

**APPENDIX B (REQUIRED FORMS)**  
**EXHIBIT 1 – BIDDER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>Bidder's Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>County WEBVEN Number:</b>	
<b>Unique Entity Identification Number:</b>	
<b>Internal Revenue Service Employer Identification Number:</b>	
<b>California Business License Number:</b>	

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

<b>1</b>	<p>Select the option that best defines your organization’s business structure:</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Public/Government Entity</p> <p><input type="checkbox"/> Joint Powers Agency</p> <p><input type="checkbox"/> Other (Specify):</p> <p>.</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles 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>
<b>2</b>	<p>Select the option that best defines your organization’s financial structure:</p>	<p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> For-Profit</p> <p><input type="checkbox"/> Public/Government</p>
<b>3</b>	<p>Complete the following about your organization:</p>	<p>Bidder’s Legal Name:</p> <p>State of Incorporation:</p> <p>Years of Incorporation:</p> <p>Legal Name of Proprietor or Managing Partner:</p>
<b>4</b>	<p>Is your organization doing business under one or more DBA’s?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, indicate the following:</p> <p>Name:</p> <p>County of Registration:</p> <p>Year became DBA:</p>

5	<p>Is your organization wholly/majority owned by, or a subsidiary of another entity?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Entity and State of Incorporation.</p> <p>Name of Parent Entity:</p> <p>State of Incorporation or registration of parent entity:</p>
6	<p>Has your organization done business as other names within the last five (5) years?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change:</p> <p>Name(s):</p> <p>Year(s) of Name Change:</p>
7	<p>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".</p>	
8	<p>Is your organization involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, please provide additional information regarding the pending merger:</p>
9	<p>List all names and contact information of all individuals legally authorized to commit the Bidder.</p>	<p>Name: Title: Phone: Email:</p> <p>Name: Title: Phone: Email:</p>
10	<p>Commencement of Program Services</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Bidder affirms that it has the capacity to provide the agreed-upon Program Services for the term beginning July 1, 2023.</p>

11	<b>Match Requirement</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	By marking yes, Bidder affirms that it will provide a minimum match contribution of at least twelve percent (12%) of the Subaward Sum Year 1 (SSY1) for Title III-B as identified in Appendix B (Required Forms), Exhibit 10 (Proposed Budget) and at least twenty five percent (25%) of the SSY1 for Title III-E as identified in Appendix B (Required Forms), Exhibit 11 (Proposed Budget) and Exhibit 12 (Proposed Budget). The match contributions shall be used toward the cost of providing Program Services.		
12	<b>Insurance</b>	By marking yes for each type of coverage, Bidder 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:		
		<b>Required Coverage</b>	<b>Minimum Limit</b>	<b>Coverage Effective 7/1/2023</b>
		<b>Commercial General Liability</b>		
		- General Aggregate	\$2 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		- Products/Completed Operations Aggregate	\$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		- Personal & Advertising Injury	\$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		- Each Occurrence	\$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Automobile Liability</b>	\$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Workers Compensation and Employer's Liability (per accident)</b>	\$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Professional Liability, Errors and Omissions</b>		
		- Per Claim	\$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		- General Aggregate	\$2 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Sexual Misconduct</b>		
		- Per Claim	\$2 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		- General Aggregate	\$2 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Cyber Liability</b>	\$3 million	<input type="checkbox"/> Yes <input type="checkbox"/> No

13	Bidder's Organizational Conflict(s)  <input type="checkbox"/> Yes  <input type="checkbox"/> No	By marking yes, Bidder 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: Address: Phone:   Site Name: Address: Phone:
15	List all names and contact information of all individuals who shall receive notices pertaining to this solicitation:	Name: Title: Phone: Email:   Name: Title: Phone: Email:

