**APPENDIX B (REQUIRED FORMS)**

**EXHIBIT 1 – PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

|  |  |
| --- | --- |
| **Proposer’s Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Telephone Number:** | Click here to enter text. |
| **County WEBVEN Number:** | Click here to enter text. |
| **Unique Entity Identification Number:** | Click here to enter text. |
| **Internal Revenue Service Employer Identification Number:** | Click here to enter text. |
| **California Business License Number:** | Click here to enter text. |

**Please complete all the requested information for items 1-15. Do not leave any item unanswered; by doing so the Proposal may be rejected.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | Select the option that best defines your organization’s business structure:  Corporation  Public/Government Entity  Joint Powers Agency  Other (Specify):  Click here to enter text. | If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation):  Click here to enter text.  If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner:  Click here to enter text.  If other: Specify business structure name:  Click here to enter text. | | |
| **2** | Select the option that best defines your organization’s financial structure: | Non-Profit  For-Profit  Public/Government | | |
| **3** | Complete the following about your organization: | Proposer’s Legal Name: Click here to enter text.  State of Incorporation: Click here to enter text.  Years of Incorporation: Click here to enter text.  Legal Name of Proprietor or Managing Partner:  Click here to enter text. | | |
| **4** | Is your organization doing business under one or more DBA’s?  Yes  No | If yes, indicate the following:  Name: Click here to enter text.  County of Registration: Click here to enter text.  Year became DBA: Click here to enter text. | | |
| **5** | Is your organization wholly/majority owned by, or a subsidiary of another entity?  Yes  No | If yes, indicate name of Parent Entity and State of Incorporation.  Name of Parent Entity:  Click here to enter text.  State of Incorporation or registration of parent entity:  Click here to enter text. | | |
| **6** | Has your organization done business as other names within the last five (5) years?  Yes  No | If yes, indicate any other names and the year of name change:  Name(s): Click here to enter text.  Year(s) of Name Change: Click here to enter text. | | |
| **7** | 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”. | Click here to enter text. | | |
| **8** | Is your organization involved in any pending acquisition or mergers?  Yes  No | If yes, please provide additional information regarding the pending merger:  Click here to enter text. | | |
| **9** | List all names and contact information of all individuals legally authorized to commit the Proposer. | Name: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text.  Name: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text. | | |
| **10** | Commencement of Program Services  Yes  No | Proposer affirms that it has the capacity to provide the agreed-upon Program Services for the term beginning July 1, 2023. | | |
| **11** | Match Requirement  Yes  No | By marking yes, Proposer affirms that it will provide a minimum match contribution of at least twelve percent (12%) of the Subaward Sum Year 1 (SSY1) identified in Appendix B (Required Forms), Exhibit 9 (Proposed Budget). The match contributions shall be used toward the cost of providing Program Services (where such match is calculated by multiplying the SSY1 by twelve percent (12%)). | | |
| **12** | Insurance | By marking yes for each type of coverage, Proposer affirms that all the insurance requirements set forth in the Appendix A (Sample Subaward), Subparagraph 8.24 (General Provisions for All Insurance Coverage) and Subparagraph 8.25 (Insurance Coverage) will be meet effective 7/1/2023: | | |
| **Required Coverage** | **Minimum Limit** | **Coverage Effective 7/1/2023** |
| **Commercial General Liability** |  |  |
| * General Aggregate | $2 million | Yes  No |
| * Products/Completed Operations Aggregate | $1 million | Yes  No |
| * Personal &Advertising Injury | $1 million | Yes  No |
| * Each Occurrence | $1 million | Yes  No |
| **Automobile Liability** | $1 million | Yes  No |
| **Workers Compensation and Employer’s Liability** (per accident) | $1 million | Yes  No |
| **Professional Liability, Errors and Omissions** |  |  |
| * Per Claim | $1 million | Yes  No |
| * General Aggregate | $2 million | Yes  No |
| **Sexual Misconduct** |  |  |
| * Per Claim | $2 million | Yes  No |
| * General Aggregate | $2 million | Yes  No |
| **Cyber Liability** | $3 million | Yes  No |
| **13** | Proposer’s Organizational Conflict(s)  Yes  No | By marking yes, Proposer affirms that its organization, including its officers, Employees, Volunteers, governing board, and advisory council members, and members of their immediate families are free of any conflicts of interest with County, the County of Los Angeles Board of Supervisors, or any department, commission, or other agency that is part of the County of Los Angeles. | | |
| **14** | List your organization’s Designated Community Focal Points: | Site Name: Click here to enter text.  Address: Click here to enter text.  Phone: Click here to enter text.  Site Name: Click here to enter text.  Address: Click here to enter text.  Phone: Click here to enter text. | | |
| **15** | List all names and contact information of all individuals who shall receive notices pertaining to this solicitation: | Name: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text.  Name: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text. | | |

