

# APPENDIX B REQUIRED FORMS

## Exhibits

- 1) Organization Questionnaire/Affidavit
- 2) Certification of Compliance
- 3) Request for Preference Consideration
- 4) Debarment History and List of Terminated Contracts
- 5) Community Business Enterprise (CBE) Information
- 6) Minimum Mandatory Requirements
- 7) List of References
- 8) Pricing Schedule
- 9) Application for Exemption
- 10) Living Wage Program Staffing Plan
- 11) Budget Sheet
- 12) Declaration

**REQUIRED FORMS – EXHIBIT 1**  
**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>Proposer Name:</b> _____	<b>County Webven Number:</b> _____
<b>Address:</b> _____	
<b>Telephone Number:</b> _____	<b>Email:</b> _____
<b>Internal Revenue Service Employer Identification Number:</b> _____	<b>California Business License Number:</b> _____

1	Select the option that best defines your firm's business structure:  <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><b>If Corporation or Limited Liability Company (LLC):</b>                  Legal Name (as stated in Articles of Incorporation): _____                  State of Incorporation: _____                  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	Is your firm doing business under one or more DBA's?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____  Country of Registration: _____  Year became DBA: _____
3	Is your firm wholly/majority owned by, or a subsidiary of another firm?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate name of Parent Firm and State of Incorporation.  Name of Parent Firm: _____  State of Incorporation or registration of parent firm: _____
4	Has your firm done business under other names within last five years?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate any other names and the year of name change.  Name(s): _____  Year(s) of Name Change: _____

**REQUIRED FORMS – EXHIBIT 1**  
**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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>
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>
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	CERTIFICATION
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	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)	<a href="#">Board Policy 5.065</a>	<b>Check the Certification below that is applicable to your company.</b>  <input type="checkbox"/> Proposer/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.  <b>OR</b> <input type="checkbox"/> Proposer/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/START Participants	<a href="#">Board Policy 5.050</a>	<p><b>Certifies Compliance?</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><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</p>
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	<a href="#">LACC 2.203</a>	<p><b>Certifies Compliance?</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If No, identify exemption:</b></p> <p><input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program.</p> <p><input type="checkbox"/> My business is a small business as defined in the Program.</p> <p><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</p>
8	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<a href="#">LACC 2.206</a>	<p><b>Certifies Compliance?</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If No, identify exemption:</b></p>

**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.**

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

<input type="checkbox"/> <b>PREFERENCE REQUESTED (SELECT ALL THAT APPLY)</b>	
<b>Preference Program</b>	<b>Reference</b>
<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 should 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**  
**DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

Proposer's Name: \_\_\_\_\_

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

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

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

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

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

### Instructions for Completing Exhibit 5 - CBE 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.

<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%.

### **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 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.			
<b>Total Number of Employees in California:</b>					
<b>Total Number of Employees</b> (including owners):					
<b>Race/Ethnic Composition of Firm.</b> 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"/> <b>Check if not applicable</b>				
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 the Proposer's Minimum Mandatory Requirements indicated below and as stated in Paragraph 4.0 (Proposer's Minimum Mandatory Requirements) of this Request for Proposals (RFP).

No.	Minimum Mandatory Requirement(s) (MMR)	Complies with M/R	
		Yes	No
	<b>Armed and Unarmed Security Guard Services</b>		
4.1	<p>Proposer must have a minimum of five consecutive years' experience within the last seven years providing both armed and unarmed security guard services equivalent or similar to the services identified in Exhibit A (Statement of Work) of Appendix A (Contract) of this RFP, with a minimum aggregate total of 600 both armed and unarmed Security Guards, at all times, located in one or multiple Locations.</p> <p>Proposer must provide reference(s) that verify this minimum mandatory requirement and include complete start dates, complete end dates, name of agency, number of armed and unarmed Security Guards, and a description of services provided.</p>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	<p>Proposer must have a minimum of five consecutive years' experience within the last seven years providing both armed and unarmed security guard services to at least one facility that operates as a health facility, health clinic for mental/behavioral health, and/or correctional/custody facility.</p> <p>Proposer must provide reference(s) to verify this minimum mandatory requirement and include complete start dates, complete end dates, name of agency, number of armed and unarmed Security Guards, and a description of services provided.</p>	<input type="checkbox"/>	<input type="checkbox"/>

