

# **APPENDIX D**

## **REQUIRED FORMS**

**REVISED UNDER BULLETIN #3**

## **EXHIBITS**

### **BUSINESS FORMS**

- 1 Proposer's Organization Questionnaire/Affidavit
- 1a Community Business Enterprise (CBE) Information
- 2 Intentionally Omitted
- 3 Intentionally Omitted
- 4 Intentionally Omitted
- 5 Certification of No Conflict of Interest
- 6 Familiarity with the County Lobbyist Ordinance Certification
- 7 Request for Preference Program Consideration
- 8 Proposer's EEO Certification
- 9 Attestation of Willingness to Consider GAIN/GROW Participants
- 10 Contractor Employee Jury Service Program Certification Form and Application for Exception
- 11 Certification of Compliance with the County's Defaulted Property Tax Reduction Program
- 12 Zero Tolerance Policy on Human Trafficking Certification
- 13 Compliance with Fair Chance Employment Hiring Practices Certification
- 14 Proposer's Compliance with Encryption Requirements
- 15 Statement of Work Certification
- 16 Sample Contract Certification
- 17 Intentionally Omitted
- 18 Statement of Work Response Form

### **COST FORMS**

- 19 Cost Proposal Form **REVISED UNDER BULLETIN #3**

### **NON-DISCLOSURE FORM**

- 20 Non-Disclosure Agreement

**REQUIRED FORMS - EXHIBIT 1**  
**PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

**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.**

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:

<b>Name</b>	<b>County of Registration</b>	<b>Year became DBA</b>
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\_\_\_\_\_

\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

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

<b>NAME of FIRM:</b>		<b>COUNTY WEBVEN NUMBER:</b>
<b>ADDRESS:</b>		
<b>PHONE NUMBER:</b>	<b>E-MAIL:</b>	
<b>INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</b>	<b>CALIFORNIA BUSINESS LICENSE NUMBER:</b>	
<b>PROPOSER'S AUTHORIZED REPRESENTATIVE NAME AND TITLE (PRINT):</b>		
<b>SIGNATURE:</b>		<b>DATE:</b>

**REQUIRED FORMS - EXHIBIT 1a.  
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.

**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**

<p>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.</p>
<p>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 Director's sole judgment and his/her judgment shall be final.</p>

**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

TITLE		REFERENCE			
<b>1 FIRM/ORGANIZATION INFORMATION</b>		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				
<b>2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE</b>		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.				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

**REQUIRED FORMS - EXHIBIT 5**  
**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.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Signature

**REQUIRED FORMS - EXHIBIT 6**  
**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.

Name of Firm: \_\_\_\_\_

Name/Title of its Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED FORMS - EXHIBIT 7**

Use this form for County Solicitations **Not** subject to the Federal Restriction

**REQUEST FOR PREFERENCE PROGRAM CONSIDERATION**

**INSTRUCTIONS:** Businesses requesting preference consideration must complete and return this form for proper consideration of the proposal. Businesses may request consideration for one or more preference programs. Check all certifications that apply.\*

**I CERTIFY THAT THIS BUSINESS MEETS ALL OF THE REQUIREMENTS AND REQUEST THIS PROPOSAL BE CONSIDERED FOR THE PREFERENCE PROGRAM(S) SELECTED BELOW. A COPY OF THE CERTIFICATION LETTER ISSUED BY THE DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS (DCBA) IS ATTACHED.**

**Request for Local Small Business Enterprise (LSBE) Program Preference**

- Certified by the State of California as a small business and has had its principal place of business located in Los Angeles County for at least one (1) year; **or**
- Certified as a LSBE with other certifying agencies under DCBA's inclusion policy that has its principal place of business located in Los Angeles County and has revenues and employee size that meet the State's Department of General Services requirements; **and**
- Certified as a LSBE by the DCBA.