**APPENDIX B (REQUIRED FORMS)**

**EXHIBIT 2 – CERTIFICATE OF COMPLIANCE**

**Proposer’s Name:** Click here to enter text.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE** | | **REFERENCE** | **CERTIFICATION** |
| 1 | Certification of No Conflict of Interest | [LACC 2.180](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.180COCUFOCOEM) | **Certifies Compliance?**  Yes  No |
| 2 | Familiarity with the County Lobbyist Ordinance Certification | [LACC 2.160](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.160COLO) | **Certifies Compliance?**  Yes  No |
| 3 | Zero Tolerance Policy on Human Trafficking Certification | [Motion](http://file.lacounty.gov/SDSInter/bos/supdocs/108088.pdf) | **Certifies Compliance?**  Yes  No |
| 4 | Compliance with Fair Chance Employment Hiring Practices Certification | [Board Policy 5.250](https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=CH5COPU_5.250FACHEM) | **Certifies Compliance?**  Yes  No |
| 5 | Charitable Contributions Certification  Enter the California Registry of Charitable Trusts “CT” number and upload a copy of organization’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)  Click here to enter text. | [Board Policy 5.065](https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=CH5COPU_5.065NOCORE) | **Check the certification below that is applicable to your organization.**  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**  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. |
| **TITLE** | | **REFERENCE** | **CERTIFICATION** |
| 6 | Attestation of Willingness to Consider Gain/Grow Participants | [Board Policy 5.050](https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=CH5COPU_5.050COUSGAGRPA) | **Certifies Compliance?**  Yes  No  **Willing to provide GAIN/GROW participants access to employee mentoring program?**  Yes  No  N/A-program not  available |
| 7 | Contractor Employee Jury Service Program Certification Form & Application for Exception | [LACC 2.203](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.203COEMJUSE_2.203.010FI) | **Certifies Compliance?**  Yes  No  **If No, identify exemption:**  My business does not meet the definition of “contractor,” as defined in the Program.  My business is a small business as defined in the Program.  My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program. |
| 8 | Certification of Compliance with the County's Defaulted Property Tax Reduction Program | [LACC 2.206](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.206DEPRTAREPR) | **Certifies Compliance?**  Yes  No  **If No, identify exemption:**  Click here to enter text. |

**APPENDIX B (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) and a copy of the Certification Letter must be attached to this Exhibit 3. Please reference your Certification Letter to determine Federal/Non-Federal preference eligibility.**

**Proposer’s Name:** Click here to enter text.

|  |
| --- |
| **PREFERENCE NOT REQUESTED** |

**OR**

|  |  |  |
| --- | --- | --- |
| **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)** | | |
| **Preference Program** | | **Reference** |
|  | Request for Local Small Business Enterprise (LSBE)  Program Preference  Certification for Non-Federally Funded County Solicitations  Certification for Federally Funded County Solicitations | [**LACC 2.204**](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.204LOBUENPRPR) |
|  | Request for Social Enterprise (SE) Program Preference  Certification for Non-Federally Funded County Solicitations  Certification for Federally Funded County Solicitations | [**LACC 2.205**](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.205SOENPRPR) |
|  | Request for Disabled Veterans Business Enterprise (DVBE)  Program Preference | [**LACC 2.211**](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.211DIVEBUENPRPR) |

**Note: In no instance shall 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.**

**APPENDIX B (REQUIRED FORMS)**

**EXHIBIT 4 – PROPOSER’S DEBARMENT HISTORY**

**AND LIST OF TERMINATED CONTRACTS**

Proposer’s Name**:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **DEBARMENT HISTORY (Check one)** | | **YES** | **NO** |
| Proposer is currently debarred by a public entity. | |  |  |
| If yes, please provide the name of the public entity: | Click here to enter text. | | |
| 1. **LIST OF TERMINATED CONTRACTS (Check one)** | | **YES** | **NO** |
| Proposer has contracts that have been terminated in the past three (3) years. | |  |  |

