

**APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 1 (PROPOSER'S ORGANIZATION QUESTIONNAIRE, AFFIDAVIT AND
COMMUNITY BUSINESS ENTERPRISE INFORMATION)**

1. Select the option which best describes your organization's business structure:

2. Select the option which best describes your organizational type:

3. Provide the following information for your organization:

Organization's Legal Name: _____
 State of Incorporation: _____
 Year of Incorporation: _____
 Legal Name of Proprietor or
 Managing Partner: _____

4. Is your organization doing business under one or more Doing Business As ("DBA") designations?

If yes, provide:

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

5. Has your firm conducted business under any other names within the last five (5) years?

If yes, provide:

Name	Year of Name Change
_____	_____
_____	_____
_____	_____

6. Is your organization wholly or majority owned by, or a subsidiary of, another firm?

If yes, provide:

Name of Parent Firm: _____

Parent Firm's State of Incorporation or
Registration: _____

7. Is your organization, including the associated organization's name, involved in any pending acquisitions or mergers?

If yes, please describe the acquisition or merger:

8. Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Qualifications stated in Paragraph 3.0 (Minimum Mandatory Qualifications) of the solicitation document and are listed below:

- Proposer shall have the completed and signed Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire, Affidavit and Community Business Enterprise Information), acknowledging and certifying that it has met and will comply with all of the Minimum Mandatory Qualifications listed herein for Title III C-1 Program Services, Title III C-2 Program Services and Title III B Program Services. Proposer's organization must be classified as one of the following: public/government entity, nonprofit organization or joint powers authority.
- Proposer shall have a minimum of five (5) consecutive years of experience, which shall include experience obtained within the past ten (10) years, providing Title III C-1 Program Services to Clients in Los Angeles County (or providing services which are substantially similar to those stated in Appendix B (Statement of Work), Paragraph 10.0 (Specific Work Requirements)).
- Proposer shall have a minimum of five (5) consecutive years of experience, which shall include experience obtained within the past ten (10) years, providing Title III C-2 Program Services to Clients in Los Angeles County (or providing services which are substantially similar to those stated in Appendix B (Statement of Work), Paragraph 10.0 (Specific Work Requirements)).

Appendix D (Required Forms and Documentation)

Part 1 (Required Forms)

Exhibit 1 (Proposer's Organization Questionnaire, Affidavit and Community Business Enterprise Information)

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- Proposer shall have a minimum of five (5) consecutive years of experience, which shall include experience obtained within the past ten (10) years, providing Title III B Program Services to Clients in Los Angeles County (or providing services which are substantially similar to those stated in Appendix B (Statement of Work), Paragraph 10.0 (Specific Work Requirements)).
- Proposer shall provide audited financial statements, single audits or U.S. Securities and Exchange Commission filings (if the filings contain all necessary information) which reflect Proposer's **most recent** three (3) full Fiscal Years of financial activities. These financial documents shall reflect activities for Fiscal Year 2012-2013 and thereafter (e.g., financial documents reflecting activities for Fiscal Years 2008-2009, 2009-2010, 2010-2011 and 2011-2012 are not acceptable to meet this Minimum Mandatory Qualification). These financial documents must provide an accurate representation of Proposer's entire financial position.
- Proposer shall provide a cost allocation plan narrative which adheres to the requirements outlined in the following: Office of Management and Budget Uniform Administrative Requirements for Federal grants; Appendix A (Sample Contract), Exhibit Q (Accounting, Administration and Reporting Requirements); and, Appendix P (Cost Allocation and Indirect Cost Requirements).
- Proposer shall demonstrate its ability to provide a minimum match contribution of at least fifteen percent (15%) of the Proposed Subaward Sums (excluding any anticipated OAA Title III A (Nutrition Services Incentive Program) funds), which shall be used toward the cost of providing Title III C-1 Program Services (where such match is calculated by multiplying the Proposed Subaward Sums (excluding any anticipated OAA Title III A (Nutrition Services Incentive Program) funds) by fifteen percent (15%)).
- Proposer shall demonstrate its ability to provide a minimum match contribution of at least fifteen percent (15%) of the Proposed Subaward Sums (excluding any anticipated OAA Title III A (Nutrition Services Incentive Program) funds), which shall be used toward the cost of providing Title III C-2 Program Services (where such match is calculated by multiplying the Proposed Subaward Sums (excluding any anticipated OAA Title III A (Nutrition Services Incentive Program) funds) by fifteen percent (15%)).
- Proposer shall demonstrate its ability to provide a minimum match contribution of at least fifteen percent (15%) of the Proposed Subaward Sums, which shall be used toward the cost of providing Title III B Program Services (where such match is calculated by multiplying the Proposed Subaward Sums by fifteen percent (15%)).
- Proposer must be able to provide Title III C-1 Program Services for the full Region beginning July 1, 2017 through June 30, 2020.

