

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM**

**STATEMENT OF WORK
JULY 1, 2009 - JUNE 30, 2010**

Agency Name: _____

III. PROJECT OPERATING PLAN

UNDUPLICATED SERVICE COUNT

DISPUTE RESOLUTION SERVICE	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	TOTAL	
A. Intake/Problem Assessment						
B. Cases Opened (On case information from 2x the number)						
C. Proceeding Initiated						
D. Cases Closed (a-e)/Resolved						
a. <u>Resolved</u>						
b. <u>Partially Resolved</u>						
c. <u>Unresolved</u>						
d. <u>Case Closed (Inaction)</u>						
e. <u>Facilitations Completed</u>						
E. Follow-up Surveys (2x the # of Proceeding Initiated)						
F. Information and Referral						
G. Public Education/Presentations (Training & Presentations)						
1. <u>Training / Estimated No. Trained</u>		Estimated No.		Estimated No.		
2. <u>Presentations/ Estimated No. Attendees</u>						

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM**

**STATEMENT OF WORK
JULY 1, 2009 - JUNE 30, 2010**

Contractor _____ Component _____

Executive Director _____ Phone _____ Fax _____ E-Mail _____

Mailing Address (P.O. Box) _____

Program Director _____ Phone _____ Fax _____ E-Mail _____

Mailing Address (P.O. Box) _____ Website _____

I. Performance Outcomes:

Goals	1 st Q	2 nd Q	3 rd Q	4 th Q	Total Annual Goal
Number of Disputes for which telephone conciliation or Face-to-face mediations are conducted and result in a resolution					
Number of parties who participated in a telephone conciliation or face-to-face mediation, whether a resolution was reached or not, and evaluated the overall services received on the standardized CSS DRP Client Survey is "Excellent"					
Number of public Education/Presentations (Training and Presentations) resulting in public awareness of DRP Services					
TOTAL					

Executive Director _____ Signature _____ Date _____

Program Director/Managing Attorney _____ Signature _____ Date _____

Contract Management Supervisor _____ Signature _____ Date _____

Contract Management Analyst _____ Signature _____ Date _____

COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM

STATEMENT OF WORK
JULY 1, 2009 - JUNE 30, 2010

CONTRACT NO:
Amendment No:
Modification No:

Contractor _____ Component _____ Supervisorial District _____

II. Program Site Information

Program Sites: On the next page, CONTRACTOR should list full time program sites within Los Angeles County from which it will be providing program services. For most contractors this will only be one physical location. Not the following:

A full-time program site is a location which is generally open and operating every weekday during normal business hours and available for clients to access by phone or walk-in during these hours. While appointment systems are permitted for intakes, walk-in services should be publicized and walk-ins should be accommodated to the best of the program's ability.

The site must also be the primary work location and base of operations for at least one individual who is working at least thirty hours a week on the contract in practice and as it appears on the DRP Contract Personnel Budget.

DO NOT list sites that do not meet these requirements. This includes locations at which you may have a phone line and/or desk, but does not meet the above requirements. It also includes sites at which you may only, on an occasional, weekly or monthly basis conduct initial intakes or may sometimes use just for mediation, group facilitation, or arbitrations.

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
STATEMENT OF WORK
JULY 1, 2009 - JUNE 30, 2010**

CONTRACT NO:
Amendment No:
Modification No:

II. Program Site Information

Address: _____ _____ _____ _____	Address: _____ _____ _____ _____
Public Phone Number(s): _____ _____ _____	Public Phone Number(s): _____ _____ _____
Administrative Phone Number: _____	Administrative Phone Number: _____
Facility/Complex: _____	Facility/Complex: _____
Address: _____ _____ _____ _____	Address: _____ _____ _____ _____
Public Phone Number(s): _____ _____ _____	Public Phone Number(s): _____ _____ _____
Administrative Phone Number: _____	Administrative Phone Number: _____
Facility/Complex: _____	Facility/Complex: _____

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
STATEMENT OF WORK
JULY 1, 2009 - JUNE 30, 2010**

CONTRACT NO: Amendment No: Modification No:

Contractor _____ Component _____

III. Program Narrative / Statement of Work

The following will be performed consistent and in accordance with the definitions and requirements detailed in the Mandated Program Requirements, Appendix A of this RFP, the Performance Requirements Summary Chart (PRD), Appendix D of this RFP, and the Dispute Resolution Program Act and Regulations, Appendix E of this RFP.