<p>4.3</p>	<p>Proposer must have the capability to provide varying numbers of Security Guards and Security Guard Supervisors and must provide a minimum of five percent additional Security Guards and Security Guard Supervisors who are cleared, trained, certified, and equipped for deployment at any time by the Proposer throughout the term of the Contract.</p> <p>Verification of this minimum mandatory requirement will be conducted with a review of the Proposer's submitted Exhibit 10 (Living Wage Program Staffing Plan by SPA) in Appendix B (Required Forms) of this RFP, for the concerned Area.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>4.4</p>	<p>If Proposer's compliance with a County contract has been reviewed by the Department by the Auditor-Controller within the last ten years, Proposer 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>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>4.5</p>	<p>Proposal must be submitted by the proposal due date and time identified in Paragraph 1.0 (Solicitation Information and Minimum Mandatory Requirements) of this RFP.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>4.6</p>	<p>Proposer must have attended the Mandatory Proposer's Conference identified in Paragraph 8.4 (Mandatory Proposer's Conference) of this RFP.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

**LIST OF REFERENCES**

**Proposer's Name:** \_\_\_\_\_

Proposer must provide three references from different companies where the same or similar scope of services was provided and must include all public entity contracts for the last three years. Although one reference may satisfy both requirements listed under Paragraphs 4.1 and 4.2 of Paragraph 4.0 (Proposer's Minimum Mandatory Requirements) of this RFP, a total of three references from different companies are still required for evaluation.

**1. REFERENCES**

SERVICE TYPE: _____
CONTRACT TERM: _____
START DATE: _____
END DATE: _____
CONTRACT AMOUNT: _____
COMPANY/AGENCY/DEPT: _____
ADDRESS: _____
CONTACT NAME: _____
TELEPHONE: _____
E-MAIL: _____
Reference will verify that the Proposer has the required experience as stated in:
Paragraph 4.1:                      Yes: _____ No: _____
Paragraph 4.2:                      Yes: _____ No: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
START DATE: _____
END DATE: _____
CONTRACT AMOUNT: _____
COMPANY/AGENCY/DEPT: _____
ADDRESS: _____
CONTACT NAME: _____
TELEPHONE: _____
E-MAIL: _____
Reference will verify that the Proposer has the required experience as stated in:
Paragraph 4.1:                      Yes: _____ No: _____
Paragraph 4.2:                      Yes: _____ No: _____

SERVICE TYPE: _____
CONTRACT TERM: _____
START DATE: _____
END DATE: _____
CONTRACT AMOUNT: _____
COMPANY/AGENCY/DEPT: _____
ADDRESS: _____
CONTACT NAME: _____
TELEPHONE: _____
E-MAIL: _____
Reference will verify that the Proposer has the required experience as stated in:
Paragraph 4.1:                      Yes: _____ No: _____
Paragraph 4.2:                      Yes: _____ No: _____

**REQUIRED FORMS – EXHIBIT 7  
LIST OF REFERENCES**

**Proposer's Name:** \_\_\_\_\_

Provide references where the same or similar scope of Services were provided within the last three years. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

2. PUBLIC ENTITIES (Include Contracts with other governmental agencies including County of Los Angeles)	
SERVICE TYPE: _____ CONTRACT TERM: _____ START DATE: _____ END DATE: _____ CONTRACT AMOUNT: _____ COMPANY/AGENCY/DEPT: _____ ADDRESS: _____ CONTACT NAME: _____ TELEPHONE: _____ E-MAIL: _____	SERVICE TYPE: _____ CONTRACT TERM: _____ START DATE: _____ END DATE: _____ CONTRACT AMOUNT: _____ COMPANY/AGENCY/DEPT: _____ ADDRESS: _____ CONTACT NAME: _____ TELEPHONE: _____ E-MAIL: _____
SERVICE TYPE: _____ CONTRACT TERM: _____ START DATE: _____ END DATE: _____ CONTRACT AMOUNT: _____ COMPANY/AGENCY/DEPT: _____ ADDRESS: _____ CONTACT NAME: _____ TELEPHONE: _____ E-MAIL: _____	SERVICE TYPE: _____ CONTRACT TERM: _____ START DATE: _____ END DATE: _____ CONTRACT AMOUNT: _____ COMPANY/AGENCY/DEPT: _____ ADDRESS: _____ CONTACT NAME: _____ TELEPHONE: _____ E-MAIL: _____

