

APPENDIX B

REQUIRED FORMS

Exhibits

- 1) Proposer's Organization Questionnaire/Affidavit
- 2) Certification of Compliance
- 3) Request for Preference Consideration
- 4) Proposer's Debarment History and List of Terminated Contracts
- 5) Community Business Enterprise (CBE) Information
- 6) Declaration
- 7) Minimum Mandatory Qualifications
- 8) Proposer's List of References
- 9) Price Sheet (Cost Proposal)

REQUIRED FORMS – EXHIBIT 1

PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER NAME:	COUNTY WEBVEN NUMBER:
ADDRESS:	
TELEPHONE NUMBER:	E-MAIL:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:

1	<p>Select the option that best defines your firm’s business structure:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State of Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____</p> <p>If other: Specify business structure name: _____</p>						
2	<p>Is your firm doing business under one or more DBA’s?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: _____</p> <p>Country of Registration: _____</p> <p>Year became DBA: _____</p>						
3	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p> <p>State of Incorporation or registration of parent firm: _____</p>						
4	<p>Has your firm done business under other names within last five years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Name(s):</td> <td style="width: 30%; text-align: center;">Year(s) of Name Change:</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Name(s):	Year(s) of Name Change:	_____	_____	_____	_____
Name(s):	Year(s) of Name Change:							
_____	_____							
_____	_____							

REQUIRED FORMS – EXHIBIT 1

PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

5	<p>List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state “NONE”.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
6	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide additional information regarding the pending merger.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
7	<p>List all names and contact information of all individuals legally authorized to commit the Proposer.</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

Proposer certifies compliance with all programs, policies, and ordinances specified in exhibits listed below.

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Charitable Contributions Certification Enter the California Registry of Charitable Trusts “CT” number and upload a copy of firm’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 (if applicable) _____	Board Policy 5.065	Check the Certification below that is applicable to your company. <input type="checkbox"/> 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 <input type="checkbox"/> Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document 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.
6	Attestation of Willingness to Consider Gain/Grow Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN-GROW participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.
8	Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	LACC 2.206	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: _____

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Proposers must complete and include this form in their proposal. Proposers may request consideration for one or more preference programs. **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

PREFERENCE NOT REQUESTED

OR

<input type="checkbox"/> PREFERENCE REQUESTED (SELECT ALL THAT APPLY)	
Preference Program	Reference
<input type="checkbox"/> Request for Local Small Business Enterprise (LSBE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<u>LACC 2.204</u>
<input type="checkbox"/> Request for Social Enterprise (SE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<u>LACC 2.205</u>
<input type="checkbox"/> Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<u>LACC 2.211</u>

Note: In no instance shall any of the listed preference programs price or scoring be combined with any other County program to exceed 15% in response to any county solicitation.

REQUIRED FORMS – EXHIBIT 4

PROPOSER’S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Proposer's Name: _____

1. DEBARMENT HISTORY (Check one)	YES	NO
Proposer is currently debarred by a public entity		
If yes, please provide the name of the public entity: _____		
2. LIST OF TERMINATED CONTRACTS (Check one)	YES	NO
Proposer has contracts that have been terminated in the past three years.		

If yes, please list all contracts that have been terminated prior to expiration within the last three years.

Service: _____ Name of Entity: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____
Termination Date: _____ Name/Contract No: _____
Reason for Termination: _____

Service: _____ Name of Entity: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____
Termination Date: _____ Name/Contract No: _____
Reason for Termination: _____

Service: _____ Name of Entity: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____
Termination Date: _____ Name/Contract No: _____
Reason for Termination: _____

Service: _____ Name of Entity: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____
Termination Date: _____ Name/Contract No: _____
Reason for Termination: _____

Instructions for Completing Form (Exhibit 5)

The County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

Section 1: FIRM/ORGANIZATION INFORMATION	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE

If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Sheriff's sole judgment and his/her judgment shall be final.

**REQUIRED FORMS – EXHIBIT 5
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

TITLE		REFERENCE			
1 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.			
Total Number of Employees in California:					
Total Number of Employees (including owners):					
Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:					
Race/Ethnic Composition	Owners/Partners/Associate Partners		Percentage of how ownership of the firm is distributed		
	Male	Female	Male	Female	
Black/African American			%	%	
Hispanic/Latino			%	%	
Asian or Pacific Islander			%	%	
Native Americans			%	%	
Subcontinent Asian			%	%	
White			%	%	

TITLE		REFERENCE				
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE		If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.				
		<input type="checkbox"/> Check if not applicable				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

REQUIRED FORMS – EXHIBIT 6

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-5 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORMS – EXHIBIT 7

MINIMUM MANDATORY QUALIFICATIONS

Proposer acknowledges and certifies that it meets and will comply with the Proposer’s Minimum Mandatory Qualifications indicated below and as stated in Paragraph 3.0 (Proposer’s Minimum Mandatory Qualifications) of this Request for Proposals (RFP).