Community Program

CONTRACTOR will provide telephone conciliation, face-to-face mediation, and group facilitation services to parties involved in any dispute in which no court case has been initiated. At least one of the parties in each dispute will be a Los Angeles County resident, business, or organization. These Services will be offered to any party in a dispute regardless of their specific location in the County. This will include consumer-merchant, residential landlord-tenant, family-domestic, neighbor-neighbor, employer-employee, business-business, and government-citizen disputes, among others. The program, its staff, and volunteers will remain neutral throughout the provision of services and do not represent one party over another or show any bias or favoritism for one party over another.

Marketing of Services

CONTRACTOR will regularly conduct marketing activities to make the general public aware of the services. This will include interaction with various entities such as community, neighborhood, and business groups, non-profit organizations, law enforcement agencies, local governments, and business groups, among others. Regular marketing activities will also include the targeting of specific special populations. These are populations that for various reasons have difficulty accessing or navigating the formal court system. Examples include low income persons, limited English proficiency and immigrant groups, the elderly, and the disabled, among others. The purpose of the marketing of services will be to have parties in disputes actually access the services and participate in a dispute resolution process.

Volunteer Conciliators, Mediators, and Facilitators

CONTRACTOR will regularly conduct marketing activities and other efforts to recruit and retain a diverse pool of volunteer mediators to be properly trained to conduct telephone conciliations, face-to-face mediations, and group conciliations under this Contract. The volunteers will be adequately supervised. Policies and procedures regarding the recruitment, use and retention of volunteers will be designed and continually improved. This will be to maximize the total number of telephone conciliations, face-to-face mediations, and group facilitations conducted under this contract in which a salaried staff person is not a co-conciliator, co-mediator, or co-facilitator.

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
JULY 1, 2009 - JUNE 30, 2010**

APPENDIX C
Page 6 of 8

CONTRACT NO: Amendment No: Modification No:

Contractor _____ Component _____

III. Program Narrative / Statement of Work

Court-Connected Program (Day of Trial Small Claims Mediation)

CONTRACTOR will provide face-to-face mediation services to parties whose dispute has been filed in state civil small claims court at certain courthouses on set days of the week. Small Claims Court Jurisdiction cases are cases in which the amount in controversy is up to \$7,500 for individual plaintiffs and up to \$5,000 for corporations. The services will be offered to parties the day of their scheduled trial. For those parties wanting to mediate, the mediation will occur on the same day in the same courthouse or an adjacent building. If the mediation does not resolve the dispute, the judge will decide the case. The services will be offered to all parties regardless of the type of dispute. The program, its staff, and volunteers will remain neutral throughout the provision of services and do not represent on party over another or show any bias or favoritism for one party over another.

Volunteer Mediators

CONTRACTOR will regularly conduct marketing activities and other efforts to recruit and retain a diverse pool of volunteer mediators to be properly trained to conduct the face-to-face mediations under this Contract. The volunteers will be adequately supervised. Policies and procedures regarding the recruitment, use and retention of volunteers will be designed and continually improved. This will be to maximize the total number of face-to-face mediations conducted under this contract in which a salaried staff person is not a co-mediator.

Court-Connected Program - (ADR Office, Superior Court of California, Los Angeles County)

CONTRACTOR will provide mediation, neutral evaluation, and settlement conference dispute resolution services to any civil limited or civil unlimited jurisdiction case, probate court case, or family law case filed in the Superior Court of California. CONTRACTOR will also provide those arbitration services that are permitted under the Dispute Resolution Programs Act and Regulations.

Civil Limited Jurisdiction cases are cases in which the amount in controversy is between \$7,500 and \$25,000 for individuals, or \$5,000 and \$25,000 for corporations. Civil Unlimited Jurisdiction cases are cases in which the amount in controversy is more than \$25,000. The most common types of disputes in civil limited and unlimited jurisdiction are personal injury and property damage disputes, business to business disputes, workplace related disputes, and commercial landlord-tenant disputes. Probate cases involve issues related to deceases individuals and inheritances, wills, and trusts. Pursuant to the Act and Regulations, no services will be provided to family law cases that involve child custody, visitation, or support issues. Services will be provided to family law cases that address issues related to legal separations and divorces and property division.

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
STATEMENT OF WORK
JULY 1, 2009 - JUNE 30, 2010**

CONTRACT NO: Amendment No: Modification No:

Contractor _____ Component _____

III. Program Narrative / Statement of Work

Approximately X civil limited and unlimited jurisdiction cases are filed in the court annually. Approximately X% of these will access the services. In addition, approximately X family law cases and probate cases will access the services.

