

**ELDERLY NUTRITION PROGRAM (ENP)
 CONGREGATE MEALS PROGRAM
 REQUEST FOR PROPOSAL (RFP) CHECKLIST
 FY 2008-2009 (RFP CYCLE 2008-2012)**

I. BUSINESS PROPOSAL CONTENT/SEQUENCE

Yes	No	N/A	Incl'd	Form Name/Type of Document
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhibit 1 – Proposer’s Organization Questionnaire/Affidavit
				Support Documents for Corporations and Limited Liability Companies (<i>if applicable</i>):
				Corporations:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Certificate of Good Standing (with the State of California or state of incorporation); and • Statement by Domestic (or Foreign) Stock Corporation (as filed with California Secretary of State or state of incorporation); and • Statement of Information (listing corporate officers) – <i>as applicable</i>
				Limited Liability Companies:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Statement by Domestic (or Foreign) Stock Corporation (as filed with California Secretary of State or state of incorporation); and • Statement of Information (listing corporate officers) – <i>as applicable</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Table of Contents
				Section A – Proposer’s Qualifications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Proposer’s Background and Experience
				<ul style="list-style-type: none"> • Proposer’s References:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Exhibit 2 – Prospective Contractor References
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Exhibit 3 – Prospective Contractor List of Contracts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Exhibit 4 – Prospective Contractor List of Terminated Contracts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Failure or Refusal to Complete a Contract Narrative (<i>if applicable</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Proposer’s Pending Litigation and Judgments Narrative (<i>if applicable</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section B – Proposer’s Approach to Provide Required Services

PLEASE NOTE:

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CONGREGATE MEALS
REQUEST FOR PROPOSAL (RFP) CHECKLIST

Yes	No	N/A	Incl'd	Form Name/Type of Document
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section C – Proposer's Quality Control Plan
				Section D – Required Forms (Current):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Exhibit 5 – Certification of No Conflict of Interest
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Exhibit 6 – Familiarity with the County Lobbyist Ordinance Certification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhibit 7 – Los Angeles County Community Business Enterprise (CBE) Program – Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information form (including Local SBE Certification letter issued by Los Angeles County Office of Affirmative Action, if applying for certification) [if applicable]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Exhibit 8 – Proposer's EEO Certification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Exhibit 9 – Attestation of Willingness to Consider GAIN/GROW Participants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhibit 10 – Contractor Employee Jury Service Program – Certification Form and Application for Exception
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Organizational Chart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Board of Directors Roster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Tax Status Letter from IRS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Business License
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• By-Laws
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Articles of Incorporation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Public Health Permit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Health Department Inspection Report (conducted within the last 12 months)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Fire Department Inspection Report (conducted within the last 12 months)
				• Evidence of Insurance Coverage:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Certificate of Insurance written on Insurance Service Organization (ISO) policy form CG 00 01 or its equivalent, which includes the following coverage: a. General Liability, including the Additional Insured Endorsement b. Automobile Liability c. Workers' Compensation and Employers' Liability d. Crime Coverage

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CONGREGATE MEALS
REQUEST FOR PROPOSAL (RFP) CHECKLIST

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				e. Professional Liability (if applicable) f. Property Coverage (if applicable) or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. SPARTA Paper (if applicable) or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Self-Insurance Program (if applicable) or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Risk Sharing Pools (if applicable)
				• Proposer's Financial Capability:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Current and prior 2 fiscal years of financial statements; or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Current and prior 2 fiscal years of audited statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section E – Charitable Contributions Compliance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transitional Job Opportunities Preference Program Application (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local SBE Preference Program (if applicable)

II. COST PROPOSAL CONTENT/SEQUENCE

Yes	No	N/A	Incl'd	Form Name/Type of Document
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cover Page
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appendix C, Exhibit 6 – Proposed Program Services (PPS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appendix C, Exhibit 7 – Budget

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**ELDERLY NUTRITION PROGRAM (ENP)
HOME-DELIVERED MEALS (W/TITLE III B) PROGRAM
REQUEST FOR PROPOSAL (RFP) CHECKLIST
FY 2008-2009 (RFP CYCLE 2008-2012)**

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Yes	No	N/A	Incl'd	Form Name/Type of Document
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transitional Job Opportunities Preference Program Application (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local SBE Preference Program (if applicable)

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Yes	No	N/A	Incl'd	Form Name/Type of Document
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cover Page
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appendix C, Exhibit 8 – Proposed Program Services (PPS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appendix C, Exhibit 9 – Budget

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