**REQUIRED FORMS - EXHIBIT 8  
PRICING SCHEDULE**

**NORTH ZONE - SPAS ONE, TWO, THREE, FOUR, FIVE, AND SEVEN**

<b>NORTH AREA - SPA ONE</b>																	
<b>POSITION</b>	<b>REQUIRED HOURS</b>		<b>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</b>		<b>2ND YEAR TOTAL (7/1/26 - 6/30/27)</b>		<b>3RD YEAR TOTAL (7/1/27 - 6/30/28)</b>		<b>4TH YEAR TOTAL (7/1/28 - 6/30/29)</b>		<b>5TH YEAR TOTAL (7/1/29 - 6/30/30)</b>		<b>OPTION TERM 1 (7/1/30 - 6/30/31)</b>		<b>OPTION TERM 2 (7/1/31 - 6/30/32)</b>		<b>CONTRACT TOTAL (1/1/25 - 6/30/32)</b>
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	1252	15024		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	7092	85104		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	1712	20544		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	557	6684		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
North Area - SPA One Projected Totals	10613	127356		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

<b>NORTH AREA - SPA TWO</b>																	
<b>POSITION</b>	<b>REQUIRED HOURS</b>		<b>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</b>		<b>2ND YEAR TOTAL (7/1/26 - 6/30/27)</b>		<b>3RD YEAR TOTAL (7/1/27 - 6/30/28)</b>		<b>4TH YEAR TOTAL (7/1/28 - 6/30/29)</b>		<b>5TH YEAR TOTAL (7/1/29 - 6/30/30)</b>		<b>OPTION TERM 1 (7/1/30 - 6/30/31)</b>		<b>OPTION TERM 2 (7/1/31 - 6/30/32)</b>		<b>CONTRACT TOTAL (1/1/25 - 6/30/32)</b>
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	1043	12516		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	7648	91776		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	1078	12936		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	1091	13092		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
North Area - SPA Two Projected Totals	10860	130320		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

<b>NORTH AREA - SPA THREE</b>																	
<b>POSITION</b>	<b>REQUIRED HOURS</b>		<b>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</b>		<b>2ND YEAR TOTAL (7/1/26 - 6/30/27)</b>		<b>3RD YEAR TOTAL (7/1/27 - 6/30/28)</b>		<b>4TH YEAR TOTAL (7/1/28 - 6/30/29)</b>		<b>5TH YEAR TOTAL (7/1/29 - 6/30/30)</b>		<b>OPTION TERM 1 (7/1/30 - 6/30/31)</b>		<b>OPTION TERM 2 (7/1/31 - 6/30/32)</b>		<b>CONTRACT TOTAL (1/1/25 - 6/30/32)</b>
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	1595	19140		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	3477	41724		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	821	9852		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	2190	26280		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
North Area - SPA Three Projected Totals	8083	96996		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

**REQUIRED FORMS - EXHIBIT 8  
PRICING SCHEDULE**

**NORTH ZONE - SPAS ONE, TWO, THREE, FOUR, FIVE, AND SEVEN**

<b>NORTH AREA - SPA FOUR</b>																	
<u>POSITION</u>	<u>REQUIRED HOURS</u>		<u>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</u>		<u>2ND YEAR TOTAL (7/1/26 - 6/30/27)</u>		<u>3RD YEAR TOTAL (7/1/27 - 6/30/28)</u>		<u>4TH YEAR TOTAL (7/1/28 - 6/30/29)</u>		<u>5TH YEAR TOTAL (7/1/29 - 6/30/30)</u>		<u>OPTION TERM 1 (7/1/30 - 6/30/31)</u>		<u>OPTION TERM 2 (7/1/31 - 6/30/32)</u>		<u>CONTRACT TOTAL (1/1/25 - 6/30/32)</u>
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	4346	52152		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	15539	186468		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	3176	38112		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	487	5844		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
North Area - SPA Four Projected Totals	23548	282576		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