**Request for Social Enterprise (SE) Program Preference**

- A business that has been in operation for at least one year providing transitional or permanent employment to a Transitional Workforce or providing social, environmental and/or human justice services; **and**
- Certified as a SE business by the DCBA.

**Request for Disabled Veterans Business Enterprise (DVBE) Program Preference**

- Certified by the State of California, **or**
- Certified by U.S. Department of Veterans Affairs as a DVBE; **or**
- Certified as a DVBE with other certifying agencies under DCBA's inclusion policy that meets the criteria set forth by: the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration; **and**
- Certified as a DVBE by the DCBA.

**\*BUSINESS UNDERSTANDS THAT ONLY ONE OF THE ABOVE PREFERENCES WILL APPLY. IN NO INSTANCE SHALL ANY OF THE ABOVE LISTED PREFERENCE PROGRAMS PRICE OR SCORING PREFERENCE BE COMBINED WITH ANY OTHER COUNTY PROGRAM TO EXCEED FIFTEEN PERCENT (15%) IN RESPONSE TO ANY COUNTY SOLICITATION.**

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

**DCBA certification is attached.**

Name of Firm		County Webven No.	
Print Name:		Title:	
Signature:		Date:	
<b>Reviewer's Signature</b>	<b>Approved</b>	<b>Disapproved</b>	<b>Date</b>





**REQUIRED FORMS - EXHIBIT 8**  
**PROPOSER'S EEO CERTIFICATION**

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Company Name

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Address

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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.

<b>CERTIFICATION</b>	<b>YES</b>	<b>NO</b>
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.	( )	( )

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Signature

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Date

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Name and Title of Authorized Representative (please print)

**REQUIRED FORMS - EXHIBIT 9**  
**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. Additionally, 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: [GAINGROW@DPSS.LACOUNTY.GOV](mailto:GAINGROW@DPSS.LACOUNTY.GOV) and [BSERVICES@WDACS.LACOUNTY.GOV](mailto:BSERVICES@WDACS.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)

Name of Firm: \_\_\_\_\_

Name of its Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No: \_\_\_\_\_

## REQUIRED FORMS - EXHIBIT 10

### 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 given an exemption from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For: Computer Aided Dispatch (CAD) 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 This Business**

- This 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.
- This 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 this 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.

- This 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**

- This 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 EXHIBIT 11

### 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: Computer Aided Dispatch (CAD) Services		

Proposer 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, Proposer 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**

Proposer agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

**- OR -**

- It is 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:

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

Name of its Authorized Representative:	Title:
Signature:	Date:

**REQUIRED FORMS - EXHIBIT 12**

**ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING  
CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for: Computer Aided Dispatch (CAD) Services		

**PROPOSER CERTIFICATION**

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero-tolerance policy on human trafficking that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Proposer acknowledges and certifies compliance with Section 8.54 (Compliance with County's Zero Tolerance Policy on Human Trafficking) of the proposed Contract and agrees that Proposer or any member of its staff performing work under the proposed Contract will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any proposal, or cancellation of any resultant Contract, at the sole judgment of the County.

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.**

Name of its Authorized Representative:	Title:
Signature:	Date:

## REQUIRED FORMS - EXHIBIT 13

### COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for: Computer Aided Dispatch (CAD) Services		

#### PROPOSER/CONTRACTOR CERTIFICATION

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Proposer acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that Proposer and staff performing work under the Contract will be in compliance. Proposer further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any proposal, or termination of any resultant Contract, at the sole judgment of the County.

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.**

Name of its Authorized Representative:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 14

**PROPOSER'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS  
FOR  
COMPUTER AIDED DISPATCH (CAD) SERVICES**

Contractor shall provide information about its encryption practices with respect to Personal Information, Protected Health Information, Medical Information and any other information described in Paragraph 19.3 (Protection of Electronic County Information - Data Encryption) of the Contract by completing this Exhibit 14. By signing this Exhibit 14, Contractor certifies that it shall be in compliance with the Los Angeles County Board of Supervisors Policy 5.200 (Contractor Protection of Electronic County Information) upon the Effective Date and during the entire Term of the Contract. Contractors that fail to comply with this Policy shall be subject to suspension or termination of contractual agreements, denial of access to County Information Assets, placement in the Contractor Alert Reporting Database, and/or other actions as deemed appropriate by the County.

