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:
   Name                                                               County of Registration  Year became DBA
   _____________________________________  ________________________
   _____________________________________  ________________________

4. Is your firm wholly/majority owned by, or a subsidiary of another firm? □ Yes □ No
   If yes, complete:
   Name of parent firm: _________________________________________________
   State of incorporation or registration of parent firm: ________________________________

5. Has your firm done business as other names within last five (5) years? □ Yes □ No
   If yes, complete:
   Name _________________________________________________ Year of Name Change __
   Name _________________________________________________ Year of Name Change __

6. Is your firm involved in any pending acquisition or mergers, including the associated company name?
   □ Yes □ No  If yes, provide information:
   __________________________________________________________________________
   ____________________________________________
DECLARATION:  I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

<table>
<thead>
<tr>
<th>NAME of FIRM:</th>
<th>COUNTY WEBVEN NUMBER:</th>
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<tbody>
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<tr>
<th>ADDRESS:</th>
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<thead>
<tr>
<th>PHONE NUMBER:</th>
<th>E-MAIL:</th>
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</table>

<table>
<thead>
<tr>
<th>INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</th>
<th>CALIFORNIA BUSINESS LICENSE NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>PROPOSER'S AUTHORIZED REPRESENTATIVE NAME AND TITLE (PRINT):</th>
</tr>
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<table>
<thead>
<tr>
<th>SIGNATURE:</th>
<th>DATE:</th>
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<td></td>
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</table>
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

<table>
<thead>
<tr>
<th>Title</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 FIRM/ORGANIZATION INFORMATION</td>
<td>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.</td>
</tr>
</tbody>
</table>

| 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 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.

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.

<table>
<thead>
<tr>
<th>Title</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnic Composition</th>
<th>Owners/Partners/ Associate Partners</th>
<th>Percentage of how ownership of the firm is distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Black/African American</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>American Indian</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Filipino</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>White</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>
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:__________________________
**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.**

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>County Webven No.</th>
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<tbody>
<tr>
<td>Print Name:</td>
<td>Title:</td>
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<tr>
<td>Signature:</td>
<td>Date:</td>
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<table>
<thead>
<tr>
<th>Reviewer’s Signature</th>
<th>Approved</th>
<th>Disapproved</th>
<th>Date</th>
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</table>
REQUIRED FORMS - EXHIBIT 8
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 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 and 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: _____________________________
# 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.

<table>
<thead>
<tr>
<th>Company Name:</th>
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<tbody>
<tr>
<td>Company Address:</td>
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<tr>
<td>City:</td>
<td>State:  Zip Code:</td>
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<tr>
<td>Telephone Number:</td>
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**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.*

**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.*

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<th>Print Name:</th>
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<td>Signature:</td>
<td>Date:</td>
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</table>
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:

________________________________________________________________________
________________________________________________________________________

_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:  

County of Los Angeles  
Sheriff’s Department  
Computer Aided Dispatch (CAD) Services  
Appendix D – Required Forms  
RFP No. 499-SH
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**

<table>
<thead>
<tr>
<th>Company Name:</th>
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<tbody>
<tr>
<td>Company Address:</td>
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<tr>
<td>City:</td>
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<tr>
<td>State:</td>
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<tr>
<td>Zip Code:</td>
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<tr>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Email address:</td>
</tr>
<tr>
<td>Solicitation/Contract for: Computer Aided Dispatch (CAD) Services</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Name of its Authorized Representative:</th>
<th>Title:</th>
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<tbody>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>COMPLIANCE QUESTIONS</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Will County data stored on your workstation(s) be encrypted?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2) Will County data stored on your laptop(s) be encrypted?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3) Will County data stored on removable media be encrypted?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4) Will County data be encrypted when transmitted?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>5) Will Contractor maintain a copy of any validation/attestation reports generated by its encryption tools?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6) Will County data be stored on remote servers*?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*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:**

<table>
<thead>
<tr>
<th>HOW STATEMENT:</th>
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**Assumptions:**

- [ ]

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<th>Resource Allocations:</th>
<th>Timeline to Completion:</th>
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</table>

*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:**

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<th>Timeline to Completion:</th>
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*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:**

**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:**

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**Resource Allocations:**

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**Timeline to Completion:**

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*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:

HOW STATEMENT:

Assumptions:

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:

HOW STATEMENT:

Assumptions:

Resource Allocations:  

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:**

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**Timeline to Completion:**

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*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:

Resource Allocations:

Timeline to Completion:

*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:**

**HOW STATEMENT:**

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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:

HOW STATEMENT:

Assumptions:

Resource Allocations:  

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:**

**HOW STATEMENT:**

**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:** 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:**

**HOW STATEMENT:**

**Assumptions:**

- [ ]

**Resource Allocations:**

- [ ]

**Timeline to Completion:**

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*ATTACH ADDITIONAL PAGES AS NECESSARY*
APPENDIX D

COST PROPOSAL FORM

REVISED UNDER BULLETIN #3
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<tr>
<th>Task #</th>
<th>Task Name</th>
<th>Deliverable Description</th>
<th>Quantity</th>
<th>Unit of Measure (UOM)</th>
<th>Proposer's Unit Price</th>
<th>Cost * (Qty x Unit Price)</th>
<th>Proposer's Comments</th>
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<td>Deliverable 11, Part A - Decentralized</td>
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<td>Deliverable 15 –</td>
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* 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.

TOTAL $
**Proponent’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.

<table>
<thead>
<tr>
<th>Line #</th>
<th>Category</th>
<th>Item Description</th>
<th>Quantity</th>
<th>Unit of Measure (UOM)</th>
<th>Proposer’s Unit Price</th>
<th>Cost <em>(Qty x Unit Price)</em></th>
<th>Proposer’s Comments</th>
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<td>e.g.: Server # 1 (Production Environment)</td>
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<td>$</td>
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<td>e.g.: Server # 2 (Test Environment)</td>
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<td>$</td>
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<tr>
<td>3</td>
<td>Hardware</td>
<td>e.g.: Server # 3 (Development/Training Environment)</td>
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<td>Hardware</td>
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<td>8</td>
<td>Hardware</td>
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<tr>
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<td>Software</td>
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</table>
Minimum Form Requirements:

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.

<table>
<thead>
<tr>
<th>Line #</th>
<th>Category</th>
<th>Item Description</th>
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<th>Year 2</th>
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<td>4</td>
<td>Hardware</td>
<td>e.g.: Server # 4 etc.</td>
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<td>Hardware</td>
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<td>7</td>
<td>Hardware</td>
<td>e.g.: Networking Equipment</td>
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<td>Hardware</td>
<td>e.g.: System Peripherals</td>
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<td>Software</td>
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<td>e.g.: <strong>GRAND TOTAL</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<td>$</td>
</tr>
<tr>
<td>16</td>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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</tr>
</tbody>
</table>

Proposer’s Name:  

Comments
<table>
<thead>
<tr>
<th>Line #</th>
<th>Category</th>
<th>Years 1 and 2 Hourly Rate</th>
<th>Years 3 and 4 Hourly Rate</th>
<th>Years 5 and 6 Hourly Rate</th>
<th>Years 7 and 8 Hourly Rate</th>
<th>Years 9 and 10 Hourly Rate</th>
<th>Proposer's Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Software Configuration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Software Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Training Services</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>Hardware Refresh (Year 6)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Proposer's Instructions:
Use this form to list the bi-annual hourly rates for professional services.
## REQUIRED FORMS - EXHIBIT 19

Cost Proposal Form (Page 5 of 5)

Proposer's Total Bid Cost

<table>
<thead>
<tr>
<th>Line #</th>
<th>Category</th>
<th>Category Description</th>
<th>Cost From Other Worksheets</th>
<th>Proposer’s Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SOW Deliverables</td>
<td>Central Server Equipment, Network Communication, Browser-based Software</td>
<td>$</td>
<td>-</td>
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<tr>
<td></td>
<td>Hardware</td>
<td></td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Software License(s) (Perpetual)</td>
<td></td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Misc.</td>
<td></td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>M&amp;S (Hardware and Software for 10 years)</td>
<td>M&amp;S Fees - Including Hardware, Secondary Data Center, CAD Solution, FREN Software, Direct Network Communication Line, and SLA Service Provisions</td>
<td>$</td>
<td>-</td>
</tr>
</tbody>
</table>

**CONTRACT SUM SUBTOTAL**

**Pool Dollars (20%)**

**MAXIMUM CONTRACT SUM TOTAL**

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.

Name of Firm

Name/Title of Authorized Representative

Signature

Date
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 ___________________________