

REQUIRED FORMS – EXHIBIT 1 (REVISED-BULLETIN 14)
PROPOSER’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 Proposer and to bind the applicant in a Contract.

Part A – Proposer’s Organization

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 (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:

Part B – Proposer’s Compliance with Minimum Mandatory Requirements

Proposer acknowledges and certifies that firm meets and will comply with the Proposer’s Minimum Qualifications as stated in Paragraph 3, of this Request for Proposal, as listed below.

Check the appropriate boxes:

PROPOSER’S MINIMUM QUALIFICATIONS

- Yes** **No** Proposer shall be an established provider of Biometric systems and Solutions which currently are in production use at a minimum of three (3) U.S. public safety/ law enforcement environments.
- Yes** **No** Proposer shall have implemented enterprise Biometric Solutions in at least two (2) public safety/law enforcement environments. An enterprise-wide solution includes central data collection. Successful implementation includes no less than twenty biometric workstations located at minimally ten (10) different physical facilities (e.g., police station, courthouse).
- Yes** **No** Proposer shall have, within the last eight (8) years, at least seven (7) years’ experience providing biometric Solutions and services as outlined in the SOW (Appendix A).
- Yes** **No** Proposer shall have two (2) or more service technicians on staff who are capable of responding to onsite service calls to any equipment location in the County [except Catalina] within four (4) hours of notification by County.
- Yes** **No** Proposer shall not have unresolved questioned costs within the last 10 years, as identified by the County Auditor-Controller, in an amount over \$100,000 that are 1) confirmed to be disallowed costs by a contracting County department, and 2) 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 contracting County department.

PROPOSER’S SOLUTION MINIMUM REQUIREMENTS

- Yes** **No** Proposer’s Livescan equipment and components shall be FBI-Certified on or prior to July 20, 2018. Proposer must provide FBI certification or FBI letter that certification is approved and forthcoming.
- Yes** **No** Proposer shall provide their FBI certification confirming that their Biometric Solution meets “Profile for 1000ppi Fingerprint Compression” (as specified in the FBI document: <https://www.fbibiospecs.cjis.gov/Document/Get?fileName=J2K1000.pdf>).
- Yes** **No** Proposer’s Livescan equipment and components shall be Cal-DOJ 1000ppi certified for use in California on or prior to July 20, 2018. Proposer must provide Cal-DOJ certification or Cal-DOJ letter that certification is approved and forthcoming.
- Yes** **No** Proposer's equipment and components for fingerprint capture on coroner and Quick ID devices shall be 500ppi certified at minimum by Cal-DOJ, for use in California, on or prior to July 20, 2018. Proposer must provide Cal-DOJ certification or Cal-DOJ letter that certification is approved and forthcoming.

Part C – Certification

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

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify) _____						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						

Filipino						
White						

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

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

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.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

Proposer further 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 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.

PROPOSER NAME:		COUNTY WEBVEN NUMBER:
ADDRESS:		
PHONE NUMBER:	E-MAIL:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:	
PROPOSER OFFICIAL NAME AND TITLE (PRINT):		
SIGNATURE	DATE	