**DOCUMENTATION  
AVAILABLE**

<b>COMPLIANCE QUESTIONS</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
1) Will County data stored on your workstation(s) be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Will County data stored on your laptop(s) be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Will County data stored on removable media be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Will County data be encrypted when transmitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Will Contractor maintain a copy of any validation/attestation reports generated by its encryption tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Will County data be stored on remote servers*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*cloud storage, Software-as-a-Service or SaaS

\_\_\_\_\_  
Name of its Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Official's Signature



**REQUIRED FORMS - EXHIBIT 15**

**STATEMENT OF WORK CERTIFICATION**

Please complete, date and sign this form. The person signing the form must be authorized to certify on behalf of Proposer. I certify on behalf of Proposer that (check applicable box and sign below):

- Proposer: (i) agrees to provide all Tasks, Subtasks, deliverables, goods, Services and other Work as specified in Appendix A (Statement of Work - General) and Attachment A.1 (SOW Outline) to the RFP, as such may be modified by the County following the release of the RFP prior to the commencement of Contract negotiations or execution of the resultant Contract, and (ii) shall not raise any exceptions or objections to such Statement of Work, as such may be modified by the County, if the County elects to negotiate with Proposer and award Proposer the resultant Contract.
  
- Proposer: (i) proposes revisions to Appendix A (Statement of Work - General) and Attachment A.1 (SOW Outline) to the RFP in accordance with Paragraph 7.9.11 (Terms and Conditions in the Sample Contract, and Requirements of the Statement of Work: Acceptance of/or Exceptions to (Section E)) of the RFP, while preserving the scope and format of the Statement of Work, which proposed revisions are attached to Proposer’s Business Proposal in response to the RFP, and (ii) acknowledges and agrees that the County may, in its sole discretion, find that such proposed revisions are material enough to deem the proposal non-responsive and not be subject to further evaluation or may deduct points from Proposer’s evaluation score, as further specified in Paragraph 7.9.11.3 (Statement of Work (Section E.1)) of the RFP.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS - EXHIBIT 16**  
**SAMPLE CONTRACT CERTIFICATION**

**Contractor's Name:** \_\_\_\_\_

Please complete, date, and sign this form. The person signing the form must be authorized to certify on behalf of Proposer.

I certify on behalf of Proposer that (check applicable box and sign below):

- Proposer: (i) accepts all terms and conditions specified in Appendix C (Sample Contract) to the RFP including all Appendices, Exhibits, and Attachments thereto, as such may be modified by the County following the release of the RFP prior to the commencement of the Contract negotiations or execution of the resultant Contract, and (ii) shall not raise **any** exceptions or objections to the Sample Contract, as such may be modified by County, if County elects to negotiate with Proposer and award Proposer the resultant Contract.
  
- Proposer: (i) takes exceptions and proposes revisions to Appendix C (Sample Contract) to the RFP or to any of the Appendices, Exhibits or Attachments attached thereto in accordance with Paragraph 7.9.11 (Terms and Conditions in the Sample Contract, and Requirements of the Statement of Work (SOW): Acceptance of/or Exceptions to (Section E)) of the RFP, which exceptions and proposed revisions are attached to Proposer's Business Proposal in response to the RFP, and (ii) acknowledges and agrees that the County may, in its sole discretion, find that such exceptions and/or proposed revisions are material enough to deem the proposal non-responsive and not be subject to further evaluation or may deduct points from Proposer's evaluation score, as further specified in Paragraph 7.9.11.2 of the RFP.

