APPENDIX C

REQUIRED FORMS

MAPAS MAINTENANCE AND SUPPORT SERVICES
EXHIBITS

BUSINESS FORMS
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2 PROSPECTIVE CONTRACTOR REFERENCES
3 PROSPECTIVE CONTRACTOR LIST OF CONTRACTS
4 PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS
5 CERTIFICATION OF NO CONFLICT OF INTEREST
6 FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION
7 REQUEST FOR PREFERENCE PROGRAM CONSIDERATION
8 BIDDER’S EEO CERTIFICATION
9 ATTESTATION OF WILLINGNESS TO CONSIDER GAIN-GROW PARTICIPANTS
10 CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

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11 PRICE SHEET
12 CERTIFICATION OF INDEPENDENT PRICE DETERMINATION AND ACKNOWLEDGEMENT OF IFB RESTRICTIONS

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13 CERTIFICATION OF COMPLIANCE WITH THE COUNTY’S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

HUMAN TRAFFICKING
14 ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING CERTIFICATION
15 COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION
REQUIRED FORMS - EXHIBIT 1

BIDDER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

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

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 ______
   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 (5) years?
   □ Yes □ No
   If yes, complete:
   Name __________________________ Year of Name Change ______
   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:
   ______________________________________________________________________
   ______________________________________________________________________

Bidder acknowledges and certifies that firm meets and will comply with the Minimum Mandatory Requirements as stated in Paragraph 1.4 (Bidder’s Minimum Mandatory Requirements), of the IFB, as listed below.

Check the appropriate boxes:

□ Yes □ No Bidder’s personnel must have five years’ experience, within the last ten years, maintaining and programming a civil-enforcement processing system that has all of the following characteristics:

a) Unix operating system;
b) Software AG’s Natural programming language;
c) Software AG’s Adabas Database-management system;
d) California civil-enforcement functions;
e) Cashiering and accounting functions;
f) Case-management functions;
g) Interfaces automatically exchanging data among systems; and
h) Over 100 users in multiple locations.
Bidder shall provide references that verify this Minimum Mandatory Requirement, which shall include start dates, end dates, agency names, and services provided.

☐ Yes  ☐ No  Bidder’s personnel must have at least one employment or consulting position, lasting three or more years, applying knowledge of civil-enforcement procedures.

Bidder shall provide references that verify this Minimum Mandatory Requirement, which shall include start dates, end dates, agency names, and services provided.

☐ Yes  ☐ No  Bidder’s personnel must demonstrate experience having at least one project designing and carrying out the transition of a complex legacy automated system, having features substantially similar to those listed in Paragraph 1.4.1 above, to a replacement system or to a different operating system or platform.

Bidder shall provide references that verify this Minimum Mandatory Requirement, which shall include start dates, end dates, agency names, and services provided.

☐ Yes  ☐ No  If Bidder’s compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, Bidder 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 the County.
REQUIRED FORMS – EXHIBIT 1

BIDDER’S ORGANIZATION QUESTIONNAIRE/ AFFIDAVIT AND CBE INFORMATION

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

<table>
<thead>
<tr>
<th>Business Structure:</th>
<th>☐ Sole Proprietorship</th>
<th>☐ Partnership</th>
<th>☐ Corporation</th>
<th>☐ Non-Profit</th>
<th>☐ Franchise</th>
<th>☐ Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Employees (including Specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Race/Ethnic Composition</th>
<th>Owners/Partners/ Associate Partners</th>
<th>Managers</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filipino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Black/African American</th>
<th>Hispanic/ Latino</th>
<th>Asian or Pacific Islander</th>
<th>American Indian</th>
<th>Filipino</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Women</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

III. 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.)

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Minority</th>
<th>Women</th>
<th>Disadvantaged</th>
<th>Disabled Veteran</th>
<th>Other</th>
</tr>
</thead>
</table>

Bidder further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this bid are made, the bid 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.

<table>
<thead>
<tr>
<th>BIDDER NAME:</th>
<th>COUNTY WEBVEN NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td>E-MAIL:</td>
</tr>
<tr>
<td>INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</td>
<td>CALIFORNIA BUSINESS LICENSE NUMBER:</td>
</tr>
<tr>
<td>BIDDER OFFICIAL NAME AND TITLE (PRINT):</td>
<td></td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>DATE</td>
</tr>
</tbody>
</table>
## REQUIRED FORMS - EXHIBIT 2
### PROSPECTIVE CONTRACTOR REFERENCES

Contractor’s Name: ________________________________

List a minimum of two references where the same or similar scope of services were provided in order to meet the Minimum Mandatory Requirements stated in this solicitation.

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Name or Contract No. | # of Years / Term of Contract | Type of Service | Dollar Amt.

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Name or Contract No. | # of Years / Term of Contract | Type of Service | Dollar Amt.

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Address of Firm</th>
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<th>Telephone #</th>
<th>Fax #</th>
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</thead>
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</tr>
</tbody>
</table>

Name or Contract No. | # of Years / Term of Contract | Type of Service | Dollar Amt.