No.	Minimum Mandatory Qualification(s) (MMQ)	Complies with MMQ	
		Yes	No
	Intelligence Analyst Services		
1	<p>Proposer must demonstrate a minimum of five years of experience in providing analysts specializing in counter-terrorism and intelligence in support of local, state, and federal law enforcement agencies. Experience must be comparable to the Services identified in Exhibit A (SOW) of Appendix A (Sample Contract) of this RFP.</p> <p>Proposer must provide references that verify this Minimum Mandatory Qualification and include complete start dates, complete end dates, name of governmental agency and law enforcement agency, and Services provided.</p>		
2	<p>Proposer must demonstrate a minimum of five years experience in providing Intelligence Analysts to perform Services for the United States. Department of Homeland Security designated Fusion Centers.</p> <p>Proposer must provide references that verify this Minimum Mandatory Qualification and include complete start and end dates.</p>		
3	<p>Proposer 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 a period of 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.</p>		

REQUIRED FORMS – EXHIBIT 8
PROPOSER’S LIST OF REFERENCES

Proposer's Name:

Provide three references where the same or similar scope of Services were provided to verify the Proposer’s Minimum Mandatory Qualifications as listed in Paragraph 3.0 (Proposer’s Minimum Mandatory Qualifications) of this RFP. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

1. REFERENCES	
<p>SERVICE TYPE: _____</p> <p>CONTRACT TERM: _____</p> <p>START DATE: _____</p> <p>END DATE: _____</p> <p>CONTRACT AMOUNT: _____</p> <p>COMPANY/AGENCY/DEPT: _____</p> <p>ADDRESS: _____</p> <p>CONTACT NAME: _____</p> <p>TELEPHONE: _____</p> <p>E-MAIL: _____</p> <p>Reference will verify that the Proposer has the required experience as stated in:</p> <p>sub-paragraph 3.1: Yes: _____ No: : _____</p> <p>sub-paragraph 3.2: Yes: _____ No: _____</p>	<p>SERVICE TYPE: _____</p> <p>CONTRACT TERM: _____</p> <p>START DATE: _____</p> <p>END DATE: _____</p> <p>CONTRACT AMOUNT: _____</p> <p>COMPANY/AGENCY/DEPT: _____</p> <p>ADDRESS: _____</p> <p>CONTACT NAME: _____</p> <p>TELEPHONE: _____</p> <p>E-MAIL: _____</p> <p>Reference will verify that the Proposer has the required experience as stated in:</p> <p>sub-paragraph 3.1: Yes: _____ No: : _____</p> <p>sub-paragraph 3.2: Yes: _____ No: _____</p>

<p>SERVICE TYPE: _____</p> <p>CONTRACT TERM: _____</p> <p>START DATE: _____</p> <p>END DATE: _____</p> <p>CONTRACT AMOUNT: _____</p> <p>COMPANY/AGENCY/DEPT: _____</p> <p>ADDRESS: _____</p> <p>CONTACT NAME: _____</p> <p>TELEPHONE: _____</p> <p>E-MAIL: _____</p> <p>Reference will verify that the Proposer has the required experience as stated in:</p> <p>sub-paragraph 3.1: Yes: _____ No: : _____</p> <p>sub-paragraph 3.2: Yes: _____ No: _____</p>

REQUIRED FORMS – EXHIBIT 8
PROPOSER’S LIST OF REFERENCES

Proposer's Name:

Provide references where the same or similar scope of Services were provided within the last three years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

2. PUBLIC ENTITIES (Include contracts with other governmental agencies including County of Los Angeles)

SERVICE TYPE: _____
CONTRACT TERM: _____
START DATE: _____
END DATE: _____
CONTRACT AMOUNT: _____
COMPANY/AGENCY/DEPT: _____
ADDRESS: _____
CONTACT NAME _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
START DATE: _____
END DATE: _____
CONTRACT AMOUNT: _____
COMPANY/AGENCY/DEPT: _____
ADDRESS _____
CONTACT NAME: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
START DATE: _____
END DATE: _____
CONTRACT AMOUNT: _____
COMPANY/AGENCY/DEPT: _____
ADDRESS: _____
CONTACT NAME _____
TELEPHONE: _____
E-MAIL: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
START DATE: _____
END DATE: _____
CONTRACT AMOUNT: _____
COMPANY/AGENCY/DEPT: _____
ADDRESS: _____
CONTACT NAME: _____
TELEPHONE: _____
E-MAIL: _____

REQUIRED FORMS – EXHIBIT 9

PRICE SHEET (Cost Proposal)

Proposer must complete this Exhibit 9 (Price Sheet) and provide a firm, fixed all inclusive hourly rate (including but not limited to salary, benefits, and administrative costs) for each Intelligence Analyst item identified below, for each year of the Contract, including Option Term years.

	Base Term			Option 1	Option 2	Option 3	Option 4
	Year 1	Year 2	Year 3				
Senior Intelligence Analyst Manager #1	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst Manager #2	\$	\$	\$	\$	\$	\$	\$
Operations Intelligence Analyst Manager #3	\$	\$	\$	\$	\$	\$	\$
Systems Intelligence Analyst #4	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #5	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #6	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #7	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #8	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #9	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #10	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #11	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #12	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #13	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #14	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #15	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #16	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #17	\$	\$	\$	\$	\$	\$	\$

**REQUIRED FORMS – EXHIBIT 9
PRICE SHEET (Cost Proposal)**

	Base Term						
	Year 1	Year 2	Year 3	Option 1	Option 2	Option 3	Option 4
Intelligence Analyst #18	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #19	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #20	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #21	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #22	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #23	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #24	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #25	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #26	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #27 (Part-time)	\$	\$	\$	\$	\$	\$	\$
Intelligence Analyst #28 (Part-time)	\$	\$	\$	\$	\$	\$	\$

<u>Annual Contract Sum</u>	\$	\$	\$	\$	\$	\$	\$
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*Overtime	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
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<u>Maximum Annual Contract Sum</u>	\$	\$	\$	\$	\$	\$	\$
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*At County’s discretion, Overtime will be funded by either, or both, of the two grants.

County will review Proposer’s Exhibit 9 (Price Sheet) and determine whether the proposed hourly rate pricing is reasonable and appropriate for the types of levels of Services to be provided under this Contract. If the pricing is incomplete or unreasonable, County may, at its discretion, deem the proposal to be non-responsive.