

Appendix B

PARKING CITATION PROCESSING SERVICES

(PCPS)

Required Forms

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Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Requirements listed in Paragraph 1.4 (Minimum Mandatory Requirements) of the Request for Proposals (RFP).

- YES NO 1.4.1 Proposer must demonstrate at least five (5) years proven experience providing PCPS as its primary business, or as a major component of its business operations.
- YES NO 1.4.2 Proposer must utilize, as a major component of its PCPS program, a centralized relational database capable of functioning in a “high availability” server environment that provides the County with web-based access to all citation processing data (Proposer may be required to demonstrate the functionality of the centralized relational database upon request).
- YES NO 1.4.3 Proposer must demonstrate that Proposer is currently processing a minimum of 15,000 parking citations per month.
- YES NO 1.4.4 Proposer must have successfully implemented, and currently manages, a PCPS program in at least one (1) law enforcement agency.
- YES NO 1.4.5 Proposer must have, for the last three (3) years, processed electronic payments (credit cards, debit cards).
- YES NO 1.4.6 Proposer must support integration with FIS and configurations shall follow the requirements set forth in Attachment E (FIS Integration) of Appendix A (Statement of Work) of this RFP.
- YES NO 1.4.7 Proposer must comply with the RFP format and requirements set forth in Section 2.0 (Proposal Submission Requirements) of this RFP.
- YES NO 1.4.8 Proposer must complete and return all Required Forms under Appendix B (Required Forms) of this RFP.
- YES NO 1.4.9 Proposer must have attended the Mandatory Proposers Conference as required in Paragraph 2.6 (Mandatory Proposers Conference) of this RFP.

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 Proposer’s sole judgment and his/her judgment shall be final.

Proposer’s Name:

Address:

e-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Proposer's name), I _____
(Name of Proposer's authorized representative), certify that the information contained in this Proposer's
Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date

County WebVen Number

Proposer's Organization Questionnaire/Affidavit

Additional Instructions

Taking into account the structure of the Proposer's organization, Proposer shall determine which of the below referenced supporting documents the County requires. If the Proposer's organization does not fit into one of these categories, upon receipt of the Proposal or at some later time, the County may, in its discretion, request additional documentation regarding the Proposer's business organization and authority of individuals to sign Contracts.

If the below referenced documents are not available at the time of Proposal submission, Proposers must request the appropriate documents from the California Secretary of State and provide a statement on the status of the request.

Required Support Documents:

Corporations or Limited Liability Company (LLC):

The Proposer must submit the following documentation with the Proposal:

- 1) A copy of a "Certificate of Good Standing" with the state of incorporation/organization
- 2) A conformed copy of the most recent "Statement of Information" as filed with the California Secretary of State listing corporate officers or members and managers

Limited Partnership:

The Proposer must submit a conformed copy of the Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State, and any amendments.

REQUIRED FORMS - B2
PROSPECTIVE CONTRACTOR REFERENCES

Contractor's Name: _____

List three (3) references, at least one of which is a law enforcement agency as described in the Paragraph 1.4 (Minimum Mandatory Requirements) of the RFP where the same or similar scope of services were provided in order to meet the Mandatory Minimum Requirements stated in the RFP.

1. Name of Firm		Address of Firm	
Contact Person	E-mail Address	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.
2. Name of Firm		Address of Firm	
Contact Person	E-mail Address	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.
3. Name of Firm		Address of Firm	
Contact Person	E-mail Address	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.

REQUIRED FORMS - B3
PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Contractor's Name: _____

List of all public entity and County contracts for which the Contractor has provided service within the last three (3) years. Use additional sheets if necessary.

1. Name of Firm		Address of Firm	
Contact Person	E-mail Address	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.
2. Name of Firm		Address of Firm	
Contact Person	E-mail Address	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.
3. Name of Firm		Address of Firm	
Contact Person	E-mail Address	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.

REQUIRED FORMS - B4
PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

Contractor's Name: _____

List of all contracts that have been terminated within the past three (3) years. Use additional sheets if necessary.

1. Name of Firm		Address of Firm	
Contact Person	E-mail Address	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.
2. Name of Firm		Address of Firm	
Contact Person	E-mail Address	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.
3. Name of Firm		Address of Firm	
Contact Person	E-mail Address	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.

REQUIRED FORMS - B5
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 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 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 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.

Proposer Name

Proposer Official Title

Official's Signature

Cert. of No Conflict of Interest

REQUIRED FORMS - B6

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The 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) that all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature: _____ Date: _____

**Request for Local SBE Preference Program Consideration and
CBE Firm/Organization Information Form**

INSTRUCTIONS: All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: _____
COUNTY VENDOR NUMBER: _____

- As a Local SBE, certified by the County of Los Angeles Office of Affirmative Action Compliance, I request this proposal/bid be considered for the Local SBE Preference.
- Attached is my Local SBE Certification letter issued by the County

II. 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 (Please Specify) _____						
Total Number of Employees (including owners): _____						
Race/Ethnic Composition of Firm. Please 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						

III. 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	%	%	%	%	%	%

IV. 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	Dis-advantaged	Disabled Veteran	Expiration Date

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

Print Authorized Name	Authorized Signature	Title	Date
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REQUIRED FORMS - B8
PROPOSER'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 Proposer 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.