\_\_\_\_\_  
Name of its Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS - EXHIBIT 18  
STATEMENT OF WORK RESPONSE FORM**

**TASK NUMBER:** 1

**TASK TITLE:** Project Plan and Management

**EXPECTATION STATEMENT:** The intent of this Task is to establish project management techniques to be used throughout the duration of the project. Contractor must work with County Project Manager to ensure Work is performed in a timely manner, consistent with project Documentation and to the satisfaction of the County.

**PROPOSER'S UNDERSTANDING OF TASK:**

**HOW STATEMENT:**

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 2

**EXPECTATION STATEMENT:** Ongoing Project Management

**TASK NARRATIVE:** The intent of this Task is to ensure Contractor actively tracks project status and establishes a project control and reporting system which will provide routine and realistic assessments of progress against the approved PCD in accordance with the project management techniques established under Task 1.

**PROPOSER'S UNDERSTANDING OF TASK:**

--

**HOW STATEMENT:**

--

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 3

**TASK TITLE:** Department Operation, Contractor's Review

**EXPECTATION STATEMENT:** The intent of this Task is for Contractor to become familiar with Department operations. The expectation is that Contractor must observe, on site, Department SMEs to get a complete understanding of daily dispatch operations from all User aspects (e.g., field, station, and tele-communicators). Contractor must submit a report that demonstrates Contractor's knowledge and understanding of Department operations. The report must include an analysis of the Department's business processes.

**PROPOSER'S UNDERSTANDING OF TASK:**

--

**HOW STATEMENT:**

--

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER: 4**

**TASK TITLE: Customization Design and Development Task**

**EXPECTATION STATEMENT: Contractor and the County must actively manage the design process for each agreed-upon System Customization and Interface based on the findings of the pre-contract, Requirements review and Gap Analysis using various tools such as storyboards, mock-ups, narratives, or similar. Contractor must provide a development path for each Customization and Interface, inclusive of checkpoints. Contractor must manage the development of all Customizations and Interfaces, frequently collaborating with the County, to ensure the development is proceeding according to schedule and meeting the County's expectations.**

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

--

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 5

**TASK TITLE:** System Configuration

**EXPECTATION STATEMENT:** Contractor must configure the CAD System at County Project's Managers direction to meet the needs of the County. At the conclusion of this Task, Contractor must demonstrate the Solution to the County to ensure it meets the County's expectations. If Configuration changes are necessary, Contractor must perform the modifications.

Note: It is the County's expectation that all Configuration(s) to the CAD System must be completed, tested, approved, and accepted before the County will authorize the purchase of Hardware or pay for licensing.

**PROPOSER'S UNDERSTANDING OF TASK:**

**HOW STATEMENT:**

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 6

**TASK TITLE:** System Reports, Design/Development

**EXPECTATION STATEMENT:** Contractor must develop all CAD reports that are currently available via the County's RAPS application. Contractor must provide training and training Documentation for County personnel on the System's report development and modification processes, as further specified in Task 12 (Training) below.

**PROPOSER'S UNDERSTANDING OF TASK:**

--

**HOW STATEMENT:**

--

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY



**TASK NUMBER:** 7

**TASK TITLE:** Data Conversion and GIS Import

**EXPECTATION STATEMENT:** Contractor must perform data conversion and the initial import of the County's CAD and Geographic Information System (GIS) data, in accordance with the Data Conversion Plan agreed upon by both parties prior to Contract signing. Contractor must document all steps needed to perform the GIS import process. Contractor must provide GIS import process training to County personnel. Contractor's personnel must be readily available should issues or questions arise from County personnel with any future GIS imports.

**PROPOSER'S UNDERSTANDING OF TASK:**

**HOW STATEMENT:**

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 8

**TASK TITLE:** Testing

**EXPECTATION STATEMENT:** Contractor must specify and document their approach for testing all aspects of the CAD System (e.g., functional, Interface, integration, performance and load, operational readiness, and reliability). Contractor must develop test plans and perform implementation testing in accordance with the test strategy agreed to by both parties in Task 1 (Project Plan and Management) above, as directed by the County. Contractor is responsible for documenting the results of all testing. All test results are subject to approval by County Project Manager.