Marketing of Services

Contractor will conduct marketing activities to make parties, attorneys, court administration and staff, and judges fully aware of the benefits of the services and how to access them.

Volunteer Mediators, Neutral Evaluators, and Arbitrators

Contractor will regularly conduct marketing activities and other efforts to recruit and retain a diverse pool of volunteers to be properly trained to conduct mediations, neutral evaluations, and arbitrations. The volunteers will be adequately supervised. Policies and procedures regarding the recruitment, use, and retention of volunteers will be regularly reviewed and continually improved.

Youth Program

Victim-Offender Mediations

Contractor will provide face-to-face mediation services to disputes involving juvenile offenders of misdemeanor crimes and their victims. At least one of the parties in each dispute will be a Los Angeles County resident, business, or organization. Typical dispute types include petty theft/shoplifting, misdemeanor assault or misdemeanor battery, vandalism, and disturbance of the peace. Victims include individuals and businesses. The program, its staff, and volunteers will remain neutral throughout the provision of services and do not represent one party over another or show any bias or favoritism for one party over another. The mediator will be an adult.

Parent/Guardian-Child Mediations

Contractor will provide face-to-face mediation services to disputes between minor children and their parent or guardian. At least one of the parties in each dispute will be a Los Angeles County resident. Typical issues addressed include curfews, school attendance and performance, homework, dress, alcohol/drug use, friends, respect, and extra-curricular activities. The program, its staff, and volunteers will remain neutral throughout the provision of services and do not represent one party over another or show any bias or favoritism for one party over another. The mediator will be an adult.

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
STATEMENT OF WORK
JULY 1, 2009 - JUNE 30, 2010**

CONTRACT NO: Amendment No: Modification No:

Contractor _____ Component _____

III. Program Narrative / Statement of Work

Peer Mediations

Contractor will provide face-to-face mediation services to disputes between minor children in schools. Students themselves will conduct the mediations after being properly trained by Contractor and under the supervision of the Contractor. Services will be provided only at public schools in Los Angeles County. Typical issues addressed include name-calling, gossiping, physical contact, threats, friendships, and romantic interests and relationships. The program, its staff, and mediators will remain neutral throughout the provision of services and do not represent one student over another or show any bias or favoritism for one student over another. The mediator will be a student, not an adult.

Marketing of Services

Contractor will regularly conduct marketing activities to make the general public aware of the services. This will include interaction with various entities such as parent and school groups, business groups, non-profit organizations, law enforcement agencies, and local governments, among others. Regular marketing activities will also include the targeting of specific special populations. These are populations that for various reasons have difficulty accessing, navigating, or resolving their core issues through more formal resolution processes such as criminal court, formal counseling, and regular school discipline systems. Examples include low income families, limited English proficiency and immigrant groups, and the disabled, among others. The purpose of the marketing of services will be to have parties in disputes actually access the services and participate in a dispute resolution process.

Volunteer Mediators

Contractor will regularly conduct marketing activities and other efforts to recruit and retain a diverse pool of volunteer mediators to be properly trained to conduct face-to-face mediations under this Contract. The volunteers will be adequately supervised. Policies and procedures regarding the recruitment, use, and retention of volunteers will be designed and continually improved. This will be to maximize the total number of face to face mediations conducted under this contract in which a salaried staff person is not a co-conciliator, co-mediator, or co-facilitator. All peer mediations will be conducted in the presence of an adequately trained adult to provide formal feedback to the peer mediator. This adult will not participate in the mediation and can be a salaried staff person, volunteer, or teacher or administrator from the school.

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
BUDGET SUMMARY PAGE
JULY 1, 2009 - JUNE 30, 2010**

CONTRACT NO:
Amendment No:
Modification No:

Contractor _____ Component _____

Executive Director _____ Phone _____ Fax _____ E-Mail _____

Mailing Address _____

Program Manager _____ Phone _____ Fax _____ E-Mail _____

Mailing Address _____ Website _____

I. Budget Summary

Please read all instructions on the following page BEFORE filling out this section.

