

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 Requirements
- 8 Proposer's List of References
- 9 Pricing Schedule

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>If not a California corporation or LLC, are you registered by the California Secretary of State to conduct business in California as a foreign corporation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
3	<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>
4	<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>

REQUIRED FORMS – EXHIBIT 1

PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

<p align="center">5</p>	<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 border="0"> <tr> <td>Name(s):</td> <td align="right">Year(s) of Name Change:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name(s):	Year(s) of Name Change:	_____	_____	_____	_____																						
Name(s):	Year(s) of Name Change:																													
_____	_____																													
_____	_____																													
<p align="center">6</p>	<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>																												
<p align="center">7</p>	<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>																												
<p align="center">8</p>	<p>List all names and contact information of all individuals legally authorized to commit the Proposer.</p>	<table border="0"> <tr><td>Name:</td><td>_____</td></tr> <tr><td>Title:</td><td>_____</td></tr> <tr><td>Phone:</td><td>_____</td></tr> <tr><td>Email:</td><td>_____</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Name:</td><td>_____</td></tr> <tr><td>Title:</td><td>_____</td></tr> <tr><td>Phone:</td><td>_____</td></tr> <tr><td>Email:</td><td>_____</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Name:</td><td>_____</td></tr> <tr><td>Title:</td><td>_____</td></tr> <tr><td>Phone:</td><td>_____</td></tr> <tr><td>Email:</td><td>_____</td></tr> </table>	Name:	_____	Title:	_____	Phone:	_____	Email:	_____			Name:	_____	Title:	_____	Phone:	_____	Email:	_____			Name:	_____	Title:	_____	Phone:	_____	Email:	_____
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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 requesting preference consideration 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

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	LACC 2.204
<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	LACC 2.205
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

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(ies)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name(s) of the public entity(ies):		
2. LIST OF TERMINATED CONTRACTS (Check one)	YES	NO
Proposer has contracts that have been terminated in the past three years.	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list all contracts, including but not limited to public entities, 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(s) for Termination: _____

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

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

Service: _____ Name of Entity: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____
Termination Date: _____ Name/Contract No: _____
Reason(s) 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 name(s) 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 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 REQUIREMENTS

Proposer acknowledges and certifies that it meets and will comply with Proposer's Minimum Mandatory Requirements indicated below and as stated in Paragraph 3.0 (Proposer's Minimum Mandatory Requirements), of the RFP.

No.	Minimum Mandatory Requirements (MMR)	Complies with M/R	
		Yes	No
1	Proposer must be a Palantir Registered Gotham Supplier and provide written authorization from Palantir to confirm proposer's access to Palantir's proprietary technology.		
2	Proposer must have at least five years' experience, within the last ten years, in maintaining and supporting Palantir Gotham and list references on Exhibit 8 (Proposer's List of References) of Appendix B (Required Forms).		
3	Proposer's experience include verifiable ability to execute the following troubleshooting skills: <ul style="list-style-type: none"> a. Reading stack traces / thread dumps and extrapolating information from each. b. Performing UNIX server health checks (du, df, free, top, etc.). c. Utilizing debuggers (attached to java processes) to follow along in the code base (especially relevant for plug-ins bug troubleshooting). 		
4	Proposer does not have unresolved questioned cost, as identified by the County Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the 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.		

**REQUIRED FORMS – EXHIBIT 8
PROPOSER’S LIST OF PUBLIC AGENCY REFERENCES**

Proposer’s Name: _____

Page 1 of 2

Proposer must provide three references for which the same or similar scope of services were provided by the Proposer during the previous ten years. Proposer must provide a comprehensive reference list (public agencies and private entities) and ensure the accuracy of the information provided below. Use additional pages if required.

PUBLIC AGENCIES	
SERVICE TYPE:	
CONTRACT TERM: (MM/YYYY to MM/YYYY)	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
SERVICE TYPE:	
CONTRACT TERM: (MM/YYYY to MM/YYYY)	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
SERVICE TYPE:	
CONTRACT TERM: (MM/YYYY to MM/YYYY)	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

**REQUIRED FORMS – EXHIBIT 8
PROPOSER’S LIST OF PRIVATE ENTITIES REFERENCES**

Proposer’s Name: _____

Page 2 of 2

Proposer must provide three references for which the same or similar scope of services were provided by the Proposer during the previous ten years. Proposer must provide a comprehensive reference list (public agencies and private entities) and ensure the accuracy of the information provided below. Use additional pages if required.

PRIVATE ENTITIES	
SERVICE TYPE:	
CONTRACT TERM: (MM/YYYY to MM/YYYY)	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
SERVICE TYPE:	
CONTRACT TERM: (MM/YYYY to MM/YYYY)	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
SERVICE TYPE:	
CONTRACT TERM: (MM/YYYY to MM/YYYY)	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

REQUIRED FORMS - EXHIBIT 9

PRICING SCHEDULE

1. GENERAL

This Exhibit 9 (Pricing Schedule) sets forth the pricing for the Work to be provided by Contractor under the Contract.

2. CONSULTING FEES

Contractor must provide Gotham Consulting Services under the Contract at the rates and fees specified below.

<u>Initial Term</u>	DESCRIPTION OF SERVICES	MONTHLY FIXED PRICE	ANNUAL TOTAL
Year 1	Break-fix maintenance, technical support, and other consulting services.		
Year 2	Break-fix maintenance, technical support, and other consulting services.		
Year 3	Break-fix maintenance, technical support, and other consulting services.		
<u>Option Terms</u>			
Year 1	Break-fix maintenance, technical support, and other consulting services.		
Year 2	Break-fix maintenance, technical support, and other consulting services.		
CONTRACT SUM:			

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.

Contractor asserts that the below signed person is authorized to bind CONTRACTOR to the PRICING represented herein.

Submitted by:

Signature: _____

Print Name: _____

Title of Its Authorized Representative: _____

Date: _____