The County is aware that testing may occur at various strategic points during implementation. Proposers must update this SOW in accordance with the strategy and test plans agreed-to by the parties.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 9

**TASK TITLE:** Hardware Ordering and Installation (as applicable)

**EXPECTATION STATEMENT:** Contractor must order and install all required Hardware (as applicable), subject to County Project Manager's written authorization to proceed.

Please note this Task will occur after the CAD System has been fully configured and customized and has passed all applicable testing phases, thru and including User Acceptance Testing. The County will work with Contractor to ensure sufficient access to County-owned facilities.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

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***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 10

**TASK TITLE:** Phase 1 Pilot (User Acceptance Test) and Go-Live Plan, Part A – Decentralized  
Phase 1 Pilot (User Acceptance Test) and Go-Live Plan, Part B – Centralized

**EXPECTATION STATEMENT:** The Department will initially deploy a decentralized dispatch model. It is the Department's intent to transition to a centralized dispatching model prior to Final Acceptance (Task 12). The County, in its sole discretion, may elect to delay implementing a centralized dispatch model to a later date.

Contractor must conduct User Acceptance Testing in the form of a Phase 1 rollout. Contractor must provide on-site support for the County during the Phase 1 (User Acceptance Test) period. Contractor must develop and document a Go-Live Plan agreeable to the County. Additionally, Contractor must also develop a mock Go-Live scenario for presentation to the County, as well as a process to triage any System issues and/or support requests.

Initially, Contractor will be expected to complete all Tasks and Subtasks described in this Task 10 for Part A – Decentralized. Upon the Department's request, Contractor will be expected to repeat Tasks 10-12, and all Subtasks described therein for deployment of Part B - Centralized.

**PROPOSER'S UNDERSTANDING OF TASK:**

**HOW STATEMENT:**

***Assumptions:***

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***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 11

**TASK TITLE:** Phase 2 Go-Live, Part A – Decentralized  
Phase 2 Go-Live, Part B – Centralized

**EXPECTATION STATEMENT:** The Department will initially deploy a decentralized dispatch model. It is the Department's intent to transition to a centralized dispatching model prior to Final Acceptance (Task 12). The County, in its sole discretion, may elect to delay implementing a centralized dispatch model to a later date.

Contractor must provide on-site support for the County during the Go-Live period. During this Phase 2, Contractor's resources will be required to be on-site and at multiple locations throughout the County to provide ongoing support.

Initially, Contractor will be expected to complete all Tasks and Subtasks described in this Task 11 for Part A – Decentralized. Upon the Department's request, Contractor will be expected to repeat Tasks 10-12, and all Subtasks described therein for deployment of Part B - Centralized.

**PROPOSER'S UNDERSTANDING OF TASK:**

**HOW STATEMENT:**

***Assumptions:***

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***Resource Allocations:***

- 

***Timeline to Completion:***

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\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 12

**TASK TITLE:** Final Acceptance, Part A – Decentralized  
Final Acceptance, Part B – Centralized

**EXPECTATION STATEMENT:** The Department will initially deploy a decentralized dispatch model. It is the Department's intent to transition to a centralized dispatching model prior to Final Acceptance (Task 12). The County, in its sole discretion, may elect to delay implementing a centralized dispatch model to a later date.