Appendix D (Required Forms and Documentation)

Part 1 (Required Forms)

Exhibit 1 (Proposer's Organization Questionnaire, Affidavit and Community Business Enterprise Information)

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- Proposer must be able to provide Title III C-2 Program Services for the full Region beginning July 1, 2017 through June 30, 2020.
- Proposer must be able to provide Title III B Program Services for the full Region beginning July 1, 2017 through June 30, 2020.
- By the start date of the Subaward, Proposer must have the following mandatory staff who meet all the requirements listed in Appendix B (Statement of Work) for Title III C-1 Program Services: Project Manager, Food Service Manager (mandatory when Proposer plans to operate a central kitchen to provide Client meals) and Site Manager.
- By the start date of the Subaward, Proposer must have the following mandatory staff who meet all the requirements listed in Appendix B (Statement of Work) for Title III C-2 Program Services: Project Manager, Food Service Manager (mandatory when Proposer plans to operate a central kitchen to provide Client meals), Home-Delivered Meal Case Worker, Home-Delivered Meal Coordinator and Home-Delivered Meal Driver(s).
- Proposer shall have the completed forms and documentation identified in the RFP, Subparagraph 7.9.1.11 (Section H (Required Forms and Documentation)).

9. Community Business Enterprise (“CBE”) Information

ORGANIZATION’S INFORMATION

The information requested below is for statistical purposes only. On final analysis and consideration of award, Subrecipient will be selected without regard to ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:						
Total Number of Employees (including owners):						
Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
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						

Appendix D (Required Forms and Documentation)

Part 1 (Required Forms)

Exhibit 1 (Proposer’s Organization Questionnaire, Affidavit and Community Business Enterprise Information)

Acknowledgement and Declaration

Proposer acknowledges that if any false, misleading, incomplete or deceptively unresponsive statements are made in connection with this proposal then the proposal may be rejected. The evaluation and determination in this area shall be at the sole discretion of County and such determination shall be final.

Proposer further declares under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

Proposer's Legal Name

Primary Address

E-mail

Telephone Number

Internal Revenue Service Employer Identification Number

California Business License Number

County WebVen Number

DUNS Number

Proposer's Authorized Representative Certification

On behalf of Proposer identified above, I certify that I am Proposer's authorized representative and I further certify that the information contained in this Appendix D (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire, Affidavit and Community Business Enterprise Information) is true and correct to the best of my knowledge and belief.

Name

Title

Signature

Date

INSTRUCTIONS:

1. Please complete all of the requested information for items 1-7, item 9, the *Acknowledgement and Declaration* and *Proposer's Authorized Representative Certification*.
2. The person signing the form as the Authorized Representative must be authorized to sign on behalf of Proposer and to bind Proposer in a Subaward.
3. Use additional sheets if necessary to respond to any of the items. Identify each item by the item number and section name, if applicable (e.g., Item 9, Percentage of Ownership in Organization).

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 10 (COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION AND APPLICATION FOR EXCEPTION)

This solicitation is subject to County's Jury Service Program requirements as outlined in Los Angeles County Code Chapter 2.203 (Contractor Employee Jury Service).