<b>NORTH AREA - SPA FIVE</b>																	
<u>POSITION</u>	<u>REQUIRED HOURS</u>		<u>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</u>		<u>2ND YEAR TOTAL (7/1/26 - 6/30/27)</u>		<u>3RD YEAR TOTAL (7/1/27 - 6/30/28)</u>		<u>4TH YEAR TOTAL (7/1/28 - 6/30/29)</u>		<u>5TH YEAR TOTAL (7/1/29 - 6/30/30)</u>		<u>OPTION TERM 1 (7/1/30 - 6/30/31)</u>		<u>OPTION TERM 2 (7/1/31 - 6/30/32)</u>		<u>CONTRACT TOTAL (1/1/25 - 6/30/32)</u>
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	1739	20868		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	2121	25452		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	448	5376		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	0	0		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
North Area - SPA Five Projected Totals	4308	51696		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

<b>NORTH AREA - SPA SEVEN</b>																	
<u>POSITION</u>	<u>REQUIRED HOURS</u>		<u>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</u>		<u>2ND YEAR TOTAL (7/1/26 - 6/30/27)</u>		<u>3RD YEAR TOTAL (7/1/27 - 6/30/28)</u>		<u>4TH YEAR TOTAL (7/1/28 - 6/30/29)</u>		<u>5TH YEAR TOTAL (7/1/29 - 6/30/30)</u>		<u>OPTION TERM 1 (7/1/30 - 6/30/31)</u>		<u>OPTION TERM 2 (7/1/31 - 6/30/32)</u>		<u>CONTRACT TOTAL (1/1/25 - 6/30/32)</u>
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	0	0		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	3650	43800		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	423	5076		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	0	0		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
North Area - SPA Seven Projected Totals	4073	48876		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

**REQUIRED FORMS - EXHIBIT 8  
PRICING SCHEDULE**

**NORTH ZONE - SPAS ONE, TWO, THREE, FOUR, FIVE, AND SEVEN**

<b>NORTH AREA SUMMARY - SPA'S ONE, TWO, THREE, FOUR, FIVE, SEVEN</b>																	
<b>POSITION</b>	<b>REQUIRED HOURS</b>		<b>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</b>		<b>2ND YEAR TOTAL (7/1/26 - 6/30/27)</b>		<b>3RD YEAR TOTAL (7/1/27 - 6/30/28)</b>		<b>4TH YEAR TOTAL (7/1/28 - 6/30/29)</b>		<b>5TH YEAR TOTAL (7/1/29 - 6/30/30)</b>		<b>OPTION TERM 1 (7/1/30 - 6/30/31)</b>		<b>OPTION TERM 2 (7/1/31 - 6/30/32)</b>		<b>CONTRACT TOTAL (1/1/25 - 6/30/32)</b>
	<b>MONTHLY</b>	<b>ANNUAL</b>	<b>HOURLY RATE</b>	<b>1ST ANNUAL</b>	<b>HOURLY RATE</b>	<b>2ND ANNUAL</b>	<b>HOURLY RATE</b>	<b>3RD ANNUAL</b>	<b>HOURLY RATE</b>	<b>4TH ANNUAL</b>	<b>HOURLY RATE</b>	<b>5TH ANNUAL</b>	<b>HOURLY RATE</b>	<b>1ST OPTION</b>	<b>HOURLY RATE</b>	<b>2ND OPTION</b>	
Unarmed Security Guard	9975	119700															\$ -
Armed Security Guard	35877	430524															\$ -
Security Guard Supervisor	7235	86820															\$ -
Vehicle Patrol	4325	51900															\$ -
North Are - SPAs One, Two, Three, Four, Five and Seven Projected Totals	61485	737820		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

<b>NORTH AREA - OVERTIME RATES FOR SPAS ONE, TWO, THREE, FOUR, FIVE AND SEVEN</b>																	
<b>POSITION</b>	<b>REQUIRED HOURS</b>		<b>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</b>		<b>2ND YEAR TOTAL (7/1/26 - 6/30/27)</b>		<b>3RD YEAR TOTAL (7/1/27 - 6/30/28)</b>		<b>4TH YEAR TOTAL (7/1/28 - 6/30/29)</b>		<b>5TH YEAR TOTAL (7/1/29 - 6/30/30)</b>		<b>OPTION TERM 1 (7/1/30 - 6/30/31)</b>		<b>OPTION TERM 2 (7/1/31 - 6/30/32)</b>		
	<b>MONTHLY</b>	<b>ANNUAL</b>	<b>HOURLY OT RATE</b>	<b>1ST ANNUAL</b>	<b>HOURLY OT RATE</b>	<b>2ND ANNUAL</b>	<b>HOURLY OT RATE</b>	<b>3RD ANNUAL</b>	<b>HOURLY OT RATE</b>	<b>4TH ANNUAL</b>	<b>HOURLY OT RATE</b>	<b>5TH ANNUAL</b>	<b>HOURLY OT RATE</b>	<b>1ST OPTION</b>	<b>HOURLY OT RATE</b>	<b>2ND OPTION</b>	
Unarmed Security Guard	1194	14328		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
Armed Security Guard	5197	62364		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
Security Guard Supervisor	54	648		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
Vehicle Patrol	26	312		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
North Area - Overtime for SPA One, Two, Three, Four, Five and Seven	6471	77652															
<b>MAXIMUM CONTRACT SUM</b>																	
<b>MCS includes 10% Contingency</b>																	