Contractor must assist the County in verifying that the CAD Solution meets Final Acceptance criteria. Initially, Contractor will be expected to complete all Tasks and Subtasks described in this Task 12 for Part A – Decentralized. Upon the Department's request, Contractor will be expected to repeat Tasks 10-12, and all Subtasks described therein for deployment of Part B - Centralized.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

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***Timeline to Completion:***

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\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 13

**TASK TITLE:** Documentation

**EXPECTATION STATEMENT:** Contractor must develop and produce all Documentation related to the CAD System. All Documentation provided must be for the specific Software installed for the Department and tailored to the County's operations. All Documentation must be available in electronic format.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

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***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 14

**TASK TITLE:** Training and User Documentation

**EXPECTATION STATEMENT:** Contractor must provide training to the County personnel on the customized CAD Application. Contractor must, with input from the County, develop a training plan. The County will coordinate the training logistics (e.g., location, time, personnel). Contractor must provide training in the manner set forth in the Training Plan and as approved by the County. Contractor may be required to perform training outside of standard business hours. Should the County determine the training provided is inadequate, Contractor must conduct additional training sessions.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

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***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY



**TASK NUMBER:** 15

**TASK TITLE:** Solution Maintenance and Support and 24/7 Helpdesk Support

**EXPECTATION STATEMENT:** Contractor must formally transition the project from implementation to support. Contractor must provide the County with a dedicated account manager and Helpdesk.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

***APPENDIX D***

***COST PROPOSAL FORM***

**REVISED UNDER BULLETIN #3**

## REQUIRED FORMS - EXHIBIT 19

### Cost Proposal Form (Page 1 of 5)

### Statement of Work-Implementation (One-Time Fees)

This Exhibit is available as a fillable form. To request, please contact the County contact listed in Paragraph 5.2 of the RFP.

**PROPOSER'S INSTRUCTIONS:**

Section C.2 (Statement of Work Outline) of the RFP required Proposers to provide a response to Part 2 (Tasks) to Appendix A (Statement of Work Outline). Proposers are instructed to complete this Exhibit 19 ensuring that the Tasks and Deliverables listed below align with their response to Part 2 (Tasks) including any alternatives or additional Tasks proposed.

Fill in the cost for each of the Deliverables (Paypoints only) listed below (as further specified in Part 2 (SOW Outline) to Appendix A (Statement of Work Outline), with the exception of those Deliverable Amounts that are marked as \$0.00 cost. Add as many rows as needed to ensure all Deliverables and pay points are included.

The Department will initially deploy a decentralized dispatch model. It is the Department's intent to transition to a centralized dispatching model prior to Final Acceptance (Task 12). The County, in its sole discretion, may elect to delay implementing a centralized dispatch model to a later date. Proposer must ensure that its costs for Part A and Part B of Tasks 10-12 below represent the fully burdened price to complete both Part A and Part B of each Task/Deliverable.

Proposer's Name:							Proposer's Comments
Task #	Task Description	Deliverable Description	Quantity	Unit of Measure (UOM)	Proposer's Unit Price	Cost * (Qty x Unit Price)	
1	Project Plan and Management	Deliverable 1 –				\$ -	
2	Ongoing Project Management **	Deliverable 2 –	N/A	N/A	Included / Not Billable	\$0.00	
3	Department Operations, Contractor's Review	Deliverable 3 –				\$ -	
4	Customization Design and Development Task	Deliverable 4 –				\$ -	
5	System Configuration	Deliverable 5 –				\$ -	
6	System Reports, Design/Development	Deliverable 6 –				\$ -	
7	Data Conversion and GIS Import	Deliverable 7 –				\$ -	
8	Testing	Deliverable 8 –				\$ -	
9	Hardware Ordering and Installation (as applicable)	Deliverable 9 –				\$ -	
10	Phase 1 Pilot (User Acceptance Test) and Go-Live Plan	Deliverable 10, Part A - Decentralized				\$ -	
		Deliverable 10, Part B - Centralized				\$ -	
11	Phase 2 Go-Live Part - A Centralized and Part - B Decentralized	Deliverable 11, Part A - Decentralized				\$ -	
		Deliverable 11, Part B - Centralized				\$ -	
12	Final Acceptance Part - A Centralized and Part - B Decentralized	Deliverable 12, Part A - Decentralized				\$ -	
		Deliverable 12, Part B - Centralized				\$ -	
13	Documentation	Deliverable 13 –				\$ -	
14	Training and User Documentation	Deliverable 14 –				\$ -	
15	Solution Maintenance and Support and 24/7 Helpdesk Support ***	Deliverable 15 –	N/A	N/A	N/A	\$0.00	
<b>TOTAL</b>						<b>\$ -</b>	

\* Cost - there will be a 20% holdback on all, due upon Final Acceptance.  
 \*\* Ongoing Project Management shall be included in this implementation engagement.  
 \*\*\* Please refer to Page 3 (Maintenance and Support (M&S)) for all charges related to Task 15.

