

APPENDIX B REQUIRED FORMS

Revised Under Bulletin #2

EXHIBITS

- 1) VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT
- 2) CERTIFICATION OF COMPLIANCE
- 3) REQUEST FOR PREFERENCE CONSIDERATION
- 4) VENDOR'S DEPARTMENT HISTORY AND LIST OF TERMINATED CONTRACTS
- 5) COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION
- 6) MINIMUM MANDATORY QUALIFICATIONS
- 7) DECLARATION
- 8) VENDOR'S LIST OF REFERENCES
- 9) REQUIRED LICENSES, CERTIFICATIONS, MEMBERSHIPS, AND PERMITS
- 10) VENDOR'S SERVICE CATEGORY CHECKLIST
- 11) PRICE SHEET (PARTS, COMPONENTS, AND/OR RAW MATERIALS)

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 options that best define your firm's business structure:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State if Incorporation: _____ 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>
	<p>Is your firm doing business under one or more DBAs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<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>
	<p>Has your firm done business as 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): _____</p> <p align="right">Year(s) of Name Change</p>

5	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".	
6	Is your firm involved in any pending acquisition or mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.
7	List all names and contact information of all individuals legally authorized to commit the Vendor.	

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: <hr/>

REQUIRED FORMS – EXHIBIT 3
REQUEST FOR PREFERENCE CONSIDERATION

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

PREFERENCE NOT REQUESTED

OR

<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.

REQUIRED FORMS – EXHIBIT 5
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
If the firm is currently certified as a Community Business Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Vendor acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, this SOQ may be rejected. The evaluation and determination in this area will be at the Sheriff's sole judgment and his 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			%	%	
American Indian			%	%	
Filipino			%	%	
White			%	%	

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

REQUIRED FORMS - EXHIBIT 6

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 Request Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Qualifications (MMQ)	Complies with MMQ	
		Yes	No
1	<p>Vendor must have at least five (5) years of experience, within the last 10 years, providing a full range of aircraft maintenance services in a minimum of one of the following flight-critical areas: dynamic component repair and overhaul, power plant repair and overhaul, airframe repair and refurbishment, aircraft repair parts resale and distribution, aircraft electrical and hydraulic systems maintenance and repair, and avionics systems maintenance and repair as described in Paragraph 3.1 (Service Type 1 - Critical Component Services) of Attachment 1 (Statement of Work) of the RFSQ.</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 at least five years of experience, within the last 10 years, providing a full range of maintenance services in a minimum of one of the following non-flight critical areas as defined in Paragraph 3.2 (Service Type 2 - Non-Critical Component Services) of Attachment 1 (Statement of Work) of the RFSQ.</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>		
3	<p>Vendor must have at least five years of experience, within the last 10 years, providing completion services to new or used, unequipped or minimally equipped Airbus Helicopters, Inc. AS332 and/or AS350 series helicopters. These services are defined in Paragraph 3.3 (Service Type 3 – Completion Services) of Attachment 1 (Statement of Work) of the RFSQ.</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>		

MINIMUM MANDATORY QUALIFICATIONS

No.	Minimum Mandatory Qualifications (MMQ)	Complies with MMQ	
		Yes	No
4	<p>License/Certification – Vendor must possess one of the following:</p> <p>(1) License to operate a repair station, certified and approved by the Federal Aviation Administration (FAA) under Federal Aviation Regulation codified at 14 C.F.R. Part 145; or (2) License to operate a certificated Approved Maintenance Organization (AMO), certified and approved by Transport Canada under Canadian Aviation Regulations, Part V, subpart 73.</p> <p>Vendor must complete Exhibit 9 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of the license(s) listed above to verify this Minimum Mandatory Qualification.</p>		
5	<p>Vendor must have a business office located within the continental United States or Canada staffed by qualified service personnel who maintain service records and receive service requests over the telephone.</p>		
6	<p>Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ 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>		

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 THE 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. Note: public agency refers to any agency of federal, state, or local government, whereas private agency 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 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

REQUIRED LICENSES, CERTIFICATIONS, MEMBERSHIPS, AND PERMITS

Vendor providing services under the Master Agreement must possess, comply with, and keep current all applicable licenses, certifications, memberships, and permits. Vendor must list below all licenses, certifications, memberships, and permits required to perform the required services and attach copies with this form.

Attach additional pages to this form if necessary.

List of all required licenses, certifications, memberships, and permits:

REQUIRED FORMS - EXHIBIT 10

Vendor's Service Category Checklist

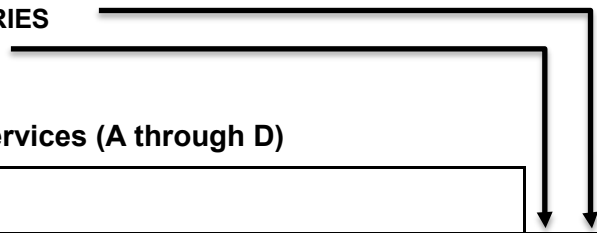
To Provide Helicopter Maintenance, Engineering and Repair Services

Check ALL categories that best describe your area(s) of expertise.