Part I (Jury Service Program is Not Applicable to My Business)

My business does not meet the definition of "contractor," as defined in the Jury Service Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one (1) or more County of Los Angeles contracts or subcontracts (this exception is not available if the Subaward (that is "Contract") itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Jury Service Program if my revenues from County of Los Angeles exceed an aggregate sum of \$50,000 in any 12-month period.

My business is a small business as defined in the Jury Service Program. It 1) has ten (10) or fewer employees; and, 2) has annual gross revenues in the preceding twelve (12) 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 Jury Service 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 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 (agreement is attached) that expressly provides that it supersedes all provisions of the Jury Service Program.

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 business will have and adhere to such a policy prior to award of the Contract.

Declaration

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

Proposer's Name

Title of Program Services

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

INSTRUCTIONS:

1. All Proposers, whether a contractor or subcontractor, must complete this form to either certify compliance with or request an exception from County's Jury Service Program requirements. Upon review of the completed form, County will determine, in its sole discretion, whether Proposer will be exempted from the Jury Service Program.
2. Complete either Part I (Jury Service Program is Not Applicable to My Business) or Part II (Certification of Compliance) of the form as follows:
 - a. Part I (Jury Service Program is Not Applicable to My Business): If you believe that the Jury Service Program does not apply to your organization, check the appropriate box in Part I and attach documentation to support your claim.
 - b. Part II (Certification of Compliance): Complete Part II to certify that your organization is already in compliance with the Jury Service Program.
3. Declaration: Whether you complete Part I (Jury Service Program is Not Applicable to My Business) or Part II (Certification of Compliance), please sign and date this form.

**APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 2 (PROPOSER'S REFERENCES)**

Proposer's Name: _____

Name of Organization	Address of Organization		
Contact Person's Name	Telephone No.	E-mail Address	
Contract Name and Number	Contract Term	Type of Service	Dollar Amount
Name of Organization	Address of Organization		
Contact Person's Name	Telephone No.	E-mail Address	
Contract Name and Number	Contract Term	Type of Service	Dollar Amount
Name of Organization	Address of Organization		
Contact Person's Name	Telephone No.	E-mail Address	
Contract Name and Number	Contract Term	Type of Service	Dollar Amount

INSTRUCTIONS:

1. List three (3) references where the same or similar scope of Services was provided within the last five (5) years in order to meet the Minimum Mandatory Qualifications stated in this solicitation.
2. When Proposer elects to include Community and Senior Services (“CSS”) as a reference, Proposer shall not use CSS’ Contracts Management Division staff as the point of contact. Proposer shall use the compliance monitor as the contact who’s knowledgeable about Proposer’s abilities to provide the scope of Services.
3. Complete all of the requested information for each contract as follows:
 - a. Name of Organization: Enter the name of the organization that is the party to contract/agreement.
 - b. Address of Organization: Enter the street name/number, city, state and zip code of the organization’s primary office location.
 - c. Contact Person’s Name: Enter the name of the contact person who oversees the contract. When Proposer elects to include Community and Senior Services (“CSS”) as a reference, Proposer shall not use CSS’ Contracts Management Division staff as the contact person but shall use the compliance monitor as the contact who’s knowledgeable about Contractor’s abilities to provide the scope of Services.
 - d. Telephone No.: Enter the contact person’s direct telephone number (including the area code and any extension).
 - e. E-mail Address: Enter the contact person’s e-mail address.
 - f. Contract Name and Number: Enter the name/title of the contract and the contract number.
 - g. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2012 – 06/30/2013).
 - h. Type of Service: Enter the type of service(s) or deliverable(s) provided under the contract (i.e., statement of work).
 - i. Dollar Amount: Enter the total amount of the contract (i.e., contract award amount).
4. Use additional sheets if necessary.

**APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 3 (PROPOSER'S LIST OF CONTRACTS WITH PUBLIC ENTITIES)**

Proposer's Name: _____

Name of Entity	Address of Entity		
Contact Person's Name	Telephone No.	E-mail Address	
Contract Name and Number	Contract Term	Type of Service	Dollar Amount
Name of Entity	Address of Entity		
Contact Person's Name	Telephone No.	E-mail Address	
Contract Name and Number	Contract Term	Type of Service	Dollar Amount
Name of Entity	Address of Entity		
Contact Person's Name	Telephone No.	E-mail Address	
Contract Name and Number	Contract Term	Type of Service	Dollar Amount

INSTRUCTIONS:

1. List all contracts with public entities for which Proposer has provided any type of service(s) within the last three (3) years.
2. Complete all of the requested information for each contract as follows:
 - a. Name of Entity: Enter the name of the public entity that is the party to contract/agreement.
 - b. Address of Entity: Enter the street name/number, city, state and zip code of the entity's primary office location.
 - c. Contact Person's Name: Enter the name of the contact person who oversees the contract.
 - d. Telephone No.: Enter the contact person's direct telephone number (including the area code and any extension).
 - e. E-mail Address: Enter the contact person's e-mail address.
 - f. Contract Name and Number: Enter the name/title of the contract and the contract number.
 - g. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2012 – 06/30/2013).
 - h. Type of Service: Enter the type of service(s) or deliverable(s) provided under the contract (i.e., statement of work).
 - i. Dollar Amount: Enter the total amount of the contract (i.e., contract award amount).
3. Use additional sheets if necessary.

**APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 4 (PROPOSER'S LIST OF EXPIRED AND TERMINATED CONTRACTS)**

Proposer's Name: _____

Name of Organization	Address of Organization	
Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	Contract Term	Status
Name of Organization	Address of Organization	
Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	Contract Term	Status
Name of Organization	Address of Organization	
Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	Contract Term	Status

INSTRUCTIONS:

1. List all contracts that have either expired or have been terminated within the past ten (10) years (these contracts will cover the same 10-year period for which Proposer must demonstrate that it has obtained experience providing the same or similar scope of services identified in Appendix B (Statement of Work)).
2. Complete all of the requested information for each contract as follows:
 - a. Name of Organization: Enter the name of the organization that is the party to contract/agreement.
 - b. Address of Organization: Enter the street name/number, city, state and zip code of the organization's primary office location.
 - c. Contact Person's Name: Enter the name of the contact person who oversees the contract.
 - d. Telephone No.: Enter the contact person's direct telephone number (including the area code and any extension).
 - e. E-mail Address: Enter the contact person's e-mail address.
 - f. Contract Name and Number: Enter the name/title of the contract and the contract number.
 - g. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2012 – 06/30/2013).
 - h. Status: Provide a status for each contract by selecting one of the following descriptions provided in the list of values:
 - i. Natural Expiration: Proposer fulfilled/completed the contract terms by the natural expiration date.
 - ii. Termination (Convenience): The contract was terminated for convenience by either party at any time with or without giving any reason.
 - iii. Termination (Default): The contract was terminated for default due to contractor's failure to perform according to the specified terms of the contract.
 - iv. Termination (Insolvency): The contract was terminated for insolvency due to any of the following events:
 1. Insolvency: Occurs as a result of contractor's inability to pay its debts, or fails generally to pay its debts as they become due.
 2. Bankruptcy: Occurs when contractor files a voluntary petition, or one or more of its creditors file a petition, seeking its rehabilitation, liquidation, or reorganization under any law relating to bankruptcy, insolvency, or other relief of debtors and the petition is not removed within sixty (60) business days or ninety (90) calendar days of filing.
 3. Receivership: Occurs when receiver or other custodian is appointed to take possession of substantially all of [the assets of contractor.
 4. Dissolution: Occurs when contractor takes any action toward the dissolution or winding up of its affairs or the cessation or suspension of its activities.

Appendix D (Required Forms and Documentation)

Part I (Required Forms)

Exhibit 4 (Proposer's List of Expired and Terminated Contracts)

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5. Liquidation: Occurs when a court of competent jurisdiction enters a decree or order directing the winding up or liquidation of contractor, or, of all or substantially all of contractor's assets.
 6. General Assignment: Occurs when contractor makes a general assignment for the benefit of its creditors.
 7. Attachment: Occurs when any attachment, execution, or other judicial seizure is levied against all or substantially all of contractor's assets.
- v. Termination (Other): If none of the descriptions listed accurately reflects the status of this contract, enter the appropriate description of the termination.
 - vi. **Note: If you elect to provide a more detailed description to explain any of the statuses, use an additional sheet(s) as needed.**
3. Use additional sheets if necessary.

