

# APPENDIX B

## REQUIRED FORMS

(Revised under Bulletin #2)

### Exhibits

- 1) Vendor's Organization Questionnaire/Affidavit
- 2) Certification of Compliance
- 3) Request for Preference Consideration
- 4) Vendor's Debarment History and List of Terminated Contracts
- 5) Declaration
- 6) Community Business Enterprise (CBE) Information
- 7) Minimum Mandatory Qualifications
- 8) Vendor's List of References
- 9) Required Licenses, Certifications, Memberships, and Permits

**REQUIRED FORMS – EXHIBIT 1**

**VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>VENDOR NAME:</b>	<b>COUNTY WEBVEN NUMBER:</b>
<b>ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	<b>E-MAIL:</b>
<b>INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</b>	<b>CALIFORNIA BUSINESS LICENSE NUMBER:</b>

1	<p><b>Select the options that best define your firm’s business structure:</b></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><b>If Corporation or Limited Liability Company (LLC):</b>                  Legal Name (as stated in Articles of Incorporation):                  _____</p> <p>State if Incorporation: _____                  Year of Incorporation: _____</p> <p><b>If Limited Partnership or a Sole Proprietorship:</b>                  Name of proprietor or managing partner:                  _____</p> <p><b>If other:</b> Specify business structure name:                  _____</p>
	<p><b>Is your firm doing business under one or more DBAs?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p><b>Is your firm wholly/majority owned by, or a subsidiary of another firm?</b></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>
	<p><b>Has your firm done business as other names within last five years?</b></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> <p>Name(s): _____</p> <p align="right">Year(s) of Name Change</p>

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>	
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>
7	<p>List all names and contact information of all individuals legally authorized to commit the Vendor.</p>	

**REQUIRED FORMS – EXHIBIT 2**  
**CERTIFICATION OF COMPLIANCE**

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

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	<a href="#">LACC 2.180</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<a href="#">LACC 2.160</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<a href="#">Motion</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<a href="#">Board Policy 5.250</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Attestation of Willingness to Consider Gain/Grow Participants	<a href="#">Board Policy 5.050</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Willing to provide GAIN/GROW participants access to employee mentoring program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
6	Contractor Employee Jury Service Program Certification Form & Application for Exception	<a href="#">LACC 2.203</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, identify exemption:</b> <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.
7	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<a href="#">LACC 2.206</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, identify exemption:</b> <hr/>

**REQUIRED FORMS – EXHIBIT 3**

**REQUEST FOR PREFERENCE CONSIDERATION**

**INSTRUCTIONS:** Vendors requesting preference consideration must complete and include this form in their SOQs. Vendors 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)**

<b>Preference Program</b>		<b>Reference</b>
<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	<a href="#"><u>LACC 2.204</u></a>
<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	<a href="#"><u>LACC 2.205</u></a>
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<a href="#"><u>LACC 2.211</u></a>

**Note: In no instance will 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**

**VENDOR'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

Vendor's Name: \_\_\_\_\_

<b>1. DEBARMENT HISTORY (Check one)</b>		<b>YES</b>	<b>NO</b>
Vendor is currently debarred by a public entity			
If yes, please provide the name of the public entity:			
<b>2. LIST OF TERMINATED CONTRACTS (Check one)</b>		<b>YES</b>	<b>NO</b>
Vendor 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.

**REQUIRED FORMS – EXHIBIT 5**  
**DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN THE EXHIBITS 1-4 IS TRUE AND CORRECT.**

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

**REQUIRED FORMS – EXHIBIT 6**  
**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**  
**Instructions for Completing Form**

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.

<b>Section 1: FIRM/ORGANIZATION INFORMATION</b>	
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%.

<b>Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE</b>
If the firm is currently certified as a Community Business 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.

Vendor acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, this SOQ 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 6  
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			%	%	
American Indian			%	%	
Filipino			%	%	
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 7

**MINIMUM MANDATORY QUALIFICATIONS**

Vendor acknowledges and certifies that it meets and will comply with the Minimum Mandatory Qualifications indicated below and as stated in Paragraph 3 (Vendor’s Minimum Mandatory Qualifications) of the Request Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Qualifications (MMQ)	Complies with MMQ	
		Yes	No
1	<p>Vendor must have a minimum of five years of experience, within the last ten years, testing, inspecting, certifying, repairing, and maintaining underground and aboveground fuel storage tanks, or services equivalent or similar to the services described in Attachment 1 (Statement of Work) to Appendix A (Model Master Agreement).</p> <p>Vendor must complete Exhibit 8 (Vendor’s List of References) of Appendix B (Required Forms) listing all references necessary to verify this Minimum Mandatory Qualification.</p>		
2	<p>Vendor must possess a current and valid Class "A" General Engineering Contractor License issued by the California Contractors State License Board.</p> <p>Vendor must complete Exhibit 9 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of the license listed above to verify this Minimum Mandatory Qualification.</p>		
3	<p>Vendor must possess a current and valid Class “HAZ” Hazardous Substance Removal Certification issued by the California Contractors State License Board.</p> <p>Vendor must complete Exhibit 9 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of the certificate listed above to verify this Minimum Mandatory Qualification.</p>		
4	<p>Vendor must employ three or more full-time employees who possess valid Veeder-Root Level 4 Technician certificates and are designated to work with Veeder-Root sensors and panels.</p> <p>Vendor must complete Exhibit 9 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of a Veeder-Root Level 4 Technician certificate for each of the three employees to verify this Minimum Mandatory Qualification.</p>		

