

PART D - STATEMENT OF QUALIFICATIONS SUBMISSION PACKET

Section A - Prospective Contractor Qualifications	
Insert	Transmittal Letter
Insert	Table of Contents
Form 1	Prospective Contractor's Organization Questionnaire/Affidavit
Insert	Article of Incorporation
Insert	Secretary of State Filings - Statement of Information
Insert	Fictitious Business Name Statement (if any)
Insert	Exempt Organization Determination Letter from the Internal Revenue Service
Insert	Determination of Exemption Letter from the State of California Franchise Tax Board
Form 2	Wraparound Approach Services - Service Delivery Sites (Exhibit F-3)
Form 3	List of Current Members of Board of Directors/Other Agencies (Exhibit F-2)
Insert	Board of Director's Resolution
Insert	Prospective Contractor's Organization Chart
Insert	Prospective Contractor's Qualifications
Insert	Medi-Cal Certification letter issued by the State of California, Department of Health Care Services
Insert	Documentation of its ability to bill Medi-Cal (Copy of current contract with DMH)
Insert	Detailed plan demonstrating how it is positioned to effectively provide and arrange services in the SPA it plans to serve. This should include flow charts, with decision points, and copies of collaboration agreements
Insert	Letter from Department of Mental Health – certifying the mental health treatment component of the program
Insert	Trauma Based Training Plan and Curriculum (Exhibit A-18)
Form 4	Prospective Contractor's Knowledge and Skill - Questionnaire
Form 5	Certification of "No Conflict of Interest"
Form 6	Familiarity of the County Lobbyist Ordinance Certification
Form 7	Prospective Contractor's Statement of Qualifications (SOQ) Certification
Form 8	Certification of Ownership and Financial Interest
Form 9	Attestation of Willingness to Consider GAIN/GROW Participation for Employment
Form 10	Certification of Fiscal Compliance
Form 11	Lists of Prospective Contractor's Commitments
Form 12	Prospective Contractor List of Contracts / References

Form 13	Revenue Disclosure
Insert	Audited Financial Statements and Single Audit Reports
Insert	Proof of Insurability
Form 14	Involvement in Litigation and/or Contract Compliance Difficulties
Insert	Prospective Contractor's Policy on receiving, investigating and responding to complaints (Exhibit M-1)
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Form 16	Acknowledgement of RFSQ Restrictions
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Exhibit K	County of Los Angeles Contractor Employee Jury Service Program, Application for Exception and Certification
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	Last Page of SOQ

PROSPECTIVE CONTRACTOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Page 1 of 2

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. If your organization is a corporation, state its legal name (as found in your Articles of Incorporation) and State of Incorporation:

_____	_____	_____
Name	State	Year Inc.

2. If your organization is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your organization is doing business under one or more DBA's, please list all DBA's and the County(ies) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your organization wholly or majority owned by, or a subsidiary of, another organization? ____ If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your organization has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your organization is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Prospective Contractor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Overview, Section 7.0, Minimum Qualifications, of this Request for Statement of Qualifications, as listed below.

Check the appropriate boxes:

- Yes** **No** Section 7.1.1 Three (3) years experience, within the last five (5) years
- Yes** **No** Subsection 7.1.2 Medi-Cal Certification letter issued by the State of California, Department of Health Care Services
- Yes** **No** Subsection 7.1.3 Ability to bill Medi-Cal for the purposes of providing Wraparound services via its arrangement with DMH
- Yes** **No** Section 7.1.4 Adhere to all requirements of this RFSQ

Prospective Contractor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his judgment shall be final.