**REQUIRED FORMS - EXHIBIT 8  
PRICING SCHEDULE**

**SOUTH ZONE - SPAS SIX, SEVEN, AND EIGHT**

<b>SOUTH AREA - SPA SIX</b>																	
<b>POSITION</b>	<b>REQUIRED HOURS</b>		<b>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</b>		<b>2ND YEAR TOTAL (7/1/26 - 6/30/27)</b>		<b>3RD YEAR TOTAL (7/1/27 - 6/30/28)</b>		<b>4TH YEAR TOTAL (7/1/28 - 6/30/29)</b>		<b>5TH YEAR TOTAL (7/1/29 - 6/30/30)</b>		<b>OPTION TERM 1 (7/1/30 - 6/30/31)</b>		<b>OPTION TERM 2 (7/1/31 - 6/30/32)</b>		<b>CONTRACT TOTAL (1/1/25 - 6/30/32)</b>
	<b>MONTHLY</b>	<b>ANNUAL</b>	<b>HOURLY RATE</b>	<b>1ST ANNUAL</b>	<b>HOURLY RATE</b>	<b>2ND ANNUAL</b>	<b>HOURLY RATE</b>	<b>3RD ANNUAL</b>	<b>HOURLY RATE</b>	<b>4TH ANNUAL</b>	<b>HOURLY RATE</b>	<b>5TH ANNUAL</b>	<b>HOURLY RATE</b>	<b>1ST OPTION</b>	<b>HOURLY RATE</b>	<b>2ND OPTION</b>	
Unarmed Security Guard	3199	38388		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	8586	103032		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	1542	18504		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	0	0		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
South Area - SPA Six Projected Totals	13327	159924		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

<b>SOUTH AREA - SPA SEVEN</b>																	
<b>POSITION</b>	<b>REQUIRED HOURS</b>		<b>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</b>		<b>2ND YEAR TOTAL (7/1/26 - 6/30/27)</b>		<b>3RD YEAR TOTAL (7/1/27 - 6/30/28)</b>		<b>4TH YEAR TOTAL (7/1/28 - 6/30/29)</b>		<b>5TH YEAR TOTAL (7/1/29 - 6/30/30)</b>		<b>OPTION TERM 1 (7/1/30 - 6/30/31)</b>		<b>OPTION TERM 2 (7/1/31 - 6/30/32)</b>		<b>CONTRACT TOTAL (1/1/25 - 6/30/32)</b>
	<b>MONTHLY</b>	<b>ANNUAL</b>	<b>HOURLY RATE</b>	<b>1ST ANNUAL</b>	<b>HOURLY RATE</b>	<b>2ND ANNUAL</b>	<b>HOURLY RATE</b>	<b>3RD ANNUAL</b>	<b>HOURLY RATE</b>	<b>4TH ANNUAL</b>	<b>HOURLY RATE</b>	<b>5TH ANNUAL</b>	<b>HOURLY RATE</b>	<b>1ST OPTION</b>	<b>HOURLY RATE</b>	<b>2ND OPTION</b>	
Unarmed Security Guard	2608	31296		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	7161	85932		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	1522	18264		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	2747	32964		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
South Area- SPA Seven Projected Totals	14038	168456		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