REQUIRED FORMS - EXHIBIT 7

**MINIMUM MANDATORY QUALIFICATIONS**

No.	Minimum Mandatory Qualifications (MMQ)	Complies with MMQ															
		Yes	No														
5	<p>Vendor must employ one or more full-time employee(s) who, in the aggregate, possess the 6 licenses and 6 certificates listed below:</p> <table border="1"> <thead> <tr> <th><u>LICENCES</u></th> <th><u>CERTIFICATES</u></th> </tr> </thead> <tbody> <tr> <td>1. ICC AST Installation/Retrofitting - U5</td> <td>1. Bravo Systems manufacturer</td> </tr> <tr> <td>2. ICC UST Installation/Retrofitting - U1</td> <td>2. Franklin Fueling Phase I - VR-101 (PHIL-TITE) manufacturer</td> </tr> <tr> <td>3. ICC California UST Service Technician - UT</td> <td>3. Healy Systems, Inc. Stage II Vapor Recovery manufacturer</td> </tr> <tr> <td>4. ICC California UST System Operator (Designated) - UC</td> <td>4. OPW Environmental Vapor Recovery Phase I - AST manufacturer</td> </tr> <tr> <td>5. ICC Vapor Recovery System Installation and Repair VI</td> <td>5. OPW Environmental Vapor Recovery Phase I - UST manufacturer</td> </tr> <tr> <td>6. ICC Vapor Recovery System Testing and Repair VT</td> <td>6. Vapor System Technology (VST, Inc.) Hanging Hardware Installation manufacturer</td> </tr> </tbody> </table> <p>Vendor must complete Exhibit 9 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of each of the above listed licenses and certificates for one or more employee(s) to verify this Minimum Mandatory Qualification.</p>	<u>LICENCES</u>	<u>CERTIFICATES</u>	1. ICC AST Installation/Retrofitting - U5	1. Bravo Systems manufacturer	2. ICC UST Installation/Retrofitting - U1	2. Franklin Fueling Phase I - VR-101 (PHIL-TITE) manufacturer	3. ICC California UST Service Technician - UT	3. Healy Systems, Inc. Stage II Vapor Recovery manufacturer	4. ICC California UST System Operator (Designated) - UC	4. OPW Environmental Vapor Recovery Phase I - AST manufacturer	5. ICC Vapor Recovery System Installation and Repair VI	5. OPW Environmental Vapor Recovery Phase I - UST manufacturer	6. ICC Vapor Recovery System Testing and Repair VT	6. Vapor System Technology (VST, Inc.) Hanging Hardware Installation manufacturer		
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6. ICC Vapor Recovery System Testing and Repair VT	6. Vapor System Technology (VST, Inc.) Hanging Hardware Installation manufacturer																
6	<p>If Vendor's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, then Vendor 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 County.</p>																

**REQUIRED FORMS – EXHIBIT 8  
VENDOR’S LIST OF REFERENCES**

**Vendor’s Name:** \_\_\_\_\_

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

<b>REFERENCE ONE</b> Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Firm	
Contract Service Type:	
Contract Start Date:	
Contract End Date:	
Contract Amount:	
Name of Company / Entity:	
Contact Name	
Contact Phone Number:	
Contact Email Address:	
<b>REFERENCE ONE</b> Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Firm	
Contract Service Type:	
Contract Start Date:	
Contract End Date:	
Contract Amount:	
Name of Company / Entity:	
Contact Name	
Contact Phone Number:	
Contact Email Address:	
<b>REFERENCE ONE</b> Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Firm	
Contract Service Type:	
Contract Start Date:	
Contract End Date:	
Contract Amount:	
Name of Company / Entity:	
Contact Name	
Contact Phone Number:	
Contact Email Address:	

REQUIRED FORMS - EXHIBIT 9

**REQUIRED LICENSES, CERTIFICATIONS, MEMBERSHIPS, AND PERMITS**

Vendor providing services under the Master Agreement must possess, comply with, and keep current all applicable licenses, certifications, memberships, and permits pursuant to Paragraph 3.3 (Permits and Licenses) of Attachment 1 (Statement of Work). Vendor shall list below all licenses, certifications, memberships, and permits required to perform the required services and attach copies with this form.

Attach additional pages to this form if necessary.

<b>List of all required licenses, certifications, memberships, and permits:</b>