Prospective Contractor's Name:

Address:

E-mail address: _____

Telephone Number: _____

Fax Number: _____

On behalf of _____ (Prospective Contractor's name), I _____
_____ (Name of Prospective Contractor's authorized representative), certify that the information contained in this Prospective Contractor's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date County WebVen Number

**WRAPAROUND APPROACH SERVICES
SERVICE DELIVERY SITES**

Administrative Office/Headquarters (AGENCY)

CORPORATE NAME	CORPORATE ADDRESS	SUP DIST.	SPA	AGENCY CONTACT PERSON	TELEPHONE AND FAX NUMBERS
				E-mail:	

Short-Doyle Medi-cal certified Facilities as Included in this Contract

FACILITY NAME	YOUTH SERVED-DCFS, DMH, PROB, OR DUALY SUPV.	FACILITY ADDRESS	SPA	SUP DISTRICT	FACILITY CONTACT PERSON	TELEPHONE AND FAX NUMBERS	E-MAIL ADDRESS

(Please make additional copies of this form if necessary)

SERVICE DELIVERY SITES

Yes No

Are any of the facilities listed above on County owned or County Leased property? If yes, please provide an explanation:

Yes No

Do any or your agency's Board members or employees, or members of their immediate families own any property leased or rented by your agency? If yes, please provide an explanation.

On behalf of _____ (Contractor's name), I _____
(Name of Contractor's authorized representative), certify that the information contained in this Service Delivery Sites – Form 2 (Exhibit F-3) is true and correct to the best of my information and belief.

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

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

Date

LIST NAMES OF CURRENT MEMBERS OF BOARD OF DIRECTORS AND OTHER AGENCIES *(If applicable)*

FIRST NAME	LAST NAME	BUSINESS ADDRESS	BUSINESS PHONE NUMBER	E-mail	OTHER AGENCIES *

* List any other agency that you are currently a Board Member, officer or employee.

CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the COUNTY shall not contract with, and shall reject any bids or bids submitted by the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such a contract:

Employees of the COUNTY or of public agencies for which the Board of Supervisors is the governing body;

Profit-making firms or businesses in which employees described in Subsection A serve as officers, principals, partners, or major shareholders;

Persons who, within the immediately preceding twelve (12) months came within the provisions of Subsection A and who;

Were employed in positions of substantial responsibility in the area of service to be performed by the contract, or

Participated in any way in developing the contract or its service specifications; and

Profit-making firms or businesses in which the former employees described in Subsection C serve as officers, principals, partners, or major shareholders.

Bidder hereby declares and certifies that no employee, nor any other person acting on Bidder's behalf, who prepared and/or participated in the preparation of this Bid, is within the purview of County Code Section 2.180.010 as above defined.

Bidder Name

Bidder Official, Title

Official's Signature

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Prospective Contractor certifies that it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles County Code Chapter 2.160. The Prospective Contractor also certifies that all persons acting on behalf of the Prospective Contractor's organization have and will comply with it during the solicitation process.

Prospective Contractor's Name:

Prospective Contractor's Official, Title:

Official's Signature:

PROSPECTIVE CONTRACTOR'S CERTIFICATION

_____ (hereafter "Contractor")
(PROSPECTIVE CONTRACTOR'S ORGANIZATION NAME)

hereby certifies that the information submitted by Contractor named above in response to Los Angeles COUNTY's Request for Statement of Qualifications (RFSQ) for Wraparound Approach Services for COUNTY's Department of Children and Family Services is true and correct to the best of Contractor's information and belief.

This shall constitute a warranty, the falsity of which shall entitle the county to pursue any remedy authorized by law, which shall include the right, at the option of the County, of declaring any contract made as a result thereof to be void.

(SIGNATURE OF PROSPECTIVE CONTRACTOR'S AUTHORIZED OFFICIAL)

(PRINT NAME)

(PRINT TITLE)

(DATE)

**PROSPECTIVE CONTRACTOR'S CERTIFICATION OF OWNERSHIP
AND FINANCIAL INTEREST**

Prospective Contractor must declare if it holds a controlling interest in any other organization, or is owned or controlled by any other person or organization.

Yes _____ No _____

If yes, provide name of organization or person and the following information:

Print Name and Title

Address

Telephone Number

Contact Person

I declare under penalty of perjury that that the foregoing Firm/Organization information is true and correct.

Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications to the County.

Authorized Signature of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications to the County.

Date

Prospective Contractor must declare whether it has Financial Interest in any other business.

