

# **APPENDIX B**

## **REQUIRED FORMS**

### **EXHIBITS**

- 1) VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT
- 2) 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) REQUIRED LICENSES, CERTIFICATIONS, MEMBERSHIPS, AND PERMITS
- 10) SERVICES TEAM
- 11) SUBCONTRACTOR ACKNOWLEDGEMENT FORM

**REQUIRED FORMS – EXHIBIT 1****VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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

1	<p><b>Select the option that best defines your firm's business structure:</b></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><b>If Corporation or Limited Liability Company (LLC):</b> Legal Name (as stated in Articles of Incorporation): _____</p> <p>State of Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p><b>If Limited Partnership or a Sole Proprietorship:</b> Name of proprietor or managing partner: _____</p> <p><b>If other:</b> Specify business structure name: _____</p>
2	<p><b>If not a California corporation or LLC, are you registered by the California Secretary of State to conduct business in California as a foreign corporation?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
3	<p><b>Is your firm doing business under one or more DBA's?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: _____</p> <p>Country of Registration: _____</p> <p>Year became DBA: _____</p>
4	<p><b>Is your firm wholly/majority owned by, or a subsidiary of another firm?</b></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**

**VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

5	<p><b>Has your firm done business under other names within last five years?</b></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 border="0"> <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> </table>	Name(s):	Year(s) of Name Change:	_____	_____	_____	_____
Name(s):	Year(s) of Name Change:							
_____	_____							
_____	_____							
6	<p><b>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”.</b></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>						
7	<p><b>Is your firm involved in any pending acquisition or mergers?</b></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>						
8	<p><b>List all names and contact information of all individuals legally authorized to commit the Vendor.</b></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	<a href="#">LACC 2.180</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<a href="#">LACC 2.160</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<a href="#">Motion</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<a href="#">Board Policy 5.250</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Attestation of Willingness to Consider GAIN/START Participants	<a href="#">Board Policy 5.050</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Willing to provide GAIN/START participants access to employee mentoring program?</b> <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	<a href="#">LACC 2.203</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, identify exemption:</b> <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	<a href="#">LACC 2.206</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, identify exemption:</b> <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.**

<input type="checkbox"/> <b>PREFERENCE NOT REQUESTED</b>
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**OR**

<input type="checkbox"/> <b>PREFERENCE REQUESTED (SELECT ALL THAT APPLY)</b>	
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	<a href="#"><u>LACC 2.204</u></a>
<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	<a href="#"><u>LACC 2.205</u></a>
<input type="checkbox"/> Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<a href="#"><u>LACC 2.211</u></a>

**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: \_\_\_\_\_  
\_\_\_\_\_

**REQUIRED FORMS – EXHIBIT 5**

**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

**Instructions for Completing Required Form Exhibit 5**

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.

<b>Section 1: FIRM/ORGANIZATION INFORMATION</b>	
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%.

<b>Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING- OWNED (LGBTQQ) BUSINESS ENTERPRISE</b>
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 Request Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Qualifications (MMQ)	Complies with MMQ	
		Yes	No
1	<p>Vendor must have a minimum of ten consecutive years’ experience, within the last 12 years, providing as-needed architectural and engineering (e.g., electrical, mechanical, structural) services.</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>	<input type="checkbox"/>	<input type="checkbox"/>
2	<p>Vendor must employ one or more full-time employee(s) who, in the aggregate, possess the three licenses, issued by the California Contractors State License Board, listed below:</p> <p>a. Professional Engineer – Electrical, b. Professional Engineer – Mechanical, and c. Professional Engineer – Structural.</p> <p>Vendor must complete Exhibit 9 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of a valid certificate of registration for each license listed above.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3	<p>Vendor must employ one or more full-time employee(s) who possess a valid architect license, issued by the California Architects Board.</p> <p>Vendor must complete Exhibit 9 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of a valid license as listed above.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**REQUIRED FORMS – EXHIBIT 6**  
**VENDOR’S MINIMUM MANDATORY QUALIFICATIONS**

No.	Minimum Mandatory Qualifications (MMQs)	Complies with MMQ	
		Yes	No
4	Contractor must maintain an office within the County with a telephone in Contractor’s name where Contractor conducts business. If Contractor maintains several offices in the County, it must designate one office within the County as the main contact for the County.	<input type="checkbox"/>	<input type="checkbox"/>
5	If Vendor’s compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, Vendor must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00. Costs 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.	<input type="checkbox"/>	<input type="checkbox"/>

**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. Note: public agency refers to any federal, state, or local government, whereas private agency refers to privately owned and operated, non-government. Use additional pages if required.

<b>REFERENCE ONE</b>	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:	

<b>REFERENCE TWO</b>	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:	

<b>REFERENCE THREE</b>	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, 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.