<b>SOUTH AREA - SPA EIGHT</b>																	
<b>POSITION</b>	<b>REQUIRED HOURS</b>		<b>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</b>		<b>2ND YEAR TOTAL (7/1/26 - 6/30/27)</b>		<b>3RD YEAR TOTAL (7/1/27 - 6/30/28)</b>		<b>4TH YEAR TOTAL (7/1/28 - 6/30/29)</b>		<b>5TH YEAR TOTAL (7/1/29 - 6/30/30)</b>		<b>OPTION TERM 1 (7/1/30 - 6/30/31)</b>		<b>OPTION TERM 2 (7/1/31 - 6/30/32)</b>		<b>CONTRACT TOTAL (1/1/25 - 6/30/32)</b>
	<b>MONTHLY</b>	<b>ANNUAL</b>	<b>HOURLY RATE</b>	<b>1ST ANNUAL</b>	<b>HOURLY RATE</b>	<b>2ND ANNUAL</b>	<b>HOURLY RATE</b>	<b>3RD ANNUAL</b>	<b>HOURLY RATE</b>	<b>4TH ANNUAL</b>	<b>HOURLY RATE</b>	<b>5TH ANNUAL</b>	<b>HOURLY RATE</b>	<b>1ST OPTION</b>	<b>HOURLY RATE</b>	<b>2ND OPTION</b>	
Unarmed Security Guard	3129	37548		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	5840	70080		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	1119	13428		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	0	0		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
South Area - SPA Eight Projected Totals	10088	121056		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

**REQUIRED FORMS - EXHIBIT 8  
PRICING SCHEDULE**

**SOUTH ZONE - SPAS SIX, SEVEN, AND EIGHT**

<b>SOUTH AREA SUMMARY - SPA SIX, SEVEN, AND EIGHT</b>																	
<u>POSITION</u>	<u>REQUIRED HOURS</u>		<u>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</u>		<u>2ND YEAR TOTAL (7/1/26 - 6/30/27)</u>		<u>3RD YEAR TOTAL (7/1/27 - 6/30/28)</u>		<u>4TH YEAR TOTAL (7/1/28 - 6/30/29)</u>		<u>5TH YEAR TOTAL (7/1/29 - 6/30/30)</u>		<u>OPTION TERM 1 (7/1/30 - 6/30/31)</u>		<u>OPTION TERM 2 (7/1/31 - 6/30/32)</u>		<u>CONTRACT TOTAL (1/1/25 - 6/30/32)</u>
	<u>MONTHLY</u>	<u>ANNUAL</u>	<u>HOURLY RATE</u>	<u>1ST ANNUAL</u>	<u>HOURLY RATE</u>	<u>2ND ANNUAL</u>	<u>HOURLY RATE</u>	<u>3RD ANNUAL</u>	<u>HOURLY RATE</u>	<u>4TH ANNUAL</u>	<u>HOURLY RATE</u>	<u>5TH ANNUAL</u>	<u>HOURLY RATE</u>	<u>1ST OPTION</u>	<u>HOURLY RATE</u>	<u>2ND OPTION</u>	
Unarmed Security Guard	8936	107232															
Armed Security Guard	21587	259044															
Security Guard Supervisor	4183	50196															
Vehicle Patrol	2747	32964															
South Area - SPA Six, Seven, and Eight Projected Totals	37453	449436		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	

<b>SOUTH AREA OVERTIME RATES FOR SPAS SIX, SEVEN AND EIGHT</b>																	
<u>POSITION</u>	<u>REQUIRED HOURS</u>		<u>1ST 18 MONTH TOTAL (1/1/25 - 6/30/26)</u>		<u>2ND YEAR TOTAL (7/1/26 - 6/30/27)</u>		<u>3RD YEAR TOTAL (7/1/27 - 6/30/28)</u>		<u>4TH YEAR TOTAL (7/1/28 - 6/30/29)</u>		<u>5TH YEAR TOTAL (7/1/29 - 6/30/30)</u>		<u>OPTION TERM 1 (7/1/30 - 6/30/31)</u>		<u>OPTION TERM 2 (7/1/31 - 6/30/32)</u>		
	<u>MONTHLY</u>	<u>ANNUAL</u>	<u>HOURLY OT RATE</u>	<u>1ST ANNUAL</u>	<u>HOURLY OT RATE</u>	<u>2ND ANNUAL</u>	<u>HOURLY OT RATE</u>	<u>3RD ANNUAL</u>	<u>HOURLY OT RATE</u>	<u>4TH ANNUAL</u>	<u>HOURLY OT RATE</u>	<u>5TH ANNUAL</u>	<u>HOURLY OT RATE</u>	<u>1ST OPTION</u>	<u>HOURLY OT RATE</u>	<u>2ND OPTION</u>	
Unarmed Security Guard	1312	15744		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
Armed Security Guard	3773	45276		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
Security Guard Supervisor		0		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
Vehicle Patrol		0		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
South Area - Overtime for SPA Six, Seven, and Eight	5085	61020															
																<b>MAXIMUM CONTRACT SUM</b>	
																<b>MCS includes 10% Contingency</b>	