Yes _____ No _____

If yes, provide name of business:

Print Legal Name of Business

Address

Telephone Number

Contact Person

I declare under penalty of perjury that the foregoing Firm/Organization information is true and correct.

Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications to the County.

Authorized Signature of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications to the County.

Date

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Prospective Contractor shall demonstrate a proven record of hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment openings if they meet the minimum qualifications for the opening. Additionally, Prospective Contractor shall attest to a willingness to provide employed GAIN/GROW participants access to the Prospective Contractor’s employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities. Prospective Contractor shall complete, sign, and return with their Statement of Qualifications this form. Prospective Contractors who are unable to meet this requirement shall not be considered for a contract award.

Prospective Contractor shall complete all of the following information, sign where indicated, and return this form with their Statement of Qualifications:

A. Prospective Contractor has a proven record of hiring GAIN/GROW Participants.

YES NO (Subject to verification by County)

B. Prospective Contractor is willing to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. “Consider” means that Prospective Contractor is willing to interview qualified GAIN/GROW participants.

YES NO

If YES, state the name and telephone number of the person whom the County may contact to refer GAIN/GROW Participants:

Name Telephone No.

C. Prospective Contractor is willing to provide employed GAIN/GROW participants access to its employee mentoring program, if available.

YES NO N/A (program not available)

PROSPECTIVE CONTRACTOR

By: _____
 (TYPE OR PRINT NAME OF FIRM)

 (TYPE OR PRINT NAME OF FIRM)

 (TYPE OR PRINT NAME OF FIRM)

CERTIFICATION OF FISCAL COMPLIANCE

The undersigned hereby affirms that the Prospective Contractor utilizes commonly accepted accounting procedures and maintains internal controls and procedures necessary for the monitoring of any resultant contract award. A copy of the Prospective Contractor's latest (within 18 months) independent financial auditor's report and financial statements plus all management letters or reports on internal accounting procedures are appended. If no audit has been conducted, a statement to that affect must be included and may be considered in evaluating this proposal.

If there have been any failures or refusals by the undersigned to complete any previous contract(s) or grant(s) or there has been performance at a level below that required by the contract resulting in unexpended contract funds, information disclosing such failures is provided in this proposal.

Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications to the County.

Authorized Signature of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications.

Date

LIST OF COMMITMENTS

Legal Name of Agency

- Yes, there are commitments (please list below).
- No, there are no commitments.

LIST OF COMMITMENTS/POTENTIAL COMMITMENTS			
NAME OF FIRM	AMOUNT	TIME PERIOD	TYPE OF COMMITMENT

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 Statement of Qualifications to the County

Authorized Signature of Principal Owner, an officer, or manager responsible for submission of the Statement of Qualifications to the County

Date

PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

List of all public entities for which the Contractor has provided service for three (3) years within the last 5 (five) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

PROSPECTIVE CONTRACTOR LIST OF REFERENCES

List five (5) references where the same or similar scope of services were provided in order to meet the Minimum Qualifications stated in this solicitation.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

List all contracts that have been terminated with the past three (3) years.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		

REVENUE DISCLOSURE

Contractor's Name

LISTING OF REVENUE SOURCES

REVENUE SOURCE	AMOUNT	TIME PERIOD	SERVICES PROVIDED

**INVOLVEMENT IN LITIGATION AND/OR
CONTRACT COMPLIANCE DIFFICULTIES**

(NAME OF PROSPECTIVE CONTRACTOR)

Please answer "YES" or "NO" to the following questions. If a "YES" answer is marked, please attach a separate sheet and explain fully the circumstances and include discussion of the potential impact on the Prospective Contractor's Statement of Qualifications (SOQ), if any. As part of the SOQ 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 SOQ if false or incorrect information is submitted by the Prospective Contractor.