# REQUIRED FORMS - EXHIBIT 19

## Cost Proposal Form (Page 2 of 5)

### Hardware / Software

**Proposer's Instructions:**

Use this form to list all hardware and software being proposed for the System.

The proposed hardware should include servers, workstations, network storage, networking equipment, system, peripherals and any other required hardware. Note: The County reserves the right to purchase hardware from sources other than Proposer.

All software included must be detailed individually on this form.

Add as many rows as needed to ensure all hardware and software costs are included.

Proposer's Name:							Proposer's Comments
Line #	Category	Item Description	Quantity	Unit of Measure (UOM)	Proposer's Unit Price	Cost * (Qty x Unit Price)	
1	Hardware	e.g.: Server # 1 (Production Environment)				\$ -	
2		e.g.: Server # 2 (Test Environment)				\$ -	
3		e.g.: Server # 3 (Development/Training Environment)				\$ -	
4		e.g.: Server # 4 etc.				\$ -	
5		e.g.: Workstations				\$ -	
6		e.g.: Network Storage				\$ -	
7		e.g.: Networking Equipment				\$ -	
8		e.g.: System Peripherals				\$ -	
9							
10							
11							
					<b>Subtotal</b>	\$ -	
12	Software	e.g.: CAD Application Software License	1	LOT		\$ -	
13		e.g.: Mobile Application Software License	1	LOT		\$ -	
14						\$ -	
15						\$ -	
16						\$ -	
17						\$ -	
18						\$ -	
19						\$ -	
20						\$ -	
21						\$ -	
22						\$ -	
23						\$ -	
24						\$ -	
					<b>Subtotal</b>	\$ -	
	Misc.	Cloud Services				\$ -	
						\$ -	
						\$ -	
25						\$ -	
					<b>Subtotal</b>	\$ -	
25					<b>TOTAL</b>	\$ -	

## REQUIRED FORMS - EXHIBIT 19 Cost Proposal Form (Page 3 of 5) Maintenance & Support (M&S)

**Proposer's Instructions:**

Use this form to list the annual Maintenance and Support (M&S) fees for all hardware and software being proposed for the System.

Add as many rows as needed to ensure all hardware and software costs are included.

Proposer's Name:													Proposer's Comments
Line #	Category	Item Description	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
1	Hardware	e.g.: Server # 1 (Production Environment)											
2		e.g.: Server # 2 (Test Environment)											
3		e.g.: Server # 3 (Development/Training Environment)											
4		e.g.: Server # 4 etc.											
5		e.g.: Workstations											
6		e.g.: Network Storage											
7		e.g.: Networking Equipment											
8		e.g.: System Peripherals											
9													
10													
11													
		<b>Subtotal</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12	Software	e.g.: CAD Application Software License											
13		e.g.: Mobile Application Software License											
14													
15													
16													
17													
21													
22													
23													
24													
		<b>Subtotal</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
25	Misc.	Cloud Services											
26													
27													
28													
29													
		<b>Subtotal</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
30		<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
		<b>GRAND TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		

# REQUIRED FORMS - EXHIBIT 19

## Cost Proposal Form (Page 4 of 5)

### Professional Services - Hourly Rates

**Proposer's Instructions:**

Use this form to list the bi-annual hourly rates for professional services.