A. COST CATEGORY	B. Grant Share- amount of contract funds received from CSS DRP that CONTRACTOR will expend in each category	C. Non-Grant Share		D. Total Program Budget (B+C1+C2)
		C.1 Cash- Cash Revenue from sources other than the CSS DRP that is used to meet the total program budget, Column D, and meet the 100% match requirement	C.2 In-Kind (non-cash donated goods and services) DRP that is used to meet the total program budget, Column D, and meet the 100% match requirement	
1. Employee Salaries				
2. Employee Payroll Taxes and Benefits				
3. Consultants/Independent Contractors				
4. Travel and Training				
5. Space				
6. Office Supplies				
7. Computers/Office Equipment/Furniture				
8. Other				
9. Total (should match totals column in II. Budget Justification)	\$ -	\$ -	\$ -	\$ -

[1] All computer hardware must be approved by CSS in writing separate from this contract prior to being purchased. Any item more than \$5,000 in cost must also be approved by CSS in writing separate from this Contract prior to being purchased. **Costs shall only include prorated share attributable to contract.**

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
BUDGET SUMMARY PAGE
JULY 1, 2009 - JUNE 30, 2010**

CONTRACT NO: Amendment No: Modification No:

Contractor _____ Component _____

Definition of Terms

- | |
|---|
| 1. Employee Salaries |
| 2. Employee Payroll Taxes and Benefits - includes federal social security taxes (FICA), state disability insurance (SDI), state unemployment insurance (SUI), retirement plan benefits, health insurance, life insurance, etc. |
| 3. Consultants/Independent Contractors - refer to the California Department of Labor Division of Labor Standards and Enforcement (DLSE) for determining whether an individual is a Consultant/Independent Contractor or an Employee (www.dir.ca.gov/dlse) |
| 4. Travel and Training - includes travel and training costs for conferences, seminars, workshops, and other continuing education activities for employees reflected on the contract personnel budget of this exhibit; also includes automobile mileage and parking reimbursement and other travel costs incurred by individuals in the course of providing direct or administrative services related to this contract. This does not include the sponsoring, organizing, or subsidizing of any trainings, conferences, seminars, or the like |
| 5. Space - includes office and/or program space used to provide direct and/or administrative services related to this contract whether the space is rented or owned as well as any related utilities such as electricity and water |
| 6. Office Supplies - includes tangible items with a limited life span once the use of the item has begun such as paper and pens and/or items that by themselves are of a minimal cost such as staplers and paper clips |
| 7. Computers/Office Equipment/Furniture - includes tangible objects with an expected life span of several years including computer hardware and software, fax machines, photocopiers, furniture of any type to be used by clients under this contract and/or employees reflected on the contract personnel budget; items can be purchased or leased. [1] |
| 8. Other - any cost that does not fall under any of the other above category definitions. A reminder that any expense for a service provided by an individual or individuals must be under employee salaries or consultants/independent contractors |

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
BUDGET SUMMARY PAGE
JULY 1, 2009 - JUNE 30, 2010**

CONTRACT NO:
Amendment No:
Modification No:

Contractor _____ Component _____

II. Budget Justification *(Note: This is a **Sample page**. It is not intended to be used as an actual Budget Justification)*

Itemize Each Line Item And Provide Basis For Projected Cost ACAP is "Approved Cost Allocation Plan"[1]	Total (should match totals column in I. Budget Summary)
A. Employee Salaries (see Section III for breakdown)	\$
B. Employee Payroll Taxes and Benefits (see Section IV for breakdown)	\$
C. Consultant/Independent Contractors	\$
D. Volunteer Hours	\$
E. Travel and Training	\$
E. Space	\$
F. Donated Space for mediations/telephone conciliations/arbitrations/group facilitations	\$
G. Other Donated Space	\$
H. Office Supplies	\$
I. Computers/Office Equipment/Furniture	\$
J. Other	\$
K. Total	\$ -

[1] Prior written approval must be received from the CSS Contracts Compliance Division

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
July 1, 2008 - June 30, 2009
Personnel Budget Justification**

CONTRACT NO: Amendment No: Modification No:

III. Employee Salaries [1]

A. Payroll Title [2]	B. Item Number [3]	C. Employee Name [4]	D. Monthly Salary [5]	E. % of Time Workin on Contract [6]	F. # of Months to be Employed [6]	G. Amount to be Invoiced to Contract [7]
DRP						
Attorney	317520	Gaby Davidian	\$ 4,575.00	100%	12	\$ 54,900.00
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total						\$ 54,900.00

[1.] Only use whole numbers by rounding up or down to the nearest whole number

[2.] Payroll Title - this should be the exact title that appears on the employee timecard, employee file, and payroll records (e.g. "attorney"). Abbreviate if necessary.