- a. Is the Prospective Contractor currently, or within the past seven (7) years, involved in litigation? YES [] NO []
- b. Is the CEO, President, Executive Director or Owner currently, or within the past seven (7) years, involved in litigation related to the administration and operation of the Prospective Contractor? YES [] NO []
- c. Are any of the Prospective Contractor's staff members unable to be bonded? YES [] NO []
- d. Have there been unfavorable rulings by a funding source against the Prospective Contractor for improper activities/conduct or contract compliance deficiencies? YES [] NO []
- e. Has the Prospective Contractor or Prospective Contractor's CEO, President, Executive Director or Owner ever had public or foundation funds withheld? YES [] NO []
- f. Has the Prospective Contractor or Prospective Contractor's CEO, President, Executive Director or Owner refused to participate in any fiscal audit or review requested by a government agency or funding source? YES [] NO []

EXPLANATION (Please use separate page):

Name and Title (e.g., Chairperson, Secretary, Director of the Board of Directors)

Authorized Signature

Date

**OFFER TO PERFORM
AND
ACCEPTANCE OF TERMS AND CONDITIONS**

_____ (Prospective Contractor's Legal Name) hereby offers to perform the services, the scope of which is set forth in the above-identified Request for Statement of Qualifications (RFSQ) for Los Angeles COUNTY under all the terms and conditions specified in the Agreement included therein and agrees that this offer shall remain irrevocable up to and including 455 days following the RFSQ submission due date stated in this RFSQ.

Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications to the County.

Authorized Signature of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications to the County.

Date

Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications to the County.

Authorized Signature of Principal Owner, an Officer, or Manager responsible for submission of the Statement of Qualifications to the County.

Date

ACKNOWLEDGEMENT OF RFSQ RESTRICTIONS

- A. Prospective contractor acknowledges that it has not participated as a consultant in the development, preparation, including establishing the minimum requirements, developing the statement of work, the proposed pricing structure, or selection process associated with this RFSQ

- B. Prospective contractor understands that if it is determined by the County that the prospective contractor did participate as a consultant in this RFSQ process, the County shall reject this Statement of Qualifications pursuant to Title 45 Code of Federal Regulations 74.43.

Name of Firm

Print Name of Signer Title

Signature Date

**CONTRACTOR'S CERTIFICATION OF COMPLIANCE WITH
BACKGROUND AND SECURITY INVESTIGATIONS**

_____ do hereby certify that our
(Name of Prospective Contractor)

organization complies with and completes all criminal clearances including arranging to receive subsequent arrest notifications and background checks on all staff, employees, independent contractors, and volunteers as well as all Subcontractors' staff and volunteers, prior to beginning and continuing work under this contract. Such background investigation may include, but shall not limited to criminal conviction information obtained through fingerprints submitted to the California Department of Justice.

Our organization further agrees not to engage or continue to engage the employees or volunteers on contract services of any person convicted of any crime involving harm to children, or any crime involving conduct inimical to the health, morals, welfare or safety of others, including but not limited to the offenses specified in Health and Safety Code, Section 11590 (offenses requiring registration as a controlled substance offender) and those crimes listed in the Penal Code which involve murder, rape, kidnap, abduction, assault, and lewd and lascivious acts.

We understand that failure to comply with the Background and Security Investigations provisions will constitute a material breach and be considered an event of default under the contract, which shall subject the contract to termination if such default is not cured within 3 days.

In compliance with the False Claims Act (31 U.S.C. §3729-3733), I certify that all the information on this form is true and correct.

_____ (Signature), Title _____ Date: _____

_____ (Signature), Title _____ Date: _____

_____ Print Name of authorized signer, Chief
Executive Officer or Chief Financial Officer, or Authorized Treasurer or other Authorized signed
of the Board of Directors

CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

CONTRACTOR NAME _____ Contract No. _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

CONTRACTOR ACKNOWLEDGEMENT:

Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor's Staff) that will provide services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of work under the above-referenced contract.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County's Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor's Staff under the above-referenced contract. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor's Staff shall keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor and Contractor's Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____ DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

ADMINISTRATION OF CONTRACT
CONTRACTOR'S ADMINISTRATION

CONTRACTOR'S NOTICES SHALL BE SENT TO CONTRACTOR'S CORPORATE ADDRESS. PLEASE ENTER YOUR ORGANIZATION'S CORPORATE ADDRESS AS INDICATED ON THE ORGANIZATION'S CERTIFIED STATEMENT OF INFORMATION. THE DESIGNED CONTACT PERSON WILL RECEIVE ALL CORRESPONDENCE RELATED TO THIS CONTRACT.

Organization Name: _____
Contact Person: _____
Address _____
City, State, Zip: _____
Telephone: _____
Facsimile: _____
E-Mail Address: _____

CONTRACTOR'S AUTHORIZED OFFICIAL(S)
(Individuals authorized by the Board to bind Contractor in a Contract with the County)

Name: _____
Title: _____
Address: _____
Telephone: _____
Facsimile: _____
E-Mail Address: _____

Name: _____
Title: _____
Address: _____
Telephone: _____
Facsimile: _____
E-Mail Address: _____

Name: _____
Title: _____
Address: _____
Telephone: _____
Facsimile: _____
E-Mail Address: _____

IF THERE ARE ANY CHANGES, A NEW CERTIFIED SOI MUST BE SUBMITTED TO:

**DCFS Contracts Administration
Attn: Contracts Manager
425 Shatto Place, Room 400
Los Angeles, CA 90020**

I hereby certify that the above information is correct. If any changes occur an updated Contractor's Administration and a new certified Statement of Information will be submitted to DCFS Contracts Administration at the above address.

Print Name of Individual Authorized to Bind Contractor in a Contract with the County

Signature of Individual Authorized to Bind Contractor in a Contract with the County

Date

CONTRACTOR'S EQUAL EMPLOYMENT OPPORTUNITY (EEO) CERTIFICATION

Contractor's Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

In accordance with the Section 22001, Administrative Code of the County of Los Angeles, the contractor, supplier, or vendor 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.

CONTRACTOR'S CERTIFICATION

- | | | | |
|----|---|---------|--------|
| 1. | The CONTRACTOR has a written policy statement prohibiting discrimination in all phases of employment. | YES [] | NO [] |
| 2. | The CONTRACTOR periodically conducts a self-analysis or utilization analysis of its work force. | YES [] | NO [] |
| 3. | The CONTRACTOR has a system for determining if its employment practices are discriminatory against protected groups. | YES [] | NO [] |
| 4. | Where problem areas are identified in employment practices, the CONTRACTOR has a system for taking reasonable corrective action to include establishment of goals or time tables. | YES [] | NO [] |

Name of Firm

Print Name and Title

Authorized Signature

Date

CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

- 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 above 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 as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature

Date

Name and Title of Signer (please print)

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM - APPLICATION FOR EXCEPTION AND CERTIFICATION FORM

The County's solicitation for this contract/purchase order (Request for Proposal or Invitation for Bid) is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program) (Los Angeles County Code, Chapter 2.203). All bidders or Prospective Contractors, whether a contractor or subcontractor, must complete this form to either 1) request an exception from the Program requirements or 2) certify compliance. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the bidder or Prospective Contractor is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For (Type of Goods or Services):		

Complete Part I or Part II below, as appropriate.

Part I - Application for Exception From the Program

I request an exception from the Program for the following reason(s) (check the appropriate box(es) and attach documentation that supports your claim):

My business does not meet the definition of "contractor," as defined in the Program," because my business has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract/purchase order itself will exceed \$50,000 in any 12 month period). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.

My business is a small business as defined in the Program. It 1) has 10 or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exemption will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than 10 employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II - Certification of Compliance

My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

“Contractor Employee Jury Service”**Los Angeles County Code Sections 2.203.010 through 2.203.090****2.203.010 Findings.**

The board of supervisors makes the following findings. The county of Los Angeles allows its permanent, full-time employees unlimited jury service at their regular pay. Unfortunately, many businesses do not offer or are reducing or even eliminating compensation to employees who serve on juries. This creates a potential financial hardship for employees who do not receive their pay when called to jury service, and those employees often seek to be excused from having to serve. Although changes in the court rules make it more difficult to excuse a potential juror on grounds of financial hardship, potential jurors continue to be excused on this basis, especially from longer trials. This reduces the number of potential jurors and increases the burden on those employers, such as the county of Los Angeles, who pay their permanent, full-time employees while on juror duty. For these reasons, the county of Los Angeles has determined that it is appropriate to require that the businesses with which the county contracts possess reasonable jury service policies. (Ord. 2002-0015 § 1 (part), 2002).