**APPENDIX B (REQUIRED FORMS)  
EXHIBIT 2 – CERTIFICATE OF COMPLIANCE**

**Bidder’s Name:**

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

TITLE		REFERENCE	CERTIFICATION
1	Certification of No Conflict of Interest	<a href="#">LACC 2.180</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<a href="#">LACC 2.160</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<a href="#">Motion</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<a href="#">Board Policy 5.250</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Charitable Contributions Certification  Enter the California Registry of Charitable Trusts “CT” number and upload a copy of 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)	<a href="#">Board Policy 5.065</a>	<b>Check the certification below that is applicable to your organization.</b>  <input type="checkbox"/> Bidder 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 Bidder 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.  <b>OR</b>  <input type="checkbox"/> Bidder 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	<a href="#">Board Policy 5.050</a>	<p><b>Certifies Compliance?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Willing to provide GAIN/GROW participants access to employee mentoring program?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available</p>
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	<a href="#">LACC 2.203</a>	<p><b>Certifies Compliance?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If No, identify exemption:</b></p> <p><input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program.</p> <p><input type="checkbox"/> My business is a small business as defined in the Program.</p> <p><input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.</p>
8	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<a href="#">LACC 2.206</a>	<p><b>Certifies Compliance?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If No, identify exemption:</b></p> <p>.</p>

**APPENDIX B (REQUIRED FORMS)  
EXHIBIT 3 – REQUEST FOR PREFERENCE CONSIDERATION**

**INSTRUCTIONS:** Bidders requesting preference consideration must complete and include this form in their proposal. Bidders 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.**

**Bidder’s Name:**

<input type="checkbox"/> <b>PREFERENCE NOT REQUESTED</b>
--

**OR**

<input type="checkbox"/> <b>PREFERENCE REQUESTED (SELECT ALL THAT APPLY)</b>		
	<b>Preference Program</b>	<b>Reference</b>
<input type="checkbox"/>	Request for Local Small Business Enterprise (LSBE) Program Preference  <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<a href="#"><u>LACC 2.204</u></a>
<input type="checkbox"/>	Request for Social Enterprise (SE) Program Preference  <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<a href="#"><u>LACC 2.205</u></a>
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<a href="#"><u>LACC 2.211</u></a>

**Note: In no instance 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 – BIDDER'S DEBARMENT HISTORY  
AND LIST OF TERMINATED CONTRACTS**

Bidder's Name:

<b>1. DEBARMENT HISTORY (Check one)</b>		<b>YES</b>	<b>NO</b>
Bidder is currently debarred by a public entity.		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity:			
<b>2. LIST OF TERMINATED CONTRACTS (Check one)</b>		<b>YES</b>	<b>NO</b>
Bidder 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 natural expiration within the last three (3) years. Use additional pages if required.

TERMINATED CONTRACT			
<b>Service:</b>			
<b>Name of Entity:</b>			
<b>Entity Address:</b>			
<b>Contact Person:</b>			
<b>Telephone Number:</b>		<b>Email Address:</b>	
<b>Contract Name/Number:</b>		<b>Termination Date:</b>	
<b>Reason for Termination:</b>			
TERMINATED CONTRACT			
<b>Service:</b>			
<b>Name of Entity:</b>			
<b>Entity Address:</b>			
<b>Contact Person:</b>			
<b>Telephone Number:</b>		<b>Email Address:</b>	
<b>Contract Name/Number:</b>		<b>Termination Date:</b>	
<b>Reason for Termination:</b>			
TERMINATED CONTRACT			
<b>Service:</b>			
<b>Name of Entity:</b>			
<b>Entity Address:</b>			
<b>Contact Person:</b>			
<b>Telephone Number:</b>		<b>Email Address:</b>	
<b>Contract Name/Number:</b>		<b>Termination Date:</b>	
<b>Reason for Termination:</b>			



**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.**

<b>Authorized Representative Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

**APPENDIX B (REQUIRED FORMS)  
EXHIBIT 7 – MINIMUM REQUIREMENTS**

Bidder acknowledges and certifies that it meets and will comply with the Bidder's Minimum Qualifications indicated below and as stated in Paragraph 3.0, of this Invitation for Bid.