[3.] Item Number - to distinguish budgeted positions with the same payroll title. For example, if you have ten employees with the attorney payroll title, each slot should have a unique item number

[4.] Employee Name - as it appears on all other contractor records

[5.] Monthly Salary - if part-time employee, put hourly wage

[6.] % of Time Working On Contract - If part-time employee, put number of projected hours a month working on contract

[7.] Cannot exceed DxExF (E should be multiplied as a decimal - e.g. 70% = .70, 100% = 1)

**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
Personnel Budget Employee Taxes/Benefits
July 1, 2008 - June 30, 2009**

CONTRACT NO: Amendment No: Modification No:

IV. Employee Payroll Taxes and Benefits

Specify type of costs, percentages, and base applied:	Maximum Possible Amount That Can Be Invoiced To Contract	Actual Amount To Be Invoiced To Contract
FICA %		
SDI/SUI %		
%		
%		
%		
%		
Total	\$ -	\$ -

**COUNTY OF LOS ANGELES
 COMMUNITY AND SENIOR SERVICES
 DISPUTE RESOLUTION PROGRAM
 July 1, 2009 - June 30, 2010
 Other Funding Sources**

APPENDIX D
 Page 7 of 7

CONTRACT NO: Amendment No: Modification No:

V. Other Funding Sources

List any other government contracts you receive, or expect to receive, during this contract period that are administered by the County of Los Angeles, the City of Los Angeles, the State of California, or the Federal Government. Use additional pages if necessary.

Program Name	Annual Amount	Name/Address/Phone/E-Mail of Government Administrator
Total	\$ -	

ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Contractor shall demonstrate a proven record for hiring GAIN/GROW Participants or shall attest to a willingness to consider GAIN/GROW Participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Contractor shall attest to a willingness to provide employed GAIN/GROW Participants access to the Contractor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Contractors unable to meet this requirement shall not be considered for contract award.

Contractor shall complete all of the following information, sign where indicated below, and return this form with any resumes, statement of qualifications, and/or fixed price bid being submitted:

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

_____ YES (subject to verification by County) _____ NO

B. 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 Contractor is willing to interview qualified GAIN/GROW Participants.

_____ YES _____ NO

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

_____ YES _____ NO _____ N/A (Program not available)

Contractor Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Tel.#: _____ Fax #: _____

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 proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Contractor Name

Contractor Official Title

Official's Signature

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)

PROPOSER'S ADMINISTRATION

PROPOSER'S NAME: _____

CONTRACT NO: _____

PROPOSER'S PROJECT MANAGER:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

PROPOSER'S AUTHORIZED OFFICIAL(S)

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Notices to Proposer shall be sent to the following:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

PROPOSER'S EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Proposer's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Proposer Name _____ Contract No. _____

Employee Name _____

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Proposer's Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Proposer referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced Contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I 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. I understand and agree that I do not have and 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.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I 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. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this Contract as a condition of my work to be provided by my employer for the County. I have read this Contract and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I 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, Proposer proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this Contract by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this Contract or termination of my employment with my employer, whichever occurs first.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

PROPOSER'S EEO CERTIFICATION

 Proposer Name

 Address

 Internal Revenue Service Employer Identification Number
GENERAL CERTIFICATION

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the proposer, 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.

PROPOSER'S SPECIFIC CERTIFICATIONS

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | The Proposer has a written policy statement prohibiting discrimination in all phases of employment. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | The Proposer periodically conducts a self analysis or utilization analysis of its work force. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | The Proposer has a system for determining if its employment practices are discriminatory against protected groups. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Where problem areas are identified in employment practices, the Proposer has a system for taking reasonable corrective action, to include establishment of goals or timetables. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

 Authorized Official's Printed Name and Title

 Authorized Official's Signature

 Date

PROPOSER NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Proposer's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Proposer Name _____ Contract No. _____

Non-Employee Name _____

GENERAL INFORMATION:

The Proposer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Proposer Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Proposer referenced above has exclusive control for purposes of the above-referenced Contract. I understand and agree that I must rely exclusively upon the Proposer referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced Contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I 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. I understand and agree that I do not have and 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.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I 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. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced Proposer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between the above-referenced Proposer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced Proposer.

I 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, Proposer proprietary information, and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced Proposer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me, I shall keep such information confidential.

I agree to report to the above-referenced Proposer any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced Proposer upon completion of this Contract or termination of my services hereunder, whichever occurs first.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and include it in Section A.1 of the RFP. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the Proposer in a Contract.

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

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

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

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

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

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

Name	Year of Name Change
_____	_____
_____	_____

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

Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Section 1.10 - Minimum Requirements, of this Proposals (RFP), Section 1.10.

