

APPENDIX B

REQUIRED FORMS

Exhibits

- 1 Proposer's Organization Questionnaire/Affidavit
- 2 Certification of Compliance
- 3 Request for Preference Consideration
- 4 Proposer's Debarment History and List of Terminated Contracts
- 5 Community Business Enterprise (CBE) Information
- 6 Minimum Mandatory Requirements
- 7 Declaration
- 8 Proposer's List of References
- 9 Pricing Schedule

REQUIRED FORMS – EXHIBIT 1

PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER NAME:	COUNTY WEBVEN NUMBER:
ADDRESS:	
TELEPHONE NUMBER:	E-MAIL:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:

1	<p>Select the options that best define your firm’s business structure:</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Franchise</p> <p><input type="checkbox"/> Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State if Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____</p> <p>If other: Specify business structure name: _____</p>
2	<p>Is your firm doing business under one or more DBA’s?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: _____</p> <p>Country of Registration: _____</p> <p>Year became DBA: _____</p>
3	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p> <p>State of Incorporation or registration of parent firm: _____</p>

REQUIRED FORMS – EXHIBIT 1

PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

4	<p>Has your firm done business under other names within last five years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <p>Name(s): _____ Year(s) of Name Change: _____</p> <p>_____</p> <p>_____</p>
5	<p>List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state “NONE”.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
6	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide additional information regarding the pending merger.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
7	<p>List all names and contact information of all individuals legally authorized to commit the Proposer.</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

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

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? Yes No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? Yes No
5	Charitable Contributions Certification Enter the California Registry of Charitable Trusts “CT” number and upload a copy of firm’s most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586 (if applicable)	Board Policy 5.065	Check the Certification below that is applicable to your company. <input type="checkbox"/> Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General’s Registry of Charitable Trusts when filed. OR <input type="checkbox"/> Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts.
6	Attestation of Willingness to Consider Gain/Grow Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/GROW participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.
8	Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	LACC 2.206	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption:

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Proposers requesting preference consideration must complete and include this form in their proposal. Proposers may request consideration for one or more preference programs. **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

PREFERENCE NOT REQUESTED

OR

PREFERENCE REQUESTED (SELECT ALL THAT APPLY)

Preference Program		Reference
<input type="checkbox"/>	Request for Local Small Business Enterprise (LSBE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<u>LACC 2.204</u>
<input type="checkbox"/>	Request for Social Enterprise (SE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<u>LACC 2.205</u>
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<u>LACC 2.211</u>

Note: In no instance shall any of the listed preference programs price or scoring be combined with any other County program to exceed 15% in response to any County solicitation.

REQUIRED FORMS – EXHIBIT 4

PROPOSER'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Proposer's Name: _____

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

If yes, please list all contracts, including but not limited to public entities, that have been terminated prior to expiration within the last three years.

Service: _____ Name of Entity: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____

Termination Date: _____ Name/Contract No: _____
Reason(s) for Termination: _____

Service: _____ Name of Entity: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____

Termination Date: _____ Name/Contract No: _____
Reason(s) for Termination: _____

**REQUIRED FORMS – EXHIBIT 5
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

TITLE		REFERENCE			
FIRM/ORGANIZATION INFORMATION		The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.			
Total Number of Employees in California:					
Total Number of Employees (including owners):					
Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:					
Race/Ethnic Composition	Owners/Partners/Associate Partners		Percentage of how ownership of the firm is distributed		
	Male	Female	Male	Female	
Black/African American			%	%	
Hispanic/Latino			%	%	
Asian or Pacific Islander			%	%	
Native Americans			%	%	
Subcontinent Asian			%	%	
White			%	%	

TITLE		REFERENCE				
CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE		If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.				
		<input type="checkbox"/> Check if not applicable				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