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
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<tbody>
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</tr>
</tbody>
</table>

Name or Contract No. | # of Years / Term of Contract | Type of Service | Dollar Amt.
**REQUIRED FORMS - EXHIBIT 3**

**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

Contractor’s Name: _______________________________

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

<table>
<thead>
<tr>
<th></th>
<th>Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name or Contract No.</td>
<td># of Years / Term of Contract</td>
<td>Type of Service</td>
<td>Dollar Amt.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name or Contract No.</td>
<td># of Years / Term of Contract</td>
<td>Type of Service</td>
<td>Dollar Amt.</td>
<td></td>
</tr>
<tr>
<td>3</td>
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</tr>
<tr>
<td></td>
<td>Name or Contract No.</td>
<td># of Years / Term of Contract</td>
<td>Type of Service</td>
<td>Dollar Amt.</td>
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<tr>
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<td>Name or Contract No.</td>
<td># of Years / Term of Contract</td>
<td>Type of Service</td>
<td>Dollar Amt.</td>
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<tr>
<td></td>
<td>Name or Contract No.</td>
<td># of Years / Term of Contract</td>
<td>Type of Service</td>
<td>Dollar Amt.</td>
<td></td>
</tr>
</tbody>
</table>
REQUIRED FORMS - EXHIBIT 4

PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

Contractor’s Name: ______________________________

List of all contracts that have been terminated within the past three years.

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
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</table>

Name or Contract No. | Reason for Termination:

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
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Name or Contract No. | Reason for Termination:

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<thead>
<tr>
<th>Name of Firm</th>
<th>Address of Firm</th>
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</tbody>
</table>

Name or Contract No. | Reason for Termination:

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
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</tr>
</tbody>
</table>

Name or Contract No. | Reason for Termination:
REQUIRED FORMS - EXHIBIT 5
CERTIFICATION OF NO CONFLICT OF INTEREST

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

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any bids submitted by, the persons or entities specified below, unless the County 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 County 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 County 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.

____________________________________________________
Bidder Name

____________________________________________________
Bidder Official Title

____________________________________________________
Official's Signature
REQUIRED FORMS - EXHIBIT 6
FAMILIARITY WITH THE COUNTY
LOBBYIST ORDINANCE CERTIFICATION

The Bidder certifies that:

1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;

2) that all persons acting on behalf of the Bidder's organization have and will comply with it during the bid process; and

3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature:_________________________________ Date:__________________________
REQUIRED FORMS - EXHIBIT 7
REQUEST FOR PREFERENCE PROGRAM CONSIDERATION

INSTRUCTIONS: Businesses requesting preference consideration must complete and return this form for proper consideration of the bid. Businesses may request consideration for one or more preference programs. Check all certifications that apply.*

I MEET ALL OF THE REQUIREMENTS AND REQUEST THIS BID BE CONSIDERED FOR THE PREFERENCE PROGRAM(S) SELECTED BELOW. A COPY OF THE CERTIFICATION LETTER ISSUED BY THE DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS (DCBA) IS ATTACHED.

☐ Request for Local Small Business Enterprise (LSBE) Program Preference

☐ Certified by the State of California as a small business and has had its principal place of business located in Los Angeles County for at least one year; or

☐ Certified as a LSBE with other certifying agencies under DCBA’s inclusion policy that has its principal place of business located in Los Angeles County and has revenues and employee size that meet the State’s Department of General Services requirements; and

☐ Certified as a LSBE by the DCBA.

☐ Request for Social Enterprise (SE) Program Preference

☐ A business that has been in operation for at least one year providing transitional or permanent employment to a Transitional Workforce or providing social, environmental and/or human justice services; and

☐ Certified as a SE business by the DCBA.

☐ Request for Disabled Veterans Business Enterprise (DVBE) Program Preference

☐ Certified by the State of California, or

☐ Certified by U.S. Department of Veterans Affairs as a DVBE; or

☐ Certified as a DVBE with other certifying agencies under DCBA’s inclusion policy that meets the criteria set forth by: the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration; and

☐ Certified as a DVBE by the DCBA.

*BUSINESS UNDERSTANDS THAT ONLY ONE OF THE ABOVE PREFERENCES WILL APPLY. IN NO INSTANCE SHALL ANY OF THE ABOVE LISTED PREFERENCE PROGRAMS PRICE OR SCORING PREFERENCE BE COMBINED WITH ANY OTHER COUNTY PROGRAM TO EXCEED FIFTEEN PERCENT IN RESPONSE TO ANY COUNTY SOLICITATION.

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

☐ DCBA certification is attached.

Name of Firm: County Webven No.:
Print Name: Title:
Signature: Date:

Reviewer’s Signature Approved Disapproved Date
REQUIRED FORMS - EXHIBIT 8
BIDDER’S EEO CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

GENERAL
In accordance with provisions of the County Code of the County of Los Angeles, the Bidder 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.

