

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

Proposer’s Name:	
Address:	
Telephone Number:	
County WEBVEN Number:	
Unique Entity Identification Number:	
Internal Revenue Service Employer Identification Number:	
California Business License Number:	

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	<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>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>
2	<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>
3	<p>Complete the following about your organization:</p>	<p>Proposer’s Legal Name:</p> <p>State of Incorporation:</p> <p>Years of Incorporation:</p> <p>Legal Name of Proprietor or Managing Partner:</p>
4	<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 Proposer.</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>Proposer affirms that it has the capacity to provide the agreed-upon Program Services for the term beginning July 1, 2023.</p>

11	Match Requirement <input type="checkbox"/> Yes <input type="checkbox"/> 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	<p>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:</p> <table border="1" data-bbox="633 636 1474 1829"> <thead> <tr> <th data-bbox="633 636 1036 747">Required Coverage</th> <th data-bbox="1036 636 1252 747">Minimum Limit</th> <th data-bbox="1252 636 1474 747">Coverage Effective 7/1/2023</th> </tr> </thead> <tbody> <tr> <td data-bbox="633 747 1036 835">Commercial General Liability</td> <td data-bbox="1036 747 1252 835"></td> <td data-bbox="1252 747 1474 835"></td> </tr> <tr> <td data-bbox="633 835 1036 903">- General Aggregate</td> <td data-bbox="1036 835 1252 903">\$2 million</td> <td data-bbox="1252 835 1474 903"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 903 1036 991">- Products/Completed Operations Aggregate</td> <td data-bbox="1036 903 1252 991">\$1 million</td> <td data-bbox="1252 903 1474 991"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 991 1036 1079">- Personal & Advertising Injury</td> <td data-bbox="1036 991 1252 1079">\$1 million</td> <td data-bbox="1252 991 1474 1079"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 1079 1036 1167">- Each Occurrence</td> <td data-bbox="1036 1079 1252 1167">\$1 million</td> <td data-bbox="1252 1079 1474 1167"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 1167 1036 1255">Automobile Liability</td> <td data-bbox="1036 1167 1252 1255">\$1 million</td> <td data-bbox="1252 1167 1474 1255"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 1255 1036 1360">Workers Compensation and Employer's Liability (per accident)</td> <td data-bbox="1036 1255 1252 1360">\$1 million</td> <td data-bbox="1252 1255 1474 1360"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 1360 1036 1449">Professional Liability, Errors and Omissions</td> <td data-bbox="1036 1360 1252 1449"></td> <td data-bbox="1252 1360 1474 1449"></td> </tr> <tr> <td data-bbox="633 1449 1036 1516">- Per Claim</td> <td data-bbox="1036 1449 1252 1516">\$1 million</td> <td data-bbox="1252 1449 1474 1516"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 1516 1036 1583">- General Aggregate</td> <td data-bbox="1036 1516 1252 1583">\$2 million</td> <td data-bbox="1252 1516 1474 1583"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 1583 1036 1671">Sexual Misconduct</td> <td data-bbox="1036 1583 1252 1671"></td> <td data-bbox="1252 1583 1474 1671"></td> </tr> <tr> <td data-bbox="633 1671 1036 1738">- Per Claim</td> <td data-bbox="1036 1671 1252 1738">\$2 million</td> <td data-bbox="1252 1671 1474 1738"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 1738 1036 1806">- General Aggregate</td> <td data-bbox="1036 1738 1252 1806">\$2 million</td> <td data-bbox="1252 1738 1474 1806"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="633 1806 1036 1829">Cyber Liability</td> <td data-bbox="1036 1806 1252 1829">\$3 million</td> <td data-bbox="1252 1806 1474 1829"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>	Required Coverage	Minimum Limit	Coverage Effective 7/1/2023	Commercial General Liability			- 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	Automobile Liability	\$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation and Employer's Liability (per accident)	\$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Liability, Errors and Omissions			- Per Claim	\$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No	- General Aggregate	\$2 million	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Misconduct			- Per Claim	\$2 million	<input type="checkbox"/> Yes <input type="checkbox"/> No	- General Aggregate	\$2 million	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cyber Liability	\$3 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
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13	<p>Proposer's Organizational Conflict(s)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>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.</p>
14	<p>List your organization's Designated Community Focal Points:</p>	<p>Site Name: Address: Phone:</p> <p>Site Name: Address: Phone:</p>
15	<p>List all names and contact information of all individuals who shall receive notices pertaining to this solicitation:</p>	<p>Name: Title: Phone: Email:</p> <p>Name: Title: Phone: Email:</p>