Proposer 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/her judgment shall be final.

Corporation's Name:

Address:

E-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Proposer's name), I _____
(Name of Proposer's authorized representative), certify that the information contained in this Proposer'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

COST ALLOCATION

"AGENCY NAME"

**COST ALLOCATION PLAN
PROGRAM YEAR 2008-09****I. GENERAL INFORMATION****A. POLICY**

This cost allocation plan is based on the guidelines and requirements of the Dispute Resolution Program regarding the allocation and categorization of costs.

The plan describes the methods used to collect, analyze and distribute shared costs by the Agency Name. The methodologies and procedures described in the plan have been developed in accordance with Generally Accepted Accounting Principles and regulations applicable to Dispute Resolution Program.

B. APPLICABILITY

The cost allocation plan is applicable to all grants and contracts entered into by Agency.

(If applicable)

Costs associated with subcontractor expenditures are allocated by those organizations in accordance with the same guidelines and principles established by Dispute Resolution Program for all recipients and sub-recipients receiving Federal funds.

II. ORGANIZATIONAL STRUCTURE

The Agency Name, a type of organization (e.g. non-profit, local government), administers dispute resolution program services. This agency receives funding from the funding from the funding source for the administration of Dispute Resolution Program.

For purposes of this cost allocation plan, Agency Name functions are categorized as follows:

A. Budget Cost Categories - The budget categories listed below are those that have been determined through review and analysis to benefit either directly or indirectly Domestic Violence grants and contracts administered by Agency Name.

- Personnel
- Travel
- Space
- Consumable Supplies
- Equipment
- Other

The costs for which the benefit can be directly identified, will be charged to the benefiting grant and category. Shared costs will be charged based on either employee time reporting or number of Participants served by activity.

Programs Administered Directly by Agency Name :

The programmatic aspects of the following programs are administered by the agency. In addition to the directly identifiable costs associated with these programs, each bears a burden of shared administrative costs based on the burden of direct grant expenditures to total direct grant expenditures for the period.

III. COST ALLOCATION:

All costs are allocated based on documented information. Such costs, defined as shared costs, are pooled for the purpose of allocation. The agency pools administrative costs, both personnel and non-personnel (operating costs), for purposes of allocation to all programs administered.

The agency will review and update this plan no less than annually or when there is a significant change in funding or allocation.

The above plan applies to funds administered by Agency Name for the period July 1, 2009 through June 30, 2010.

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Contractor certifies that:

It is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160; that all persons acting on behalf of the Contractor organization have and will comply with it during the proposal process; and it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature: _____

Date: _____

**COMMUNITY AND SENIOR SERVICES
DISPUTE RESOLUTION PROGRAM
JOINT REVENUE DISCLOSURE**

Contract #: _____

Agency Name: _____

Prepared By: _____ Date Prepared: _____

List all revenue coming to Contractor (include foundation grants and donations)

	Revenue Source (Grant Title)	Dollar Amount	Grant Period Month/Day/Year
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
	TOTAL	-	

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

The County's solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the proposer is exempt from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

My business does not meet the definition of "contractor," as defined in the Program, as it 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 itself will exceed \$50,000). 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 ten 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 exception 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 ten 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:

PROPOSER LIST OF CONTRACTS

Proposer's Name: _____

List of all contracts (including any contracts with Los Angeles County or any other public entity) for which the Proposer has provided service within the last three (3) 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.

PROPOSER LIST OF TERMINATED CONTRACTS

Proposer's Name: _____

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:		

PROPOSER REFERENCES

Proposer's Name: _____

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.

County of Los Angeles – Community Business Enterprise Program (CBE)

Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form

INSTRUCTIONS: All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: _____

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.

I AM _____

As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : _____

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: Sole Proprietorship Partnership Corporation Non-Profit Franchise
 Other (Please Specify) _____

Total Number of Employees (including owners): _____

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: *If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)*

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Print Authorized Name	Authorized Signature	Title	Date

TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION

COMPANY NAME:		
Company Address:		
City:	STATE:	ZIP CODE:

I hereby certify that I meet all the requirements for this program:

- My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for 3 years (*attach IRS Determination Letter*);
- I have submitted my three most recent annual tax returns with my application;
- I have been in operation for at least one year providing transitional job and related supportive services to program Participants; and
- I have submitted a profile of our program; including a description of its components designed to help the program Participants, number of past program Participants and any other information requested by the contracting department.

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

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REVIEWED BY COUNTY:

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE