

# APPENDIX D

## REQUIRED FORMS

### Exhibits

- 1 Proposer's Organization Questionnaire/Affidavit
- 2 Certification of Compliance
- 3 Request for Preference Consideration
- 4 Proposer's Debarment History and List of Terminated Contracts
- 5 Community Business Enterprise (CBE) Information
- 6 Minimum Mandatory Requirements **Revised Under Bulletin #7**
- 7 Declaration
- 8 Proposer's List of References **Revised Under Bulletin #7**
- 9 Proposer's Compliance with Encryption Requirements
- 10 Statement of Work Certification **Revised Under Bulletin #7**
- 11 Sample Contract Certification **Revised Under Bulletin #7**
- 12 Statement of Work Response Form
- 13 Cost Proposal Form **Revised Under Bulletin #6**
- 14 Non-disclosure Form
- 15 Virtual Hardware and Software Delivery List and Specification Sheet **Added Under Bulletin #7**
- 16 Contribution and Agent Declaration Form **Added Under Bulletin #9**

**REQUIRED FORMS – EXHIBIT 1**

**PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>PROPOSER 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>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>								
3	<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>								
4	<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 style="width:100%; border: none;"> <tr> <td style="width:70%;">Name(s):</td> <td style="width:30%;">Year(s) of Name Change:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name(s):	Year(s) of Name Change:	_____	_____	_____	_____	_____	_____
Name(s):	Year(s) of Name Change:									
_____	_____									
_____	_____									
_____	_____									

5	<p>List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".</p>	<hr/> <hr/> <hr/> <hr/>
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> <hr/> <hr/> <hr/> <hr/>
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	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	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 or 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 or 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/Grow 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/GROW participants access to employee mentoring program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	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.

8	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> _____
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**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.**

**PREFERENCE NOT REQUESTED**

**OR**

**PREFERENCE REQUESTED (SELECT ALL THAT APPLY)**

<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 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**

**PROPOSER'S 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?		
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.		

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: \_\_\_\_\_

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

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

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

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

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

<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.

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 County's sole 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"/>	<b>Check if not applicable</b>			
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

**REQUIRED FORMS - EXHIBIT 6**  
**MINIMUM MANDATORY REQUIREMENTS**  
**REVISED UNDER BULLETIN #7**

Proposer acknowledges and certifies that it meets and will comply with Proposer’s Minimum Mandatory Requirements indicated below and as stated in Paragraph 3.0 (Proposer’s Minimum Mandatory Requirements) of the RFP.

No.	Minimum Mandatory Requirements (MMR)	Complies with MMR	
		Yes	No
	Proposer’s Minimum Mandatory Requirements		
1	Proposer must be a current established developer, proprietor, integrator, and provider of digital mugshot systems for a minimum of five years within the last ten years.		
2	Proposer must be a current established developer, proprietor, integrator, and provider of facial recognition systems for a minimum of seven years within the last ten years, with a minimum of 15 employees, providing a COTS solution [including facial recognition, digital mugshot, and investigative tools as well as professional services (which includes maintenance and support)] as outlined in Paragraph 9 (Project Assumptions - General) of Appendix A (Statement of Work) and Exhibit C (Service Level Agreement) to Appendix C (Sample Contract) to the RFP.		
3	Proposer’s proposed COTS software must currently be in production use and being serviced by Proposer’s maintenance program for not less than two consecutive years, at a minimum of one agency supporting more than 30 concurrent users.		
4	Proposer must have a minimum of one successful digital mugshot implementation of the proposed software (current or one major version prior) within the last 10 years. (A successful implementation is defined as one that has achieved final acceptance from the customer, has been in production use for a minimum of one year without any major deficiencies, and is being serviced by Proposer’s maintenance program.)		

No.	Minimum Mandatory Requirements (MMR)	Complies with MMR	
		Yes	No
5	Proposer must have a minimum of three successful facial recognition system implementations of the proposed software (current or one major version prior) within the last 10 years. (A successful implementation is defined as one that has achieved final acceptance from the customer, has been in production use for a minimum of one year without any major deficiencies, and is being serviced by Proposer's maintenance program.)		
6	If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, then Proposer must not have unresolved questions regarding costs that have been 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.		
Proposer's RPS Solution's MMRs			
7	Proposer's RPS Solution must have its own imbedded database allowing users to perform FR searches on uploaded probe images.		
8	Proposer's RPS Solution must only contain and access images that originate from a criminal booking.  The RPS Solution must not, in any way, access open-source images from social media origins/platforms (including, but not limited to, Facebook, TikTok, Twitter, Snapchat or Instagram).		
9	Proposer's RPS Solution must be Criminal Justice Information Services (CJIS) and Criminal Offender Record Information (CORI) compliant:  <a href="https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center">https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center</a>  <a href="https://oag.ca.gov/sites/all/files/agweb/pdfs/info_bulletins/19-04-cjis.pdf">https://oag.ca.gov/sites/all/files/agweb/pdfs/info_bulletins/19-04-cjis.pdf</a>		

No.	Minimum Mandatory Requirements (MMR)	Complies with MMR	
		Yes	No
10	<p>Proposer's RPS Solution must have FR features, including investigative tools with the ability to perform forensic-level and investigative-level facial comparisons within the User interface, in accordance with the Facial Identification Scientific Working Group's (FISWG) current "Facial Image Comparison Feature List for Morphological Analysis" guide – link:</p> <p><a href="https://fiswg.org/FISWG_Morph_Analysis_Feature_List_v_2.0_20180911.pdf">https://fiswg.org/FISWG Morph Analysis Feature List v 2.0 20180911.pdf</a>.</p>		
11	<p>Proposer's RPS Solution must be a browser-based, web-enabled system.</p>		
12	<p>Proposer's RPS Solution must include one CJIS-compliant FR algorithm, which has been tested by the National Institute of Standards and Technology (NIST) and listed on the Federal Bureau of Investigations' (FBI) Face Recognition Technology Evaluation (FRTE) 1:N Identification:</p> <p><a href="https://pages.nist.gov/frvt/html/frvt1N.html">https://pages.nist.gov/frvt/html/frvt1N.html</a></p> <p>Proposer's selected FR algorithm must be from a commercial organization which scored at or above the following factors in the FBI's FRTE 1:N Identification "Investigation by Developer":</p> <p>Mugshot to Mugshot "N = 12,000,000" – top 75</p> <p>Mugshot to Webcam "N = 1,600,000" – top 50</p>		
13	<p>Proposer's RPS Solution must include one pattern-matching enterprise algorithm for SMTs.</p>		
14	<p>Proposer's RPS Solution must allow users to upload a probe SMT image and have a pattern matching feature for searching and comparing SMT probe images to SMT images in the Solution's database.</p>		
15	<p>Proposer's RPS Solution must include watchlist functionality which, at minimum, includes the ability to search new enrollments and FR inquiries against all watchlists.</p>		

**REQUIRED FORMS – EXHIBIT 7**

**DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-6 IS TRUE AND CORRECT.**

PRINT NAME:	TITLE OF AUTHORIZED REPRESENTATIVE:
SIGNATURE:	DATE:

**\*This Exhibit is available as a fillable form. To request, please contact the County contact listed in Paragraph 5.2 of the RFP.**

**REQUIRED FORMS - EXHIBIT 8**  
**PROPOSER'S LIST OF REFERENCES**  
**REVISED UNDER BULLETIN #7**

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

List at least three references where the same or similar scope of services were provided. If additional space is needed, please list information on a blank sheet and attach it to this document.

References	
Agency #1	
Agency Name	Agency's IT System Name
Agency Primary Address	
Agency Contact Name	Contact's Project Role / Rank
E-mail Address	Phone Number
Duration Proposer Was Engaged in Project	Project's Begin and End Dates (Month/Year)
	MM/YYYY TO MM/YYYY
Project Scope and magnitude, and other pertinent information*	

**\*This Exhibit is available as a fillable form. To request, please contact the County contact listed in Paragraph 5.2 of the RFP.**

References	
Agency #2	
Agency Name	Agency's IT System Name
Agency Primary Address	
Agency Contact Name	Contact's Project Role / Rank
E-mail Address	Phone Number
Duration Proposer Was Engaged in Project	Project's Begin and End Dates (Month/Year)
	MM/YYYY TO MM/YYYY
Project Scope and magnitude, and other pertinent information*	



**\*This Exhibit is available as a fillable form. To request, please contact the County contact listed in Paragraph 5.2 of the RFP.**

References	
Agency #3	
Agency Name	Agency's IT System Name
Agency Primary Address	
Agency Contact Name	Contact's Project Role / Rank
E-mail Address	Phone Number
Duration Proposer Was Engaged in Project	Project's Begin and End Dates (Month/Year)
	MM/YYYY TO MM/YYYY
Project Scope and magnitude, and other pertinent information*	

\*Describe the size and complexity of the Agency, including its geographic footprint.

**REQUIRED FORMS - EXHIBIT 9**

**PROPOSER’S COMPLIANCE WITH ENCRYPTION REQUIREMENTS**

Contractor shall provide information about its encryption practices with respect to Personal Information, Protected Health Information, Medical Information and any other information described in Paragraph 19.3 (Protection of Electronic County Information - Data Encryption) of the Contract by completing this Exhibit 9. By signing this Exhibit 9, Contractor certifies that it shall be in compliance with the Los Angeles County Board of Supervisors Policy 5.200 (Contractor Protection of Electronic County Information) upon the Effective Date and during the entire Term of the Contract. Contractors that fail to comply with this Policy shall be subject to suspension or termination of contractual agreements, denial of access to County Information Assets, placement in the Contractor Alert Reporting Database, and/or other actions as deemed appropriate by the County.

<b>COMPLIANCE QUESTIONS</b>	<b>DOCUMENTATION AVAILABLE</b>			
	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
1) Will County data stored on your workstation(s) be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Will County data stored on your laptop(s) be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Will County data stored on removable media be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Will County data be encrypted when transmitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Will Contractor maintain a copy of any validation/attestation reports generated by its encryption tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Will County data be stored on remote servers*? <small>*cloud storage, Software-as-a-Service or SaaS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS - EXHIBIT 10**  
**STATEMENT OF WORK CERTIFICATION**  
**REVISED UNDER BULLETIN #7**

Please complete, date and sign this form. The person signing the form must be authorized to certify on behalf of Proposer. I certify on behalf of Proposer that (check applicable box and sign below):

- Proposer: (i) agrees to provide all Tasks, Subtasks, deliverables, goods, Services and other Work as specified in Appendix A (Statement of Work) and Attachment A.1 (Tasks and Deliverables) to the RFP, as such may be modified by the County following the release of the RFP prior to the commencement of Contract negotiations or execution of the resultant Contract, and (ii) shall not raise any exceptions or objections to such Statement of Work, as such may be modified by the County, if the County elects to negotiate with Proposer and award Proposer the resultant Contract.
  
- Proposer: (i) proposes revisions to Appendix A (Statement of Work) and Attachment A.1 (Tasks and Deliverables) to the RFP in accordance with Paragraph 7.9.10 (Terms and Conditions in the Sample Contract, and Requirements of the Statement of Work: Acceptance of/or Exceptions to (Section D)) of the RFP, while preserving the scope and format of the Statement of Work and its Tasks and Deliverables, which proposed revisions are attached to Proposer's Business Proposal in response to the RFP, and (ii) acknowledges and agrees that the County may, in its sole discretion, find that such proposed revisions are material enough to deem the proposal non-responsive and not be subject to further evaluation or may deduct points from Proposer's evaluation score, as further specified in Paragraph 7.9.10.3 (Statement of Work (Section D.1)) of the RFP.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS - EXHIBIT 11**  
**SAMPLE CONTRACT CERTIFICATION**  
**REVISED UNDER BULLETIN #7**

Please complete, date, and sign this form. The person signing the form must be authorized to certify on behalf of Proposer. I certify on behalf of Proposer that (check applicable box and sign below):

- Proposer: (i) accepts all terms and conditions specified in Appendix C (Sample Contract) to the RFP including all Appendices, Exhibits, Attachments, and Schedules thereto, as such may be modified by the County following the release of the RFP prior to the commencement of the Contract negotiations or execution of the resultant Contract, and (ii) shall not raise **any** exceptions or objections to the Sample Contract, as such may be modified by County, if County elects to negotiate with Proposer and award Proposer the resultant Contract.
  
- Proposer: (i) takes exceptions and proposes revisions to Appendix C (Sample Contract) to the RFP or to any of the Appendices, Exhibits, Attachments or Schedules attached thereto in accordance with Paragraph 7.9.10 (Terms and Conditions in the Sample Contract, and Requirements of the Statement of Work (SOW): Acceptance of/or Exceptions to (Section D)) of the RFP, which exceptions and proposed revisions are attached to Proposer's Business Proposal in response to the RFP, and (ii) acknowledges and agrees that the County may, in its sole discretion, find that such exceptions and/or proposed revisions are material enough to deem the proposal non-responsive and not be subject to further evaluation or may deduct points from Proposer's evaluation score, as further specified in Paragraph 7.9.10.4 (Sample Contract (Section D.2)) of the RFP.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS - EXHIBIT 12**  
**STATEMENT OF WORK RESPONSE FORM**

**TASK NUMBER:** 1

**TASK TITLE:** Project Planning – Project Control Document (PCD)

**TASK NARRATIVE:** Each Task to be performed by both the Contractor and the County staff shall be specifically addressed in a Project Control Document (PCD). The PCD shall include the general order in which the Tasks and SubTasks will be performed (some Tasks may be conducted in parallel) and the order in which the Deliverables will be produced.