Vendor asserts that it meets the Minimum Mandatory Qualifications to provide services in the following areas:

SERVICE CLASS I
SERVICE CLASS II

AIRBUS AS332/H225 SERIES
AIRBUS AS350 SERIES



Service Type 1 Critical Component Services (A through D)

<u>A. Dynamic Component Repair and Overhaul</u>			
1. Main Gear Box (transmission) and Related Components			
2. Tail Rotor Gear Box and Related Components			
3. Tail Rotor Driveshaft and Related Components			
4. Main Rotor Head and Related Components			
5. Tail Rotor Head and Related Components			
6. Main Rotor Blades			
7. Tail Rotor Blades			
8. Specialized Services (non-destructive testing and technical engineering support)			
<u>B. Powerplant Repair and Overhaul</u>			
1. Scheduled/Non-Scheduled Engine Overhaul			
2. Scheduled/Non-Scheduled Engine mid-life inspections/overhaul			
3. Compressor Section			
4. Accessory Gear Box			
5. Turbine/Modular Sections			
6. Combustion Section			
7. Engine Accessories			
8. Quality Assurance [refer to Paragraph 3.1.2 (h) of Attachment 1 (Statement of Work)]			
9. Warranty [refer to Paragraph 3.1.2 (i) of Attachment 1 (Statement of Work)]			
10. Performance Assurance [refer to Paragraph 3.1.2 (j) of Attachment 1 (Statement of Work)]			
<u>C. Airframe Inspection and/or Repairs</u>			
1. Airframe Sheet Metal and Composite Surface Repairs			
2. Aircraft Hydraulic, Electrical, Lubrication, Fuel Systems and Components			
3. Landing Gears			
4. Flight Control Systems			
5. Airframe Inspections			
<u>D. Avionics and Navigation Systems</u>			
[Refer to Paragraph 3.1.4 of Attachment 1 (Statement of Work)]			

Vendor's Representative (please initial)

REQUIRED FORMS - EXHIBIT 10

Vendor's Service Category Checklist

To Provide Helicopter Maintenance, Engineering and Repair Services

Check ALL categories that best describe your area(s) of expertise.

Vendor asserts that it meets the Minimum Mandatory Qualifications to provide services in the following areas:

SERVICE CLASS I
SERVICE CLASS II

AIRBUS AS332/H225 SERIES
AIRBUS AS350 SERIES

Service Type 2 Non-Critical Component Services (1 through 14)

A. Various Types			
1. Night Vision Lighting/Alternate Lighting			
2. Search Light(s)			
3. Thermal Imagers and Video Cameras			
4. Overlay Panel			
5. Moving Map			
6. Communication Radios			
7. PA and Siren System			
8. Medical Interior Modules and related components			
9. Aircraft Hoist and/or External Cargo Hook			
10. Air Conditioning Systems and Instruments			
11. Aircraft Interiors [refer to Paragraph 3.2.2 (k) of Attachment 1 (Statement of Work)]			
12. Aircraft Washing, Cleaning, Detailing (Interior)			
13. Aircraft Washing, Cleaning, Detailing (Exterior)			
14. Other non-critical special-mission equipment			
(Please List)			

Service Type 3 Completion Services

Aircraft Completion Services *Refer to Paragraph 3.3 (Service Type 3 - Completion Services) of Attachment 1 (Statement of Work) Please note: Work Orders for Completion Services are subject to special terms and conditions which may supersede the Master Agreement.		
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Vendor's Representative Name (please print)

Representative's Title

Representative's Signature / Date

REQUIRED FORMS - EXHIBIT 11
PRICE SHEET
(PARTS, COMPONENTS, AND/OR RAW MATERIALS)

Contractor certifies that the maximum pricing for parts, components, and/or raw materials must remain firm and fixed for the term of the Master Agreement as follows:

PARTS, COMPONENTS, AND/OR RAW MATERIALS	MAXIMUM PRICE
<ul style="list-style-type: none"> • OEM new parts & consumables • OEM or OEM reseller parts & components • OEM or OEM reseller exchanges & rentals • Raw materials 	Contractor's Actual Cost* plus 5%

Actual Cost = Contractor's actual cost to **acquire the parts, components, and/or raw materials necessary to complete a Work Order issued by the County, based on current year proprietary price books, as set forth in Paragraph 5.4.2 of the Master Agreement (not applicable if Contractor is the Original Equipment Manufacturer (OEM) of said parts, components, and/or raw materials or the certifying authority of said parts, components, and/or raw materials that are supplied to the OEM).*

Name of Contractor

Print Name of Authorized Representative

Title

Signature

Date