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 work force.	()	()
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 goal and/or timetables.	()	()

Signature

Date

Name and Title of Signer (please print)

EEO CERTIFICATION

REQUIRED FORMS - B9

**ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Proposer 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. Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer’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: GANGROW@dpss.lacounty.gov.

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

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

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

_____ YES (subject to verification by County) _____ NO

B. Proposer 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 Proposer is willing to interview qualified GAIN/GROW participants.

_____ YES _____ NO

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

_____ YES _____ NO _____ N/A (Program not available)

Proposer Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Tel.#: _____ Fax #: _____

REQUIRED FORMS – B10

**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County’s solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers, 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 proposer is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ 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:

REQUIRED FORMS - B11

PRICING SHEET

I. PER-CITATION PROCESSING COST

Each Proposer shall provide an all-inclusive, per-citation processing cost. Proposer’s cost shall be inclusive of any and all taxes and other fees and shall further take into consideration the difference between handwritten citation processes vs. electronic citation uploads and the requirements set forth in Appendix A (Statement of Work), including Attachment A (County’s Functional Business Requirements) of the RFP.

YEAR 1	YEAR 2	YEAR 3	OPTION YEAR 4	OPTION YEAR 5	6-MONTH OPTION

For purposes of evaluation, the per-citation processing costs provided above will be averaged across 5.5 years to arrive at a final per-citation processing cost. The County will use this fixed average per-citation processing cost, multiplied by 150,000 citations, and divided by 12 months, to arrive at a prospective monthly fixed cost to administer the PCPS program. For example: (Average per-citation processing cost X 150,000)/12

This prospective cost will be used to arrive at a final competitive monthly cost for the purpose of evaluation in this solicitation only. The County makes no guarantee as to the actual number of citations which may be processed in any given contract year.

II. MONTHLY USAGE COST

Each Proposer shall provide the fixed monthly price per device for usage and maintenance of each type of equipment required by the Department, in satisfaction of the requirements of the RFP, including those set forth in Appendix A (Statement of Work), including Attachment A (Functional Business Requirements) and Attachment C (LASD Workstation Baseline) of the RFP.

Ila. Desktop Computing Hardware Devices (Inclusive of CPUs, Monitors, Laser Printers, Scanners, and/or peripheral computing devices)

Proposer shall provide its monthly cost per device for usage and maintenance of a desktop computing hardware device. Upon the commencement of the resultant Agreement, Proposer shall provide ten (10) desktop computing hardware devices for use by the Department. It is anticipated that the County's need for desktop computing hardware devices may vary and fluctuate during the Term of the resultant Agreement. The County reserves the right to increase or decrease the number of required desktop computing hardware devices by no more than twenty percent (20%) during the Term of the resultant Agreement.

YEAR 1 MONTHLY PER DEVICE COST	YEAR 2 MONTHLY PER DEVICE COST	YEAR 3 MONTHLY PER DEVICE COST	OPTION YEAR 4 MONTHLY PER DEVICE COST	OPTION YEAR 5 MONTHLY PER DEVICE COST	6-MONTH OPTION MONTHLY PER DEVICE COST

___% Plus ___% Plus ___% Plus ___% Plus ___%

Proposer shall specify the amount of the annual percentage increase to be applied to each prior year for the monthly per device cost of the Department's usage of a desktop computing hardware device. If zero, please write '0'.

For purposes of evaluation, the County will average the costs over 5.5 years to arrive at average monthly cost for ten (10) desktop computing devices.

IIb. Handheld Electronic Ticket-Writer Computing Devices

Proposer shall provide its fixed monthly per device cost for usage and maintenance of a handheld electronic ticket-writer computing device. Upon the commencement of the resultant Agreement, Proposer shall provide seventy (70) handheld electronic ticket-writer computing devices for use by the Department. It is anticipated that the County's need for handheld electronic ticket-writer computing devices may vary and fluctuate during the Term of the resultant Agreement. The County reserves the right to increase or decrease the number of required handheld electronic ticket-writer computing devices by no more than twenty percent (20%) during the Term of the resultant Agreement.

YEAR 1 MONTHLY PER DEVICE COST	YEAR 2 MONTHLY PER DEVICE COST	YEAR 3 MONTHLY PER DEVICE COST	OPTION YEAR 4 MONTHLY PER DEVICE COST	OPTION YEAR 5 MONTHLY PER DEVICE COST	6-MONTH OPTION MONTHLY PER DEVICE COST

___% Plus ___% Plus ___% Plus ___% Plus ___%

Proposers shall specify the amount of the annual percentage increase to be applied to each prior year for the monthly per device cost of the Department's usage of a handheld electronic ticket-writer computing device. If zero, please write '0'.