<b>List of all required licenses, certifications, memberships, and permits:</b>

**REQUIRED FORMS - EXHIBIT 10**  
**SERVICES TEAM**

**Instructions:** Vendors must indicate which services will be performed by the Contractor and which by subcontractors by noting "C" for Contractor and "S" for subcontractor. All the required services must be annotated with either a "C" or "S"; no blank spaces will be accepted and may disqualify the SOQ. Any additional optional services Vendors choose to include should be similarly annotated.

<b>High Priority Optional Services</b>			
		<b>Indicate Contractor with "C" and Indicate Subcontractor with "S"</b>	<b>For Dept Use Only (10 pts each)</b>
	<b>Service - All services listed from 1 through 34 are required.</b>		
1	Architectural Services and Design *		
2	Civil Engineering *		
3	Structural Engineering *		
4	Mechanical Engineering *		
5	Electrical *		
6	Plumbing *		
7	Low Voltage*		
8	Telecommunications *		
9	Landscape Design *		
10	Building and fire life safety systems design and building code analysis and compliance, which included obtaining permits		
11	Development and/or design of building system alternatives		
12	Americans with Disabilities Act (ADA) design and compliance review		
13	ADA surveys performed by Certified Access Specialists (CAS)		
14	Facilitation, by individuals with valid certifications, of designations during the programming, design, and construction for:		
	*Leadership in Engineering and Environmental Design (LEED)		
	*ENVISION Sustainable Infrastructure, and/or		
	*SITES Sustainable Land Use		
15	Obtaining local, state, and federal jurisdictional approvals and permitting for all projects as applicable, from regulatory agencies such as the Board of State and Community Corrections		
16	Preparation of California Environmental Quality Act (CEQA) documents		

**REQUIRED FORMS - EXHIBIT 10**  
**SERVICES TEAM**

17	Pre-design services which may include, but are not limited to: concept design, various land or other surveys, exploratory efforts, feasibility and special studies, geotechnical studies, testing, and design services, drainage and grading studies, field investigative studies, testing and facility needs assessments (e.g., preparing analyses of the need for law enforcement facilities to accommodate new development and its associated costs), conceptual site utilization studies, and other facilities planning activities,		
18	Economic development impact fee study(ies), as required by the Mitigation Fee Act (California Government Code Sections 66000 et seq.)		
19	Pre-construction site analysis and planning, with consideration for utilities and structures, construction sequencing, construction site coordination, site infrastructure, construction-related traffic analysis, and other considerations, as applicable		
20	Cost estimating and related cost and contingency analysis		
21	Development of project phasing alternatives, including cost models		
22	Review of architectural engineering documents and specifications for accuracy and constructability		
23	Preparation of resource-loaded and/or project schedules		
24	Critical path method project schedules and related analysis		
25	Quality-control/quality assurance inspections and records		
26	Field engineering investigations, assessments, and reports		
27	Surveys of industry suppliers and vendors		
28	Peer review services and/or development of alternative/value engineering design solutions		
29	Review and make recommendations on consultant request for information		
30	Value engineering and construction administration support services during construction		
31	Provide document control services, as required, to supplement County staff in managing the day-to-day file management of Department projects		
32	Equipment and building systems commissioning by certified consultants		
33	Job Order Contracting (JOC), Low-Bid-Build, and Design-Build		
34	Preparation of interior design, to include specification for furniture finishes, and furniture package options.		

\* Including wet stamped plans and record drawings (schematic design, design development, construction document design, and drawings).

**REQUIRED FORMS - EXHIBIT 11**  
**SUBCONTRACTOR ACKNOWLEDGEMENT FORM**

Vendors who have indicated that they will be utilizing a subcontractor as part of their services team on Exhibit 10 (Services Team) must also complete Section A of this Subcontractor Acknowledgement Form. By indicating that a subcontractor will be providing a service, Vendor verifies that the subcontractor meets or exceeds the Minimum Mandatory Qualifications of the category per Paragraph 3.0 of the RFSQ. Section B of the form must be signed by a principle representative of the subcontractor.

**Section A** (to be completed by Contractor)

*Name of Subcontractor (e.g. XYZ and Associates):*

*Discipline Category (e.g. Planning Services):*

*Service(s) level and type to be performed as listed on Exhibit 1.1: (e.g. Required – #18 Economic development impact fee study(ies), as required by the Mitigation Fee Act (California Government Code Sections 66000 et seq.); #20 Cost estimating and related cost and contingency analysis; #32 Equipment and building systems commissioning by certified consultants)*

**Section B** (to be completed by subcontractor)

As a principle representative of the subcontractor listed above, I affirm that the subcontractor has agreed to be included as part of the Subcontractor Services Team for Vendor submitting this SOQ packet to perform the service(s) indicated above.

*Signature*

*Name*

*Title*