**PROPOSER’S UNDERSTANDING OF TASK:**

--

**HOW STATEMENT:**

--

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 2

**TASK TITLE:** Ongoing Project Management

**TASK NARRATIVE:** Throughout the Term of the Contract, under the direction of the County Project Manager, Contractor shall apply requisite technical and management skills and techniques to assure satisfactory, timely completion of project Tasks and Deliverables, and establish a project control and reporting system which will provide routine and realistic assessments of progress against the approved Project Control Document's Detailed Work Plan. Contractor shall manage project activities and resources, and track project status. This shall include those identified in the Statement of Work.

**PROPOSER'S UNDERSTANDING OF TASK:**

--

**HOW STATEMENT:**

--

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 3

**TASK TITLE:** Requirements Review and Demonstration/Gap Analysis

**TASK NARRATIVE:** The Functional and Technical Requirements review, and resultant gap analysis determines the degree of “fit” between Contractor’s proposed COTS software and County’s Requirements. County will provide the facilities for conducting the Requirements review, demonstration, and gap analysis sessions.

**PROPOSER’S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

--

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 4

**TASK TITLE:** Infrastructure and Technical Assessment

**TASK NARRATIVE:** Contractor must conduct an infrastructure and technical assessment of all County's readiness to implement Contractor's pending Solution, and to engage in the data conversion process.

**PROPOSER'S UNDERSTANDING OF TASK:**

--

**HOW STATEMENT:**

--

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY



**TASK NUMBER:** 5

**TASK TITLE:** Implementation Assessment Document

**TASK NARRATIVE:** This Task 5 includes the strategies for the Contractor’s Customized COTS Solution’s implementation and transition to Production, based on the findings of the Final Solution Requirements document (Task 3), and the Infrastructure and Technical Assessment (Task 4). These implementation strategies form a critical component of the PCD (Task 1). The implementation strategies shall take into consideration County’s organizational and project constraints, while addressing County’s Final Solution Requirements. This Task 5 culminates with the Contractor’s creation of a comprehensive final Implementation Assessment Document (IAD). The final IAD shall open with an Executive Summary that includes key findings and recommendations and shall include the strategies and plans identified in the Statement of Work.

**PROPOSER’S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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<b>Assumptions:</b> <ul style="list-style-type: none"><li>■</li></ul>	
<b>Resource Allocations:</b> <ul style="list-style-type: none"><li>■</li></ul>	<b>Timeline to Completion:</b> <ul style="list-style-type: none"><li>■</li></ul>

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 6

**TASK TITLE:** Design Review of Contractor’s Customized COTS Solution, Final Design

**TASK NARRATIVE:** Contractor shall prepare a draft design document that identifies software changes and customizations to the Contractor’s proposed Solution, based on the Final Requirements Document (Deliverable 3.2). Once the draft is reviewed and approved by the County Project Manager, Contractor shall conduct multiple feedback sessions on County premises, as determined by the County Project Manager, with key County stakeholders for technical feedback, thereby ensuring the accuracy and completeness of the Design Review document.

**PROPOSER’S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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<b>Assumptions:</b> <ul style="list-style-type: none"><li>■</li></ul>	
<b>Resource Allocations:</b> <ul style="list-style-type: none"><li>■</li></ul>	<b>Timeline to Completion:</b> <ul style="list-style-type: none"><li>■</li></ul>

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 7

**TASK TITLE:** Pre-Production Environment and COTS Solution Programming Modifications (Customization/Configuration)

**TASK NARRATIVE:** While the County is not responsible for the Programming Modifications effort (Customizations, Configurations, etc.), the purpose of this Task is to assist Contractor in ensuring that the Programming Modification effort is completed in satisfaction of the Requirements, as specified in Contractor's Customized COTS Solution, and the agreed-to Final Design Document (Deliverable 6).