REQUIRED FORMS - EXHIBIT 6

MINIMUM MANDATORY REQUIREMENTS

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

No.	Minimum Mandatory Requirements (MMR)	Complies with MMR	
		Yes	No
1	Proposer must be an established provider of a GPS offender monitoring services having an existing monitoring center that has been in place and fully functional for a minimum of two years within the last three years. No subcontracting will be permitted to meet this requirement.		
2	Proposer must have provided active case management for at least two different correctional agencies for a minimum of six consecutive months within the last two years.		
3	Proposer must have successfully provided the proposed GPS offender monitoring services at a minimum of two correctional agencies within the last two years.		
4	Proposer's proposed GPS monitoring services must be currently registered and approved by the Federal Communications Commission (FCC), including accessories/beacons.		
5	If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, then Proposer must not have unresolved questions regarding costs that have been identified by the Auditor-Controller, in an amount over \$100,000.00. Cost that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.		
Service Minimum Mandatory Requirements			
6	Proposer's monitoring center must be capable of providing monitoring services for a minimum of 4,000 concurrent participants. No subcontracting will be permitted to meet this requirement.		
7	Proposer's GPS monitoring system must support an unlimited number of Department users.		
8	Proposer's GPS monitoring system must support a minimum of 500 concurrent (logged on) users.		

REQUIRED FORMS - EXHIBIT 6

MINIMUM MANDATORY REQUIREMENTS

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

No.	Minimum Mandatory Requirements (MMR)	Complies with MMR	
		Yes	No
9	Proposer must provide a high-level system architecture document or other available technical materials to help the County validate the above three requirements.		
10	Proposer's GPS monitoring system must minimally refresh a Participant's location once each minute. No subcontracting will be permitted to meet this requirement.		
11	Proposer's proposed GPS monitoring system must track and monitor the location of Participants using both of the following: a) GPS/cellular technology comparable technology for Participants designated for universal coverage, and b) RF-tethered or comparable technology for those Participants requiring limited coverage only.		

REQUIRED FORMS – EXHIBIT 7
DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-6 IS TRUE AND CORRECT.

PRINT NAME:	TITLE OF AUTHORIZED REPRESENTATIVE:
SIGNATURE:	DATE:

**REQUIRED FORMS – EXHIBIT 8
PROPOSER’S LIST OF REFERENCES
(Revised under Bulletin #4)**

Proposer’s Name: _____

Proposer must provide three references for which the same or similar scope of services were provided by Proposer during the previous three years. Proposer must provide a comprehensive reference list and ensure the accuracy of the information provided below. Note: public agency refers to any agency of federal, state, or local government, whereas private firm refers to privately owned and operated, non-government. Use additional pages if required.

REFERENCE ONE	Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm
Service Type:	
Contract Term:	
Start to End Date (MM/YYYY):	
Contract Amount:	
Name of Agency/Dept:	
Address:	
Contact Name and Number:	
Email Address:	

REFERENCE TWO	Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm
Service Type:	
Contract Term:	
Start to End Date (MM/YYYY):	
Contract Amount:	
Name of Agency/Dept:	
Address:	
Contact Name and Number:	
Email Address:	

REFERENCE THREE	Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm
Service Type:	
Contract Term:	
Start to End Date (MM/YYYY):	
Contract Amount:	
Name of Agency/Dept:	
Address:	
Contact Name and Number:	
Email Address:	

REQUIRED FORMS - EXHIBIT 9

**PRICING SCHEDULE
(Revised under Bulletin #4)**

By submission of this Proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.

TYPE OF MONITORING	Daily Rate* per Participant Years 1 – 3	Daily Rate* per Participant Option Year 1	Daily Rate* per Participant Option Year 2	Daily Rate* per Participant Option Year 3	Daily Rate* per Participant Option Year 4
GPS with Cellular (with Active Case Management)					
Quantity of 1 – 499					
Quantity of 500 – 999					
Quantity of 1000 – or more					
GPS with Cellular (without Active Case Management)					
Quantity of 1 – 499					
Quantity of 500 – 999					
Quantity of 1000 – or more					
RF Tethered – Landline Connection (with alcohol monitoring)					
Quantity of 1 – 499					
Quantity of 500 – 999					
Quantity of 1000 – or more					
RF Tethered – Cell Phone Connection					
Quantity of 1 – 499					
Quantity of 500 – 999					
Quantity of 1000 – or more					
Alcohol Monitoring Device					

*The Daily Rate per Type of Monitoring will be based on the **total** combined quantity of all Type of Monitoring units in service. The Daily Rate is an all-inclusive rate which includes, but not be limited to, all Services, Taxes, Equipment, Warranty and Maintenance Support, and unlimited access to System by all County Designated Users.

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

Submitted by:
Signature: _____ Print Name: _____

Date: _____ Title of Authorized Representative: _____