For purposes of evaluation, the County will average the monthly costs over 5.5 years to arrive at an average monthly cost for seventy (70) handheld electronic ticket-writer computing devices.

IIc. Automated License Plate Recognition (ALPR) Systems

Proposer shall provide its fixed monthly per device cost for usage and maintenance of an ALPR system. Upon the commencement of the resultant Agreement, Proposer shall provide five (5) ALPR systems for use by the Department. It is anticipated that the County's need for ALPR systems may vary and fluctuate during the Term of the resultant Agreement. The County reserves the right to increase or decrease the number of required handheld ALPR systems by no more than twenty percent (20%) during the Term of the resultant Agreement.

YEAR 1 MONTHLY PER DEVICE COST	YEAR 2 MONTHLY PER DEVICE COST	YEAR 3 MONTHLY PER DEVICE COST	OPTION YEAR 4 MONTHLY PER DEVICE COST	OPTION YEAR 5 MONTHLY PER DEVICE COST	6-MONTH OPTION MONTHLY PER DEVICE COST

___% Plus ___% Plus ___% Plus ___% Plus ___%

Proposer shall specify the amount of the annual percentage increase to be applied to each prior year for the monthly per device cost of the Department's usage of an ALPR system. If zero, please write '0'.

For purposes of evaluation, County will average the monthly costs over 5.5 years to arrive at an average monthly cost for five (5) ALPR Systems.

III. IMPLEMENTATION COSTS

Proposer shall enter the one-time cost information in this Section III to install and/or provide the IVR subsystem and Pay-by-Web Interface, and to configure and install/provide the ALPR, as required in the RFP and described in the Appendix A (Statement of Work), including Attachment A (County's Functional Business Requirements) of the RFP.

PRICE COMPONENT	ONE-TIME COST
IVR Telephone Subsystem	
Pay-by-Web Interface	
ALPR law-enforcement configuration	
TOTAL AMOUNT	

For purposes of evaluation, County will average each of the one-time implementation costs by 5.5 years to arrive at an average monthly cost for implementation.

IV. SPECIAL COLLECTIONS FEE

The Special Collections Fee (not exceeding 30%) for delinquent citations will be _____%. The Special Collections Fee shall be passed to the customer (citation holder or violator).

NOTICE TO PROPOSERS

Proposers shall consider the costs represented in this Form B11 as ALL-INCLUSIVE. County shall not pay for any taxes or other fees other than the fees specifically identified in this Form B11.

REQUIRED FORMS - B12

***CERTIFICATION OF INDEPENDENT PRICE DETERMINATION
& ACKNOWLEDGEMENT OF RFP 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 number of person legally authorized to commit the Proposer.

NAME

PHONE NUMBER

_____	_____
_____	_____
_____	_____

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, subcontractors, or others having any right or interest in this contract 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 RFP. Proposer understands that if it is determined by the County that the Proposer did participate as a consultant in this RFP process, the County shall reject this proposal.

Name of Firm

Print Name of Signer

Title

Signature

Date

**REQUIRED FORMS - B13
TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION**

COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP CODE:

I hereby certify that I meet all the requirements for this program:

- My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for 3 years (*attach IRS Determination Letter*);
- I have submitted my three most recent annual tax returns with my application;
- I have been in operation for at least one year providing transitional job and related supportive services to program participants; and
- I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants and any other information requested by the contracting department.

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

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REVIEWED BY COUNTY:

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE

REQUIRED FORMS - B14

**REQUEST FOR DVBE PREFERENCE PROGRAM
CONSIDERATION**

INSTRUCTIONS: All Bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

In evaluating bids/proposals, the County will give preference to businesses that are certified by the State of California as a Disabled Veteran Business Enterprise (DVBE) or by the Department of Veterans as a Service Disabled Veteran Owned Small Business (SDVOSB) consistent with Chapter 2.211 of the Los Angeles County Code.

Vendor understands that in no instance shall the disabled veteran business enterprise preference program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to any County solicitation.

Information about the State's Disabled Veteran Business Enterprise certification regulations is in the California Code of Regulations, Title 2, Subchapter 8, Section 1896 et seq., and is also available on the California Department of General Services Office of Disabled Veteran Business Certification and Resources Website at <http://www.pd.dgs.ca.gov/>

Information on the Veteran Affairs Disabled Business Enterprise certification regulations made be found in the Code of Federal Regulations, 38CFR 74 and is also available on the Veterans Affairs Website at: <http://www.vetbiz.gov/>

- I AM NOT** a Disabled Veteran Business Enterprise certified by the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs.

- I AM** certified as a Disabled Veteran Enterprise with the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs as of the date of this proposal/bid submission and I request this proposal be considered for the DVBE Preference.

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

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

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE

REQUIRED FORMS - B15

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED
PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For Parking Citation Processing Services:		

The Proposer/Bidder/Contractor 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 Proposer/Bidder/Contractor 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 Proposer/Bidder/Contractor 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:

Date: _____