*(Check the appropriate response for each item)*

No.	Minimum Requirement(s) (M/R)	Meets/Complies with M/R	
		Yes	No
1	<b>Experience</b>		
	Bidder must have ten (10) consecutive years of experience, obtained during the years of 2011-2021 providing TLAP Services or services which are equivalent or substantially similar to the Program Services outlined in Exhibit A (Statement of Work) of Appendix A (Sample Subaward).	<input type="checkbox"/>	<input type="checkbox"/>
2	<b>Service Delivery</b>		
	Bidder must provide all Program Services as evidenced by the information reported on Appendix B (Required Forms), Exhibit 13 (Proposed Program Services) and Exhibit 14 (Proposed Program Services)	<input type="checkbox"/>	<input type="checkbox"/>
3	<b>Mandatory Staff</b>		
	Bidder must have all Mandatory Staff who meet all the requirements listed in Appendix A (Sample Subaward), Exhibit A (Statement of Work), Subparagraph 6.3 (Project Manager), Subparagraph 6.4 (Managing Attorney), and Subparagraph 6.5 (Staff Attorney). All Mandatory Staff must be listed on Bidder's completed Appendix B (Required Forms), Exhibits 10-12 (Proposed Budget).	<input type="checkbox"/>	<input type="checkbox"/>
4	<b>Debarment</b>		
	Bidder must not be debarred, or equivalent prohibition on doing business with Bidder, by any government agency within the last five (5) years.	<input type="checkbox"/>	<input type="checkbox"/>

No.	Minimum Requirement(s) (M/R)	Meets/Complies with M/R	
		Yes	No
5	<b>Unique Entity ID Number</b>		
	Bidder must have a current, valid, and active Unique Entity Identification (UEI) number. Bidder must provide the UEI Number in Appendix B (Required Forms), Exhibit 1 (Bidder's Organization Questionnaire/Affidavit). If Bidder does not have a UEI number, the UEI may be obtained by registering for this number at: <a href="https://sam.gov/content/entity-registration">https://sam.gov/content/entity-registration</a> . Upon completion, Bidder 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 (Bidder's Organization Questionnaire/Affidavit).	<input type="checkbox"/>	<input type="checkbox"/>
6	<b>Organizational Business Structure</b>		
	Bidder'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: Bidder'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 Bidder'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 SSP, and it must devote adequate resources to meet SSP objectives.	<input type="checkbox"/>	<input type="checkbox"/>
7	<b>Unresolved Disallowed Costs with County Contract(s)</b>		
	Bidder 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.	<input type="checkbox"/>	<input type="checkbox"/>

**APPENDIX B (REQUIRED FORMS)  
EXHIBIT 8 – BIDDER'S LIST OF REFERENCES**

**Bidder's Name:**

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

Reference #1	
<b>Organization Name:</b>	
<b>Organization Address:</b>	
<b>Contract Name &amp; Number:</b>	
<b>Type of Service:</b>	
<b>Contract Term</b>	<b>Contract Amount</b>
<b>Contact Person:</b>	
<b>Telephone Number:</b>	<b>E-mail Address:</b>
Reference #2	
<b>Organization Name:</b>	
<b>Organization Address:</b>	
<b>Contract Name &amp; Number:</b>	
<b>Type of Service:</b>	
<b>Contract Term</b>	<b>Contract Amount</b>
<b>Contact Person:</b>	
<b>Telephone Number:</b>	<b>E-mail Address:</b>
Reference #3	
<b>Organization Name:</b>	
<b>Organization Address:</b>	
<b>Contract Name &amp; Number:</b>	
<b>Type of Service:</b>	
<b>Contract Term</b>	<b>Contract Amount</b>
<b>Contact Person:</b>	
<b>Telephone Number:</b>	<b>E-mail Address:</b>

**Instructions:**

1. List three (3) references who must be able to substantiate Bidder's experience providing the same or substantially similar scope of Program Services for which Bidder 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.), Bidder must only use one (1) point of contact and one (1) contract for that reference. For example, when Bidder has one (1) contract with an entity, Bidder must not utilize the same contract citing three (3) different contacts to meet the requirement for three (3) references. If Bidder has multiple contracts providing different services with an entity, it may list separate contacts for each of the contracts.
4. Bidder may use County of Los Angeles, Department of Aging and Disabilities (AD) as a reference, If doing so, Bidder must complete the requested reference information as follows:
  - a. Organization Name: County of Los Angeles, Department of Aging and Disabilities (AD)
  - b. Organization Address: 510 South Vermont Avenue, Los Angeles, CA 90020
  - c. Contract Name & Number: Enter the contact name/title and contract number
  - d. Type of Service: Enter the type of service(s) or deliverable(s) provided under the contract.
  - e. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2018 – 06/30/2019).
  - f. 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).
  - g. Contact Person: Contract Compliance Division
  - h. Telephone Number: LEAVE BLANK (Do not enter any information in this field).
  - i. E-mail Address: LEAVE BLANK (Do not enter any information in this field)