Proposer's Name:							Proposer's Comments
Line #	Category	Years 1 and 2 Hourly Rate	Years 3 and 4 Hourly Rate	Years 5 and 6 Hourly Rate	Years 7 and 8 Hourly Rate	Years 9 and 10 Hourly Rate	
1	Software Configuration						
2	Software Development						
3	Training Services						
4	Hardware Refresh (Year 6) Installation and Configuration Services - Fixed Hourly Rate:						

**REQUIRED FORMS - EXHIBIT 19**  
**Cost Proposal Form (Page 5 of 5)**  
**Proposer's Total Bid Cost**

Proposer's Name:				
Line #	Category	Category Description	Cost From Other Worksheets	Proposer's Comments
	SOW Deliverables	Central Server Equipment, Network Communication, Browser-based Software	\$ -	
	Hardware		\$ -	
	Software License(s) (Perpetual)		\$ -	
	Misc.		\$ -	
	M&S (Hardware and Software for 10 years)	M&S Fees - Including Hardware, Secondary Data Center, CAD Solution, FREN Software, Direct Network Communication Line, and SLA Service Provisions	\$ -	
		<b>CONTRACT SUM SUBTOTAL</b>	\$ -	
		Pool Dollars (20%)	\$ -	
		<b>MAXIMUM CONTRACT SUM TOTAL</b>	\$ -	

This Cost Proposal represents Proposer's fully burdened firm-fixed price cost for Solution implementation and annual maintenance and other professional services, all as defined in Appendix C (Sample Contract) including all Exhibits, Attachments, and Schedules thereto. Cost Proposals must be realistic and not capable of being construed as non-responsible for providing the goods and services proposed as part of the Solution in response to the RFP.

Should Proposer fail to account for any component or services in the Cost Proposal which are necessary to perform the services defined in the RFP, Appendix A (Statement of Work), Attachment A.1 (SOW Outline), Appendix B (Solution Requirements Response Matrix) and Appendix C (Sample Contract), Proposer will be required to provide the same at Proposer's sole expense.

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Name of Firm

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Name/Title of Authorized Representative

Title

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Signature

Date

REQUIRED FORMS - EXHIBIT 20



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
FISCAL ADMINISTRATION  
CONTRACTS UNIT



**CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

Project Number: **499-SH**  
**Services**

Project Title: **Computer Aided Dispatch (CAD)**

This Confidentiality and Non-Disclosure Agreement (NDA) is intended to protect, in part, the integrity of the contracting process associated with this project as well as various proprietary confidential law enforcement materials developed by the County of Los Angeles, Sheriff's Department.

The County of Los Angeles (County) strives to ensure that there is no actual or perceived conflict of interest or bias in the contracting process. The County also strives to ensure that County's proprietary confidential materials so-identified by County and received by prospective Proposer or its employees or agents during or after the proposal submission process, remain confidential and are not disclosed, published, nor made available to any third party in any form.

By signing this NDA, I hereby certify and acknowledge on behalf of Proposer the following:

Initials of Authorized Representative

I hereby agree that NO confidential County materials associated with this project received by me or our company at the Mandatory Proposer's Conference or at any time thereafter, no matter how trivial, shall be directly or indirectly communicated by Proposer to any third party in any form, nor to any persons employed by Proposer who are not directly engaged in contributing to the proposal submission process for the subject Project.

\_\_\_\_\_

I further agree, in the event of inadvertent disclosure, Proposer will immediately notify the Department's Contracts Unit. In the event of a need to disclose such information or materials to a third party not directly engaged in the proposal submission process, Proposer will immediately notify and seek approval from the Contracts Unit prior to such disclosure.

\_\_\_\_\_

**I HAVE READ AND UNDERSTOOD THE ABOVE, AND HEREBY AGREE TO COMPLY WITH THE TERMS OF THIS NDA:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PROPOSER'S CORPORATE NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ROLE ON PROJECT

County of Los Angeles  
Sheriff's Department

Computer Aided Dispatch (CAD) Services  
Appendix D – Required Forms  
RFP No. 499-SH