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 5 (CERTIFICATION OF NO CONFLICT OF INTEREST)

The Los Angeles County Code Section 2.180.010 (Certain Contracts Prohibited) provides as follows:

- A. Notwithstanding any other section of this Code, 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 twelve (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.
- B. 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.

Certification and Declaration

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

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 6 (FAMILIARITY WITH COUNTY'S LOBBYIST ORDINANCE
CERTIFICATION)

Proposer certifies that:

- 1) It is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) All persons acting on behalf of Proposer's organization have and will comply with this Ordinance during the proposal process; and
- 3) It is not on the County of Los Angeles Executive Office's List of Terminated Registered Lobbyists.

Certification and Declaration

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

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 7 (REQUEST FOR PREFERENCE PROGRAM CONSIDERATION)

Request for Local Small Business Enterprise (“LSBE”) Program Preference

- Proposer meets the Federal small business criteria for the number of employees and/or revenue as defined by U.S. Small Business Administration (“SBA”).

OR

- Proposer maintains an active registration as a small business on the Federal System for Award Management (“SAM”) database.

AND

- Proposer is certified as an LSBE vendor by the County of Los Angeles Department of Consumer and Business Affairs (“DCBA”).

Request for Social Enterprise (“SE”) Program Preference

- Proposer has been in operation for at least one (1) year providing transitional or permanent employment to a Transitional Workforce (defined as those under-employed or hard-to-employ persons that may be homeless or formerly incarcerated, and/or, those who either have not worked for an extended period of time or face significant barriers to employment) or providing social, environmental and/or human justice services.

AND

- Proposer is certified as an SE vendor by DCBA.

Request for Disabled Veterans Business Enterprise (“DVBE”) Program Preference

- Proposer is certified by the State of California Department of General Services (“DGS”), Procurement Division (“PD”), Office of Small Business and DVBE Services (“OSDS”) as a DVBE vendor.

OR

- Proposer is certified as a service-disabled veteran-owned small business by U.S. Department of Veterans Affairs.

OR

- Proposer is certified as a DVBE vendor by other certifying agencies pursuant to DCBA’s inclusion policy that meets the criteria set forth by the agencies in Subparagraph 6.6.2.1 and Subparagraph 6.6.2.2.

AND

- Proposer is certified as a DVBE vendor by DCBA.

Certification and Declaration

My organization meets all of the requirements for the selected Preference Program(s) identified above and I request that this proposal be considered for the Preference Program(s) selected.

A copy of the certification letter issued by DCBA is attached.

I understand that the Preference Programs' price or scoring preference shall not be combined with any other County preference program to exceed fifteen percent (15%) for any proposal submitted in response to this solicitation. As such, if my organization is approved to receive a preference for my proposal then only one (1) of the selected Program Preferences identified above will be applied to my proposal.

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

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

Reviewed by County (For County Use Only)

Name of Reviewer

Approved or Disapproved

Reviewer's Signature

Date

INSTRUCTIONS:

1. Proposer requesting consideration for a preference must complete and submit this form along with Proposer's copy of the certification letter issued by the Department of Consumer and Business Affairs for proper consideration of the proposal.
2. Proposer may request consideration for one (1) or more of the Preference Programs.
3. Complete the *Certification and Declaration*; do not complete *Reviewed by County (For County Use Only)*.

**APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 8 (PROPOSER'S EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION)**

In accordance with Los Angeles County Code Section 4.32.010, Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries or holding companies are and will be treated equally by Proposer's 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.

CERTIFICATION		YES/NO
1.	Proposer has written policy statement prohibiting discrimination in all phases of employment.	
2.	Proposer periodically conducts a self-analysis or utilization analysis of its workforce.	
3.	Proposer has a system for determining if its employment practices are discriminatory against protected groups.	
4.	When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goals and/or timetables.	

Declaration

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

Proposer's Name

Internal Revenue Service Employer Identification Number

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 9 (ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN AND GROW PARTICIPANTS)

As a threshold requirement for consideration for the Subaward (that is “Contract”), Proposer shall demonstrate a proven record for hiring GAIN and/or GROW participants or shall attest to a willingness to consider GAIN and/or GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN and/or GROW participants with access to Proposer’s employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To obtain qualified GAIN and/or GROW participants as potential employment candidates, Subrecipient (that is “Contractor”) shall report all job openings with job requirements to: GAINGROW@dpss.lacounty.gov.

Proposers who are unable to meet this requirement shall not be considered for the Contract.

A. Proposer has a proven record of hiring GAIN and/or GROW participants.

YES (subject to verification by County) NO

B. Proposer is willing to provide County of Los Angeles Department of Public Social Services with all job openings and job requirements to consider GAIN and/or GROW participants for any future employment openings if the GAIN and/or GROW participant meets the minimum qualifications for the opening. “Consider” means that Proposer is willing to interview qualified GAIN and/or GROW participants.

YES NO

C. Proposer is willing to provide employed GAIN and/or GROW participants with access to its employee-mentoring program, if such a program is available.

YES NO N/A (Program not available)

Proposer’s Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative’s Signature

Date

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 10 (COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION AND APPLICATION FOR EXCEPTION)

This solicitation is subject to County's Jury Service Program requirements as outlined in Los Angeles County Code Chapter 2.203 (Contractor Employee Jury Service).

Part I (Jury Service Program is Not Applicable to My Business)

My business does not meet the definition of "contractor," as defined in the Jury Service Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one (1) or more County of Los Angeles contracts or subcontracts (this exception is not available if the Subaward (that is "Contract") itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Jury Service Program if my revenues from County of Los Angeles exceed an aggregate sum of \$50,000 in any 12-month period.

My business is a small business as defined in the Jury Service Program. It 1) has ten (10) or fewer employees; and, 2) has annual gross revenues in the preceding twelve (12) 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 Jury Service 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 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 (agreement is attached) that expressly provides that it supersedes all provisions of the Jury Service Program.

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 business will have and adhere to such a policy prior to award of the Contract.

Declaration

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

Proposer's Name

Title of Program Services

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

INSTRUCTIONS:

1. All Proposers, whether a contractor or subcontractor, must complete this form to either certify compliance with or request an exception from County's Jury Service Program requirements. Upon review of the completed form, County will determine, in its sole discretion, whether Proposer will be exempted from the Jury Service Program.
2. Complete either Part I (Jury Service Program is Not Applicable to My Business) or Part II (Certification of Compliance) of the form as follows:
 - a. Part I (Jury Service Program is Not Applicable to My Business): If you believe that the Jury Service Program does not apply to your organization, check the appropriate box in Part I and attach documentation to support your claim.
 - b. Part II (Certification of Compliance): Complete Part II to certify that your organization is already in compliance with the Jury Service Program.
3. Declaration: Whether you complete Part I (Jury Service Program is Not Applicable to My Business) or Part II (Certification of Compliance), please sign and date this form.

EXHIBIT 11 (INTENTIONALLY OMITTED)

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 12 (CERTIFICATION OF INDEPENDENT PRICE DETERMINATION
AND ACKNOWLEDGEMENT OF REQUEST FOR PROPOSAL RESTRICTIONS)

- A. By submission of this proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication or agreement with any other Proposer or competitor for the purpose of restricting competition.
- B. List all names and telephone numbers of persons legally authorized to commit Proposer (Authorized Representative(s)).

NAME	PHONE NUMBER
_____	_____
_____	_____
_____	_____

NOTE: Persons signing on behalf of Proposer will be required to warrant that they are authorized to bind Proposer if awarded a Contract.

- C. List names of all joint ventures, partners, subcontractors or others having any right or interest in this solicitation and any resulting Subaward that may be granted under this solicitation or the proceeds thereof. If not applicable, state "NONE".
- _____
- _____

- D. Proposer acknowledges that it has not participated as a consultant in the development, preparation or selection process associated with this solicitation. Proposer understands that if it is determined by County that Proposer did participate as a consultant in this solicitation process, County shall reject this proposal.

Declaration

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

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

EXHIBIT 13 (INTENTIONALLY OMITTED)

EXHIBIT 14 (INTENTIONALLY OMITTED)

EXHIBIT 15 (INTENTIONALLY OMITTED)

EXHIBIT 16 (INTENTIONALLY OMITTED)

EXHIBIT 17 (INTENTIONALLY OMITTED)

EXHIBIT 18 (INTENTIONALLY OMITTED)

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 19 (CHARITABLE CONTRIBUTIONS CERTIFICATION)

The Nonprofit Integrity Act (Senate Bill 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 Proposer's organization:

- Proposer 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, Proposer will timely comply with them and provide County's Contract Manager a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

- Proposer is registered with the California Registry of Charitable Trusts under the CT number listed below and is in compliance with its registration and reporting requirements under California law. Attached is a copy of Proposer's most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations Sections 300-301 and Government Code Sections 12585-12586.

Declaration

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

Proposer's Name

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

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 20 (CERTIFICATION OF COMPLIANCE WITH COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM)

Proposer certifies that:

- It is familiar with the defaulted property tax requirements outlined in Los Angeles County Code Chapter 2.206 (Defaulted Property Tax Reduction Program); **and**

To the best of its knowledge, after a reasonable inquiry, Proposer 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**

Proposer agrees to comply with County's Defaulted Property Tax Reduction Program during the term of any Subaward (that is "Contract").

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

Declaration

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

Proposer's Name

Title of Program Services

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

**APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 22 (COMPLIANCE WITH DATA ENCRYPTION REQUIREMENTS)**

Proposer shall provide information about its data encryption practices. Proposer acknowledges that the information provided on this form certifies that Proposer will comply with County of Los Angeles Board of Supervisor’s Policy Manual Chapter 5 (Contracting and Purchasing) Policy Number 5.200 (Contractor Protection of Electronic County Information) at the commencement of and during the term of the Subaward which may be granted pursuant to this solicitation.

REQUIREMENT	COMPLIANCE RESPONSE	DOCUMENTATION AVAILABLE
Will County Information Assets (defined in Appendix A (Sample Subaward), Exhibit P (Definitions)) stored on your workstation(s) be encrypted?		
Will County Information Assets stored on your laptop(s) be encrypted?		
Will County Information Assets stored on removable media be encrypted?		
Will County data be encrypted when transmitted?		
Will Proposer maintain a copy of any validation/attestation reports generated by its encryption tools?		
Will County Information Assets be stored on remote servers (i.e., cloud storage, Software-as-a-Service (Saas))?		

Declaration

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

Proposer’s Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative’s Signature

Date

APPENDIX D (REQUIRED FORMS AND DOCUMENTATION)
PART I (REQUIRED FORMS)
EXHIBIT 31 (COMPLIANCE WITH COUNTY'S ZERO TOLERANCE HUMAN
TRAFFICKING POLICY)

County of Los Angeles has taken significant steps to protect victims of human trafficking by establishing a zero tolerance human trafficking policy that prohibits Proposer and member of Proposer's staff who are engaged in human trafficking from receiving subawards or performing services under such subawards.

Proposer acknowledges and certifies its compliance with Appendix A (Sample Subaward), Subparagraph 8.55 (Compliance with County's Zero Tolerance Human Trafficking Policy) and agrees that Proposer and members of Proposer's staff performing Work under the resulting subaward will be in compliance with this policy.

Proposer further acknowledges that noncompliance with the County's Zero Tolerance Human Trafficking Policy may result in County's rejection of its proposal or cancellation/termination of the resulting subaward, at the sole judgment of County.

Certification and Declaration

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

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date