**REQUIRED FORMS – EXHIBIT 9**

**LIVING WAGE PROGRAM  
APPLICATION FOR EXEMPTION**

The Contract to be awarded pursuant to the County’s solicitation is subject to the County of Los Angeles Living Wage Program (LW Program) ([Los Angeles County Code, Chapter 2.201](#)). Contractors and subcontractors must apply individually for consideration for an exemption from the LW Program. **To apply, Contractors must complete and submit this form with supporting documentation to the County by the due date set forth in the solicitation document.** Upon review of the submitted Application for Exemption, the County department will determine, in its sole discretion, whether the contractor and/or subcontractor is/are exempt from the LW Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
My business has received an aggregate sum of less than \$25,000 during the preceding 12 months under one or more Proposition A contracts and/or cafeteria services contracts, including the proposed contract amount.		<input type="checkbox"/> Yes <input type="checkbox"/> No

**I am requesting an exemption from the LW Program for the following reason(s) (*attach all documentation that supports your claim to this form*). Please check all that apply:**

- My business is subject to or intends to enter into a bona fide Collective Bargaining Agreement (*attach agreement*); **AND**
  - the Collective Bargaining Agreement expressly provides that it supersedes all the provisions of the Living Wage Program; **OR**
  - the Collective Bargaining Agreement expressly provides that it supersedes the following specific provisions of the Living Wage Program (I will comply with all provisions of the Living Wage Program not expressly superseded by my business’ Collective Bargaining Agreement):



**REQUIRED FORMS – EXHIBIT 11  
SAMPLE BUDGET SHEET**

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

**AREA (NORTH OR SOUTH):** \_\_\_\_\_

**DIRECT COST** (List each staff classification)

Payroll Title	FTE*	Hourly Rate	Monthly Salary
Employee Classification		\$0.00	\$0.00
Employee Classification		\$0.00	\$0.00
Others (Please continue to list)		\$0.00	\$0.00
<b>Total Salaries and Wages</b>			<b>\$0.00</b>

\*FTE = Full Time Equivalent Positions

Employee Benefits	No. of Employees	Monthly Cost per FTE	Total Monthly Cost
Medical Insurance		\$0.00	\$0.00
Dental Insurance		\$0.00	\$0.00
Life Insurance		\$0.00	\$0.00
Other (list)		\$0.00	\$0.00
<b>Total Benefits</b>			<b>\$0.00</b>

Payroll Taxes (List all appropriate, e.g., FICA, SUI, Workers' Compensation, etc.)	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
<b>Total Payroll Taxes</b>	<b>\$0.00</b>

Insurance (List Type/Coverage. See Contract, Paragraph 8.25, Insurance Coverage Requirements)	
	\$0.00
	\$0.00
	\$0.00
Vehicles	\$0.00
Supplies	\$0.00
Services	\$0.00
Office Equipment	\$0.00
Telephone/Utilities	\$0.00
Other (please continue to list)	\$0.00
<b>Total Insurance/Misc. S &amp; S</b>	<b>\$0.00</b>

**TOTAL DIRECT COSTS** \$0.00

**INDIRECT COST** (List all appropriate)

General Accounting/Bookkeeping	\$0.00
Management Overhead (Specify)	\$0.00
Other (Specify)	\$0.00

**TOTAL INDIRECT COSTS** \$0.00

**TOTAL DIRECT AND INDIRECT COST** \$0.00

PROFIT (Please enter percentage)      0.00%      \$0.00

**TOTAL MONTHLY COSTS** \$0.00

**REQUIRED FORMS – EXHIBIT 12**

**DECLARATION**

**DECLARATION:**

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-11 IS TRUE AND CORRECT.**

PRINT NAME:	TITLE
SIGNATURE:	DATE: