REQUIRED FORMS - EXHIBIT 1
(Revised Under Bulletin #2)
VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in a Master Agreement.

1. Is your firm a corporation or limited liability company? (LLC)? □ Yes □ No
   If yes, complete:
   Legal Name (found in Articles of Incorporation) ________________________________
   State ___________________________ Year Inc. ____________________________

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

3. Is your firm doing business under one or more DBA's? □ Yes □ No
   If yes, complete:
   Name ___________________________ County of Registration ___________________
   Year became DBA ____________
   ___________________________ ___________________________ ____________
   ___________________________ ___________________________ ____________
   ___________________________ ___________________________ ____________

4. Is your firm wholly/majority owned by, or a subsidiary of another firm? □ Yes □ No
   If yes, complete:
   Name of parent firm: ________________________________
   State of incorporation or registration of parent firm: __________________________

5. Has your firm done business as other names within last five years? □ Yes □ No
   If yes, complete:
   Name ___________________________ Year of Name Change ____________
   ___________________________ ___________________________ ____________

6. Is your firm involved in any pending acquisition or mergers, including the associated company name? □ Yes □ No
   If yes, provide information:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
Vendor acknowledges and certifies that firm meets and will comply with the Vendor’s Minimum Qualifications as stated in Paragraph 1.4 (Vendor’s Minimum Mandatory Qualifications), of this Request for Statement of Qualifications, as listed below.

Check the appropriate boxes:

- Yes  No  Vendor must be recognized and accredited by one of the following professional polygraph associations:
  a. American Polygraph Association;
  b. California Association of Polygraph Examiners; or
  c. American Association of Police Polygraphists.

Vendor shall submit copies of accreditation(s) and/or certificate(s) to verify this Minimum Mandatory Qualification.

- Yes  No  Vendor must be active in the administration of polygraph examinations. To qualify for this status, Vendor must meet the following criteria:
  a. Vendor must have completed a minimum total of 200 documented polygraph examinations;
  b. Of the total documented polygraph examinations, Vendor must have administered a minimum of 100 polygraph exams for a law enforcement agency(ies); and
  c. 25 of the 100 polygraph exams for a law enforcement agency(ies) must have been within the last three years using the Lafayette computerized polygraph instrument.

Vendor shall provide references and supporting documentation to verify this Minimum Mandatory Qualification, which shall include start dates, end dates, agency names, and services provided.

- Yes  No  Vendor’s proposed polygraph examiners must have successfully graduated from a polygraph course recognized and accredited by the American Polygraph Association, California Association of Polygraph Examiners, or the American Association of Police Polygraphists.

Vendor shall submit copies of diploma(s) and/or certificate(s) for each polygraph examiner that will provide Services to verify this Minimum Mandatory Qualification.
Vendor’s proposed polygraph examiners must be current members, in good standing, and have attended a minimum of 12 hours of training sponsored by one of the following professional polygraph examiner associations within the last three years:

a. American Polygraph Association;
b. California Association of Polygraph Examiners; or
c. American Association of Police Polygraphists.

Vendor must provide copies of memberships and training certificates for each polygraph examiner who will provide Services to verify this Minimum Mandatory Qualification.

Vendor’s proposed polygraph examiners must pass the polygraph proficiency test (refer to Exhibit 14 (Proficiency Exam) of Appendix A (Required Forms) to this RFSQ) with a score of 100 percent consisting of general polygraph knowledge, question formulation, chart analysis, and instrumentation.

Vendor must complete and submit an Exhibit 14 (Proficiency Exam) of Appendix A (Required Forms) to this RFSQ for each polygraph examiner who will provide Services to verify this Minimum Mandatory Qualification. If Vendor’s proposed polygraph examiner(s) does not achieve a score of 100 percent, as listed above, then Vendor’s proposed polygraph examiner(s) shall be disqualified.

If Vendor’s compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, then Vendor must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over $100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of County.
Vendor 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.

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

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<tr>
<th>VENDOR NAME:</th>
<th>COUNTY WEBVEN NUMBER:</th>
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<tbody>
<tr>
<td>ADDRESS:</td>
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<td>PHONE NUMBER:</td>
<td>E-MAIL:</td>
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<tr>
<td>INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</td>
<td>CALIFORNIA BUSINESS LICENSE NUMBER:</td>
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<td>VENDOR OFFICIAL NAME AND TITLE (PRINT):</td>
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<td>SIGNATURE</td>
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