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

Proposer’s Name:

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	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	<p>Charitable Contributions Certification</p> <p>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)</p>	Board Policy 5.065	<p>Check the certification below that is applicable to your organization.</p> <p><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.</p> <p style="text-align: center;">OR</p> <p><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.</p>

TITLE		REFERENCE	CERTIFICATION
6	Attestation of Willingness to Consider Gain/Grow Participants	Board Policy 5.050	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p>
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption:</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	LACC 2.206	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption:</p> <p>.</p>

**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:

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

OR

<input type="checkbox"/> PREFERENCE REQUESTED (SELECT ALL THAT APPLY)		
	Preference Program	Reference
<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	LACC 2.204
<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	LACC 2.205
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

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:

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 natural expiration** within the last three (3) years. Use additional pages if required.

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

**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:
Signature:	Date:

**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 2014-2022 providing the specific SSP Services (identified as Service Categories, which include Case Management, Homemaker, Personal Care, Respite Care, Alzheimer’s Day Care Services, and Registry Services) or services which are equivalent or substantially similar to these Program Services/Service Categories as outlined in Exhibit A (Statement of Work) of Appendix A (Sample Subaward).	<input type="checkbox"/>	<input type="checkbox"/>
2	Service Delivery		
	Proposer shall provide, at minimum, one (1) of the six (6) Service Categories as evidenced by the information reported on Appendix B (Required Forms), Exhibit 10 (Proposed Program Services).	<input type="checkbox"/>	<input type="checkbox"/>
3	Mandatory Staff		
	Proposer must have the following Mandatory Staff who meet all the requirements listed in Appendix A (Sample Subaward), Exhibit A (Statement of Work), Subparagraphs 6.3 (Project Manager) and 6.4 (Personnel): Project Manager, Project Supervisor, Case Manager, Nurse (if applicable). Proposer must provide a resume and diploma for each Mandatory Staff and each Mandatory Staff must be listed on Proposer’s completed Appendix B (Required Forms), Exhibit 9 (Proposed Budget).	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

No.	Minimum Requirement(s) (M/R)	Meets/Complies with M/R	
		Yes	No
5	<p>Unique Entity ID Number</p> <p>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).</p>	<input type="checkbox"/>	<input type="checkbox"/>
6	<p>Organizational Business Structure</p> <p>Proposer's organizational business structure must be one of the following:</p> <ol style="list-style-type: none"> 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 SSP, and it must devote adequate resources to meet SSP objectives. 	<input type="checkbox"/>	<input type="checkbox"/>
7	<p>Unresolved Disallowed Costs with County Contract(s)</p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**APPENDIX B (REQUIRED FORMS)
EXHIBIT 8 – PROPOSER’S LIST OF REFERENCES**

Proposer’s Name:

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

Reference #1	
Organization Name:	
Organization Address:	
Contract Name & Number:	
Type of Service:	
Contract Term	Contract Amount
Contact Person:	
Telephone Number:	E-mail Address:
Reference #2	
Organization Name:	
Organization Address:	
Contract Name & Number:	
Type of Service:	
Contract Term	Contract Amount
Contact Person:	
Telephone Number:	E-mail Address:
Reference #3	
Organization Name:	
Organization Address:	
Contract Name & Number:	
Type of Service:	
Contract Term	Contract Amount
Contact Person:	
Telephone Number:	E-mail Address:

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.
4. Proposer may use County of Los Angeles, Department of Aging and Disabilities (AD) as a reference, If doing so, Proposer 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)