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
12) CONTRIBUTION AND AGENT DECLARATION FORM

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	**Select the option that best defines your firm's business structure:** ❑ Corporation ❑ Limited Liability Company (LLC) ❑ Limited Partnership ❑ Sole Proprietorship ❑ Non-Profit ❑ Franchise ❑ Other (Specify)	**If Corporation or Limited Liability Company (LLC):** Legal Name (as stated in Articles of Incorporation): _____ State of Incorporation: _____ Year of Incorporation: _____ **If Limited Partnership or a Sole Proprietorship:** Name of proprietor or managing partner: _____ **If other:** Specify business structure name: _____
2	**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?** ☐ Yes ☐ No	
3	**Is your firm doing business under one or more DBA's?** ☐ Yes ☐ No	Name: _____ Country of Registration: _____ Year became DBA: _____
4	**Is your firm wholly/majority owned by, or a subsidiary of another firm?** ☐ Yes ☐ No	If yes, indicate name of Parent Firm and State of Incorporation. Name of Parent Firm: _____ State of Incorporation or registration of parent firm: _____

REQUIRED FORMS – EXHIBIT 1

VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

5	**Has your firm done business under other names within last five years?** ☐ Yes ☐ No	If yes, indicate any other names and the year of name change. Name(s): _____ Year(s) of Name Change: _____ _____ _____
6	**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".**	_____ _____ _____ _____
7	**Is your firm involved in any pending acquisition or mergers?** ☐ Yes ☐ No	If yes, please provide additional information regarding the pending merger. _____ _____ _____ _____
8	**List all names and contact information of all individuals legally authorized to commit the Vendor.**	Name: _____ Title: _____ Phone: _____ Email: _____ Name: _____ Title: _____ Phone: _____ Email: _____ Name: _____ Title: _____ Phone: _____ Email: _____

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?** ☐ Yes ☐ No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	**Certifies Compliance?** ☐ Yes ☐ No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	**Certifies Compliance?** ☐ Yes ☐ No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	**Certifies Compliance?** ☐ Yes ☐ No
5	Attestation of Willingness to Consider GAIN/START Participants	Board Policy 5.050	**Certifies Compliance?** ☐ Yes ☐ No **Willing to provide GAIN/START participants access to employee mentoring program?** ☐ Yes ☐ No ☐ N/A-program not available
6	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	**Certifies Compliance?** ☐ Yes ☐ No **If No, identify exemption:** ☐ My business does not meet the definition of "contractor," as defined in the Program. ☐ My business is a small business as defined in the Program. ☐ 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?** ☐ Yes ☐ No **If No, identify exemption:** _____

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

☐ PREFERENCE REQUESTED (SELECT ALL THAT APPLY)		
Preference Program		**Reference**
☐	Request for Local Small Business Enterprise (LSBE) Program Preference ☐ Certification for Non-Federally Funded County Solicitations ☐ Certification for Federally Funded County Solicitations	LACC 2.204
☐	Request for Social Enterprise (SE) Program Preference ☐ Certification for Non-Federally Funded County Solicitations ☐ Certification for Federally Funded County Solicitations	LACC 2.205
☐	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

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.

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.
	☐ **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	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. 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.	☐	☐
2	Vendor must employ one or more full-time employee(s) who, in the aggregate, possess the three licenses, issued by the Board for Professional Engineers, Land Surveyors, and Geologists, listed below: a. Professional Engineer – Electrical, b. Professional Engineer – Mechanical, and c. Professional Engineer – Structural. 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.	☐	☐
3	Vendor must employ one or more full-time employee(s) who possess a valid architect license, issued by the California Architects Board. 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.	☐	☐

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.	☐	☐
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.	☐	☐

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.

REFERENCE ONE	Check one: ☐ Public Agency ☐ 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: ☐ Public Agency ☐ 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: ☐ Public Agency ☐ 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.

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

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.

High Priority Optional Services			
	Service - All services listed from 1 through 34 are required.	**Indicate Contractor with "C" and Indicate Subcontractor with "S"**	**For Dept Use Only (10 pts each)**
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	Facilitiation, by individuals with valid certifications, of designations during the programming, design, and construction for:		
	*Leadership in Engineering and Environmental Design (LEED)		
	*ENVISION Sustainable Infratructure, and/or		
	*SITES Sustainable Land Use		
15	Obtaining local, state, and federal jurisdictional approvals and permitting for all projects as applicable, from reuglatory 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 acommodate new development and its associated costs), conceptual site utiliziation 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 infrastruture, 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 architectrual 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 supplemment 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

REQUIRED FORMS – EXHIBIT 12

CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all Vendors, including all prime contractors and subcontractors, and by all applicants for master agreements, licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act (Government Code section 84308), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving master agreements, franchises, licenses, permits, and other entitlements for use if the County Officer received more than $250 in contributions in the past 12 months from Vendor, any paid agent of Vendor, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" is defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your Statement of Qualifications (SOQ), or the denial of your application for a license, permit, or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a Vendor to disqualification from the procurement.

This material is intended for use by Vendors, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice*. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.*

REQUIRED FORMS – EXHIBIT 12

CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State "none" if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

   a) If applicable, identify all subcontractors that have been or will be named in your SOQ:

   b) If applicable, variations and acronyms of Declarant Company's name used within the past 12 months:

   c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. "Controlled or directed" means shared ownership, 50% or greater ownership, or shared management and control between the entities.

   a) Parent(s):

   b) Subsidiaries:

   c) Related Business Entities:

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

REQUIRED FORMS – EXHIBIT 12

CONTRIBUTION AND AGENT DECLARATION FORM

5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of Master Agreement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

B. CONTRIBUTIONS

1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

Date (contribution solicited, or directed)	**Recipient Name** (elected official)	**Amount**

*Please attach an additional page, if necessary.

2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

Date (contribution made)	**Name** (of the contributor)	**Recipient Name** (elected official)	**Amount**

*Please attach an additional page, if necessary.

REQUIRED FORMS – EXHIBIT 12

CONTRIBUTION AND AGENT DECLARATION FORM

C. DECLARATION

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY VENDORS

I, _____ (Authorized Representative), on behalf of _____ (Declarant Company), at which I am employed as _____ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its SOQ or delays in the processing of the requested Master Agreement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this Master Agreement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this Master Agreement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested Master Agreement for use.

_____ _____

Signature Date

REQUIRED FORMS – EXHIBIT 12

CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL BIDDERS OR APPLICANTS

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my SOQ or delays in the processing of the requested Master Agreement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this Master Agreement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested Master Agreement for use.

_____ _____

Signature Date