If yes, please list all contracts that have been terminated **prior to natural expiration** within the last three (3) years**.** Use additional pages if required.

|  |  |  |  |
| --- | --- | --- | --- |
| **TERMINATED CONTRACT** | | | |
| **Service:** | Click here to enter text. | | |
| **Name of Entity:** | Click here to enter text. | | |
| **Entity Address:** | Click here to enter text. | | |
| **Contact Person:** | Click here to enter text. | | |
| **Telephone Number:** | Click here to enter text. | **Email Address:** | Click here to enter text. |
| **Contract Name/Number:** | Click here to enter text. | **Termination Date:** | Click here to enter text. |
| **Reason for Termination:** | Click here to enter text. | | |
|  | | | |
| **TERMINATED CONTRACT** | | | |
| **Service:** | Click here to enter text. | | |
| **Name of Entity:** | Click here to enter text. | | |
| **Entity Address:** | Click here to enter text. | | |
| **Contact Person:** | Click here to enter text. | | |
| **Telephone Number:** | Click here to enter text. | **Email Address:** | Click here to enter text. |
| **Contract Name/Number:** | Click here to enter text. | **Termination Date:** | Click here to enter text. |
| **Reason for Termination:** | Click here to enter text. | | |
|  | | | |
| **TERMINATED CONTRACT** | | | |
| **Service:** | Click here to enter text. | | |
| **Name of Entity:** | Click here to enter text. | | |
| **Entity Address:** | Click here to enter text. | | |
| **Contact Person:** | Click here to enter text. | | |
| **Telephone Number:** | Click here to enter text. | **Email Address:** | Click here to enter text. |
| **Contract Name/Number:** | Click here to enter text. | **Termination Date:** | Click here to enter text. |
| **Reason for Termination:** | Click here to enter text. | | |

**APPENDIX B (REQUIRED FORMS)**

**EXHIBIT 5 – DECLARATION**

**DECLARATION:**

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN THE EXHIBITS 1-6 IS TRUE AND CORRECT.**

|  |  |
| --- | --- |
| **Authorized Representative Name:** | **Title:** |
| Click here to enter text. | Click here to enter text. |
| **Signature:** | **Date:** |
|  | Click here to enter text. |

**APPENDIX B (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.

(*Check the appropriate response for each item)*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Minimum Requirement(s) (M/R)** | **Meets/Complies with M/R** | |
| **Yes** | **No** |
| **1** | **Experience** |  |  |
| Proposer must have five (5) consecutive years of experience, obtained during the years of 2014-2021 providing Linkages Services, or Services which are equivalent or substantially similar to Linkages Services as outlined in Exhibit A (Statement of Work) of Appendix A (Sample Subaward). |
| **2** | **Service Delivery** |  |  |
| Proposer must provide all nine (9) Services as evidenced by the information reported on Appendix B (Required Forms), Exhibit 10 (Proposed Program Services). |
| **3** | **Mandatory Staff** |  |  |
| Proposer must have a Project Manager who meets all the requirements listed in Appendix A (Sample Subaward), Exhibit A (Statement of Work), Subsection 6.3 (Project Manager). Proposer must provide a resume and diploma for the Project Manager and Project Manager must be listed on Proposer’s completed Appendix B (Required Forms), Exhibit 9 (Proposed Budget). |
| **4** | **Debarment** |  |  |
| Proposer must not be debarred, or equivalent prohibition on doing business with Proposer, by any government agency within the last five (5) years. |
| **5** | **Unique Entity ID Number** |  |  |
| Proposer must have a current, valid, and active Unique Entity Identification (UEI) number. Proposer must provide the UEI Number in Appendix B (Required Forms), Exhibit 1 (Proposer’s Organization Questionnaire/Affidavit). If Proposer does not have a UEI number, the UEI may be obtained by registering for this number at: <https://sam.gov/content/entity-registration>. Upon completion, Proposer must provide documentation (e.g., print screen, confirmation, etc.) of its registration for the UEI number as an attachment to Appendix B (Required Forms), Exhibit 1 (Proposer’s Organization Questionnaire/Affidavit). |
| **No.** | **Minimum Requirement(s) (M/R)** | **Meets/Complies with M/R** | |
| **Yes** | **No** |
| **6** | **Organizational Business Structure** |  |  |
| Proposer’s organizational business structure must be one of the following:   1. A non-profit corporation, public/government entity, or joint powers agency. 2. Non-profit Corporation, or Joint Powers Agency: Proposer’s organization must be either a Single-Purpose Agency or Multi-Purpose Agency. 3. Non-profit Corporation, Public/Government Entity, or Joint Powers Agency: If Proposer’s organization is a Multi-Purpose Agency and/or a public/government entity, it must ensure that none of its other Sponsored Programs conflict with the objectives and policies of Linkages, and it must devote adequate resources to meet Linkages objectives. |
| **7** | **Unresolved Disallowed Costs with County Contract(s)** |  |  |
| 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 (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 the County. |

**APPENDIX B (REQUIRED FORMS)**

**EXHIBIT 8 – PROPOSER’S LIST OF REFERENCES**

**Proposer’s Name:** Click here to enter text.

***It is Proposer’s sole responsibility to ensure accuracy of the information provided in this Exhibit.***

|  |  |  |
| --- | --- | --- |
| **Reference #1** | | |
| **Organization Name:** | Click here to enter text. | |
| **Organization Address:** | Click here to enter text. | |
| **Contract Name & Number:** | Click here to enter text. | |
| **Type of Service:** | Click here to enter text. | |
| **Contract Term** | | **Contract Amount** |
| Click here to enter text. | | Click here to enter text. |
| **Contact Person:** | Click here to enter text. | |
| **Telephone Number:** | | **E-mail Address:** |
| Click here to enter text. | | Click here to enter text. |
|  | | |
| **Reference #2** | | |
| **Organization Name:** | Click here to enter text. | |
| **Organization Address:** | Click here to enter text. | |
| **Contract Name & Number:** | Click here to enter text. | |
| **Type of Service:** | Click here to enter text. | |
| **Contract Term** | | **Contract Amount** |
| Click here to enter text. | | Click here to enter text. |
| **Contact Person:** | Click here to enter text. | |
| **Telephone Number:** | | **E-mail Address:** |
| Click here to enter text. | | Click here to enter text. |
|  |  | |
| **Reference #3** | | |
| **Organization Name:** | Click here to enter text. | |
| **Organization Address:** | Click here to enter text. | |
| **Contract Name & Number:** | Click here to enter text. | |
| **Type of Service:** | Click here to enter text. | |
| **Contract Term** | | **Contract Amount** |
| Click here to enter text. | | Click here to enter text. |
| **Contact Person:** | Click here to enter text. | |
| **Telephone Number:** | | **E-mail Address:** |
| Click here to enter text. | | Click here to enter text. |

**Instructions:**

1. List three (3) references who must be able to substantiate Proposer’s experience providing the same or substantially similar scope of Program Services for which Proposer is applying, where such experience has been obtained within the last seven (7) years (between 2014-2021).
2. References must be from separate contracts providing separate services.
3. When providing information for any reference (i.e., organization, entity, firm, etc.), Proposer must only use one (1) point of contact and one (1) contract for that reference.  For example, when Proposer has one (1) contract with an entity, Proposer must not utilize the same contract citing three (3) different contacts to meet the requirement for three (3) references.  If Proposer has multiple contracts providing different services with an entity, it may list separate contacts for each of the contracts.

1. Proposer may use Los Angeles County Department of Aging and Disabilities (AD) as a reference, If doing so, Proposer must complete the requested reference information as follows:
   1. Organization Name: Los Angeles County Department of Aging and Disabilities (AD)
   2. Organization Address: 510 South Vermont Avenue, Los Angeles, CA 90020
   3. Contract Name & Number: Enter the contact name/title and contract number
   4. Type of Service: Enter the type of service(s) or deliverable(s) provided under the contract.
   5. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2018 – 06/30/2019).
   6. Contract Amount: Enter the total amount of the contract (i.e., contract award amount). If the contract is/was for a multi-year term, enter the total amount awarded for the multi-year term, including any term extensions (even if the amount is an estimate for any portion of the term). For example, if the contract is for a 3-year term and the funding amount is $100,000 per year then the Contract Amount will be $300,000 (calculated by multiplying 3 [years] x $100,000).
   7. Contact Person: Contract Compliance Division
   8. Telephone Number: LEAVE BLANK (Do not enter any information in this field).
   9. E-mail Address: LEAVE BLANK (Do not enter any information in this field)