

APPENDIX B

REQUIRED FORMS

EXHIBITS

- 1 VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT CERTIFICATION OF COMPLIANCE
- 2 CERTIFICATION OF COMPLIANCE
- 2A CALIFORNIA PUBLIC EMPLOYEES' PENSION REFORM ACT (PEPRA) CERTIFICATION OF COMPLIANCE
- 3 REQUEST FOR PREFERENCE CONSIDERATION
- 4 VENDOR'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS
- 5 COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION
- 6 VENDOR'S MINIMUM MANDATORY QUALIFICATIONS
- 7 DECLARATION
- 8 VENDOR'S LIST OF REFERENCES
- 9 JOB CLASSIFICATION CHECKLIST

REQUIRED FORMS – EXHIBIT 1

VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

1	<p>Select the option that best defines your firm’s business structure:</p> <p><input type="checkbox"/> Corporation</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 of Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____</p> <p>If other: Specify business structure name: _____</p>								
2	<p>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>								
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> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Name(s):</td> <td style="width: 30%;">Year(s) of Name Change:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name(s):	Year(s) of Name Change:	_____	_____	_____	_____	_____	_____
Name(s):	Year(s) of Name Change:									
_____	_____									
_____	_____									
_____	_____									

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 Vendor.</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

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

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	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
6	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.
7	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 2A

**CALIFORNIA PUBLIC EMPLOYEES’ PENSION REFORM ACT (PEPRA)
CERTIFICATION OF COMPLIANCE**

California Public Employees’ Pension Reform Act (PEPRA)

The State of California Legislature has enacted Senate Bill 13 (Beall) regarding the California Public Employees’ Pension Reform Act of 2013 (the Act). Section 7522.56(b) of the Act (as amended) reads in part, as follows:

(b) A retired person must not service, be employed by, or be employed through a contract directly by, a public employer in the same public retirement system from which the retiree receives the benefit without reinstatement from retirement.

As a result of the Act, the County is prohibited from contracting with a retired County employee under the RFSQ.

VENDOR MUST PROVIDE A REPNSE	YES	NO
Is Vendor, Vendor’s Principal or Owner receiving a retirement pension from the Los Angeles County Employees Retirement Association?		

If yes, the County cannot enter into a Master Agreement with Vendor.

If no, Vendor acknowledges and certifies that Vendor is in compliance with Paragraph 2.7 (California Public Employees’ Pension Reform Act (PEPRA)) of the RFSQ.

Vendor must notify County Project Director if Vendor begins to receive a LACERA pension during the term of a Master Agreement.

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Vendors requesting preference consideration must complete and include this form in the Statement of Qualifications. Vendors may request consideration for one or more preference programs. **In order to qualify for preference, firm must be certified by the County’s 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

<input type="checkbox"/> 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 will any of the listed preference programs price or scoring be combined with any other County program to exceed 15% in response to any County solicitation.

REQUIRED FORMS – EXHIBIT 4

VENDOR'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Vendor's Name: _____

1. DEBARMENT HISTORY (Check one)	YES	NO
Vendor is currently debarred by a public entity?		
If yes, please provide the name of the public entity:		
2. LIST OF TERMINATED CONTRACTS (Check one)	YES	NO
Vendor has contracts that have been terminated in the past three years.		

If yes, please list all contracts that have been terminated prior to expiration within the last three years.

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

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

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

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

Instructions for Completing Required Form Exhibit 5
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

The County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

Section 1: FIRM/ORGANIZATION INFORMATION	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING- OWNED (LGBTQQ) BUSINESS ENTERPRISE
If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Vendor acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements are made in connection with the Statement of Qualifications, the Statement of Qualifications may be rejected. The evaluation and determination in this area will be at the Department's judgment and its judgment will be final.

REQUIRED FORMS – EXHIBIT 5

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

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

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

REQUIRED FORMS - EXHIBIT 6

VENDOR'S MINIMUM MANDATORY QUALIFICATIONS

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

No.	Minimum Mandatory Qualifications (MMQs) for Temporary Personnel Services	Complies with MMQ	
		Yes	No
1	<p>Vendor must have a minimum of five years of experience, within the last ten years, providing placement of temporary personnel for government agencies, for services equivalent or similar to the services described in Attachment 1 (Statement of Work) to Appendix A (Model Master Agreement) to this RFSQ was provided. Accumulated experience from one or more agencies is acceptable.</p> <p>Vendor must complete Exhibit 8 (Vendor's List of References) of Appendix B (Required Forms) listing all references necessary to verify this Minimum Mandatory Qualification.</p>		
2	<p>Vendor must have a project manager with a minimum of five years of experience, within the last ten years, providing placement of temporary personnel for government agencies, for services equivalent or similar to the services described in Attachment 1 (Statement of Work) to Appendix A (Model Master Agreement) to this RFSQ was provided.</p> <p>Vendor must provide a resume for the proposed Contractor project manager and include start and end dates, name of agency(ies), address, services provided, and contact information for the individual who can confirm experience providing the required services to verify this Minimum Mandatory Qualification. Vendor must include the resume in Section A of the SOQ, pursuant to Paragraph 7.4.2 (Vendor's Qualifications) of this RFSQ.</p>		
3	<p>If Vendor's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, then Vendor must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.</p>		

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:
SIGNATURE:	DATE:

REQUIRED FORMS - EXHIBIT 8
VENDOR'S LIST OF REFERENCES

Vendor's Name: _____

Vendor must provide three references for which the same or similar scope of services were provided by Vendor. At least one reference must verify that Vendor meets the Minimum Mandatory Qualifications listed in Paragraph 3.0 (Vendor's Minimum Mandatory Qualifications) of the RFSQ.

REFERENCE ONE Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm	
Service Type:	
Contract Term:	
Start Date (Month/Year):	
End Date (Month/Year):	
Contract Amount:	
Name of Corp./Entity:	
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 Date (Month/Year):	
End Date (Month/Year):	
Contract Amount:	
Name of Corp./Entity:	
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 Date (Month/Year):	
End Date (Month/Year):	
Contract Amount:	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
Email Address:	

REQUIRED FORMS - EXHIBIT 9
JOB CLASSIFICATION CHECKLIST

Vendor asserts that it meets the Minimum Mandatory Qualifications and can provide the required temporary personnel job classifications in accordance with Exhibit F (Personnel Job Classification) to Appendix B (Model Master Agreement), in the following areas:

Please check ALL job classifications you can provide:	
1. Administrative Assistant / Human Resources	
2. Civilian Investigator	
3. Clerk	
4. General Maintenance Worker	
5. Information Technology Aide	
6. Senior Information Technology Aide	
7. Information Technology Technical Support Analyst I	
8. Information Technology Technical Support Analyst II	
9. Network Systems Administrator I	
10. Intermediate Food Service Worker	
11. Senior Cook	
12. Video Production Equipment Operator	

Note: you will not be considered to provide temporary personnel for classifications left unchecked.

On behalf of _____ (Vendor's name),
 I _____ (Name of Vendor's authorized official), certify that the information contained in this Exhibit 9 (Job Classification Checklist) is true and correct. Vendor agrees to the hourly billable rates in Exhibit F (Personnel Job Classifications) to Appendix B (Model Master Agreement) for each of the classifications listed above.

 Signature

 Date

 Vendor's Authorized Official Name (Print)

 Title