2.203.020 Definitions.

The following definitions shall be applicable to this chapter:

- A. “Contractor” means a person, partnership, corporation or other entity which has a contract with the county or a subcontract with a county contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more such contracts or subcontracts.
- B. “Employee” means any California resident who is a full-time employee of a contractor under the laws of California.
- C. “Contract” means any agreement to provide goods to, or perform services for or on behalf of, the county.
- D. “Full time” means 40 hours or more worked per week, or a lesser number of hours if the lesser number is a recognized industry standard as determined by the chief administrative officer.
- E. “County” means the County of Los Angeles or any public entities for which the Board of Supervisors is the governing body. (Ord. 2002-0015§ 1 (part), 2002).

2.203.030 Applicability.

This chapter shall apply to contractors who enter into contracts that commence two or more months after the effective date of this chapter. This chapter shall also apply to contractors with existing contracts, which are extended into option years that commence two or more months after the effective date of this chapter. (Ord. 2002-0015 § 1 (part), 2002)

2.203.040 Contractor Jury Service Policy.

A contractor shall have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five (5) days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees’ regular pay the fees received for jury service. (Ord. 2002-0015 § 1 (part), 2002).

2.203.050 Other Provisions.

- A. Administration. The chief administrative officer shall be responsible for the administration of this chapter. The chief administrative officer may, with the advice of county counsel, issue interpretations of the provisions of this chapter and shall issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other county departments.
- B. Compliance Certification. At the time of seeking a contract, a contractor shall certify to the county that it has and adheres to a policy consistent with this chapter or will have and adhere to such a policy prior to award of the contract. (Ord. 2002-0015 § 1 (part), 2002)

2.203.060 Enforcement and Remedies.

For a contractor's violation of any provision of this chapter, the county department head responsible for administering the contract may do one or more of the following:

- 1. Recommend to the board of supervisors the termination of the contract; and/or,
- 2. Pursuant to chapter 2.202, seek the debarment of the contractor. (Ord. 2002-0015 § 1 (part), 2002)

2.203.070. Exceptions.

- A. Other Laws. This chapter shall not be interpreted or applied to any contractor or to any employee in a manner inconsistent with the laws of the United States or California.
- B. Collective Bargaining Agreements. This chapter shall be superseded by a collective bargaining agreement that expressly so provides.
- C. Small Business. This chapter shall not be applied to any contractor that meets all of the following:
 - 1. Has ten or fewer employees during the contract period; and,
 - 2. Has annual gross revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, are less than \$500,000; and,
 - 3. Is not an affiliate or subsidiary of a business dominant in its field of operation.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation. (Ord. 2002-0015 § 1 (part), 2002)

2.203.090. Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. 2002-0015 § 1 (part), 2002).

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

Date: _____

LAST PAGE OF SOQ

The last page of the SOQ must list names of all joint ventures, partners, subcontractors or others having any right or interest in the contract or the proceeds thereof. The page must include the signature of the two person authorized to submit this SOQ and bind the Prospective Contractor in a Contract:

Respectfully submitted,

(Prospective Contractor's Legal Name)

By _____
(Signature)

Print Name _____

Title _____
(Chairman of the Board, President or Vice President)

By _____
(Signature)

Print Name _____

Title _____
(Secretary, Assistant Secretary, Chief Financial Officer or Assistant Treasurer)

Los Angeles, California

Date _____

Address _____

City _____

State: _____ Zip Code _____

Telephone _____ Fax _____

Federal Tax Identification Number _____