<table>
<thead>
<tr>
<th>CERTIFICATION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bidder has written policy statement prohibiting discrimination in all phases of employment.</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>2. Bidder periodically conducts a self-analysis or utilization analysis of its work force.</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>3. Bidder has a system for determining if its employment practices are discriminatory against protected groups.</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>4. When problem areas are identified in employment practices, Bidder has a system for taking reasonable corrective action to include establishment of goal and/or timetables.</td>
<td>(   )</td>
<td>(   )</td>
</tr>
</tbody>
</table>

___________________________________________  ______________________________
Signature   Date

__________________________
Name and Title of Signer (please print)
REQUIRED FORMS - EXHIBIT 9

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN-GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Bidder 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, Bidder shall attest to a willingness to provide employed GAIN-GROW participants access to the Bidder's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN-GROW participants as potential employment candidates, Contractor shall email: GAINGROW@DPSS.LACOUNTY.GOV and BSERVICES@WDACS.LACOUNTY.GOV.

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

Bidder shall complete all of the following information, sign where indicated below, and return this form with their bid.

A. Bidder has a proven record of hiring GAIN-GROW participants.
   ______ YES (subject to verification by County) ______ NO

B. Bidder is willing to provide DPSS with all job openings and job requirements 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 Bidder is willing to interview qualified GAIN-GROW participants.
   ______ YES ______ NO

C. Bidder is willing to provide employed GAIN-GROW participants access to its employee-mentoring program, if available.
   ______ YES ______ NO ______ N/A (Program not available)

Bidder’s Organization: __________________________________________________________

Signature: ____________________________________________________________________

Print Name: ___________________________________________________________________

Title: ____________________________ Date: __________________________

Telephone No: ____________________________ Fax No: ____________________________
REQUIRED FORMS - EXHIBIT 10
COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Invitation for Bids is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Bidders, 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 Bidder is given an exemption from the Program.

Company Name:  
Company Address:  
City:  State:  Zip Code:  
Telephone Number:  

Solicitation For MAPAS Maintenance and Support 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 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:  

County of Los Angeles                  MAPAS Maintenance and Support Services  
Sheriff's Department                    Appendix C – Required Forms  
                                         IFB No. 683 - SH
## REQUIRED FORMS - EXHIBIT 11
MAPAS MAINTENANCE AND SUPPORT SERVICES
PRICE SHEET

### HOURLY LABOR RATES

<table>
<thead>
<tr>
<th>BASE TERM 2020-2022</th>
<th>OPTION YEAR 1 2022-2023</th>
<th>OPTION YEAR 2 2023-2024</th>
<th>OPTION YEAR 3 2024-2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
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<td>$</td>
</tr>
</tbody>
</table>

### HOURLY LABOR RATES FOR AFTER HOURS/HOLIDAYS

| AFTER HOURS/HOLIDAY | $ |

Submitted by:

Signature ____________________________

Print Name ___________________________

Title _______________________________

Date ________________________________
REQUIRED FORMS - EXHIBIT 12
CERTIFICATION OF INDEPENDENT PRICE DETERMINATION 
AND ACKNOWLEDGEMENT OF IFB RESTRICTIONS

A. By submission of this bid, Bidder certifies that the prices quoted herein have been arrived at 
independently without consultation, communication, or agreement with any other Bidder or 
competitor for the purpose of restricting competition.

B. List all names and telephone number of person legally authorized to commit the Bidder.

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NOTE: Persons signing on behalf of the Contractor will be required to warrant that they are 
authorized to bind the Contractor.

C. List names of all joint ventures, partners, sub-contractors, or others having any right or 
interest in this contract or the proceeds thereof. If not applicable, state “NONE”.

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

__________________________________ __________________________________
Name of Firm

Print Name of Signer                                   Title

__________________________________ ___________________________
Signature                                                  Date
REQUIRED FORMS EXHIBIT 13
CERTIFICATION OF COMPLIANCE WITH THE COUNTY’S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

The Bidder certifies that:

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

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

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

- OR -

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

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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

Print Name: Title:

Signature: Date:
REQUIRED FORMS - EXHIBIT 14

ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING
CERTIFICATION

| Company Name: |
| Company Address: |
| City: | State: | Zip Code: |
| Telephone Number: | Email Address: |

Solicitation for MAPAS Maintenance and Support Services

BIDDER CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance policy on human trafficking that prohibits Contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Bidder acknowledges and certifies compliance with Paragraph 8.54 (Compliance with County’s Zero Tolerance Policy on Human Trafficking) of the proposed contract and agrees that Bidder or a member of his staff performing work under the proposed Contract will be in compliance. Bidder further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any bid, or cancellation of any resultant contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

| Print Name: | Title: |
| Signature: | Date: |
**REQUIRED FORMS - EXHIBIT 15**

**COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION**

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Solicitation for MAPAS Maintenance and Support Services

**BIDDER/CONTRACTOR CERTIFICATION**

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Bidder acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that Bidder and staff performing work under the Contract will be in compliance. Bidder further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any bid, or termination of any resultant contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

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