | | |  | Customize according to MRs: |  | | | |

REQUIRED FORMS - EXHIBIT 9

**Proposed Budget**

By submission of this Proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.