**PROPOSER'S UNDERSTANDING OF TASK:**

**HOW STATEMENT:**

***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 8

**TASK TITLE:** Data Conversion

**TASK NARRATIVE:** Upon completing Contractor's Customized COTS Solution, Contractor shall extract, cleanse, transform, and load (ECTL) the legacy system data in the pre-Production Environment.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

- 

***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 9

**TASK TITLE:** Pre-Production Testing of Contractor’s Customized COTS Solution

**TASK NARRATIVE:** Pre-production testing process ensures that all components of Contractor’s Customized COTS Solution required at Go-Live are thoroughly tested and that the implemented Solution consists of high-quality and reliable software. The testing process shall take into account the unique testing requirements of the Solution that is based upon a customized version of the originally proposed Contractors’ COTS software. NOTE: The testing of individual components shall be conducted by Contractor as part of the Programming Modification effort. To the extent possible, County will participate in testing and if necessary, question the results which Contractor must resolve.

**PROPOSER’S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 10

**TASK TITLE:** Training and Documentation

**TASK NARRATIVE:** Contractor must establish the training and test environment at the primary data center, based on the specifications in the Technical Architecture Document and Implementation Assessment Document. The training and documentation process must be designed by Contractor to ensure that training is planned and delivered. Contractor must create a Training and Documentation plan based on the strategies set forth in Paragraph 5.1.9 (Training and Documentation Strategy, Updated), which include developing training documents, and provide end-user, system administrator, and train-the-trainer (T3) training. Documentation to support operation of the system, and user desk references must also be prepared by Contractor.

**PROPOSER’S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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<b>Assumptions:</b> <ul style="list-style-type: none"><li>■</li></ul>	
<b>Resource Allocations:</b> <ul style="list-style-type: none"><li>■</li></ul>	<b>Timeline to Completion:</b> <ul style="list-style-type: none"><li>■</li></ul>

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 11

**TASK TITLE:** Establish the Secondary Data Center's Backup Recovery Site

**TASK NARRATIVE:** Contractor must establish a hot recovery site at the secondary data center, based on the specifications in the Technical Architecture Document and Implementation Assessment Document.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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<b>Assumptions:</b> <ul style="list-style-type: none"><li>■</li></ul>	
<b>Resource Allocations:</b> <ul style="list-style-type: none"><li>■</li></ul>	<b>Timeline to Completion:</b> <ul style="list-style-type: none"><li>■</li></ul>

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 12

**TASK TITLE:** Transition to Production – System Implementation and Production Cut Over

**TASK NARRATIVE:** Contractor shall perform Solution final testing and preparedness, for County’s authorization in this Task prior to transitioning the pre-production environment into the production environment, assuring that the RPS Solution is certified fully functional and ready for production use.

**PROPOSER’S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY



**TASK NUMBER:** 13

**TASK TITLE:** RPS Solution Go-Live, Warranty Period and Final Acceptance

**TASK NARRATIVE:** Using the Implementation Assessment Strategy's Transition to Production: Production Cutover Strategy, Contractor and County shall coordinate all the steps required for the Solution's system implementation rollout.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

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***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 14

**TASK TITLE:** Post-Implementation Operations, Maintenance and Support [Ongoing]

**TASK NARRATIVE:** Services included as part of the RPS maintenance and support fees are outlined in Exhibit C (Service Level Agreement) to the Sample Contract.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

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***Resource Allocations:***

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***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**TASK NUMBER:** 15

**TASK TITLE:** Post-Implementation Professional Services, As-Needed

**TASK NARRATIVE:** Contractor must deliver as-needed Professional Services to provide Optional Work as defined in Paragraph 3.3.4 (Optional Work) of the Sample Contract.

**PROPOSER’S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

--

***Assumptions:***

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***Resource Allocations:***

- 

***Timeline to Completion:***

- 

\*ATTACH ADDITIONAL PAGES AS NECESSARY

## REQUIRED FORMS - EXHIBIT 13

### RPS Cost Proposal Form (Page 1 of 4)

### SOW Deliverables (One-Time Fees)

Proposer's Name:							Proposer's Comments
Line #	Category	Item Description	Quantity	Unit of Measure (UOM)	Proposer's Unit Price	Cost * (Qty x Unit Price)	
1	SOW Deliverables	Deliverable 1 – Project Control Document	1	LOT		\$ -	
2		Deliverable 2 – Ongoing Project Management **	1	LOT	Included / Not Billable	\$ -	
3		Deliverable 3.1 – Requirements Review Report	1	LOT		\$ -	
4		Deliverable 3.2 – Demonstration and Gap Analysis	1	LOT		\$ -	
5		Deliverable 4 – Infrastructure and Technical Assessment	1	LOT		\$ -	
6		Deliverable 5 – Implementation Assessment and Strategies	1	LOT		\$ -	
7		Deliverable 6 – Customized COTS Solution Design Review and Final Design	1	LOT		\$ -	
8		Deliverable 7.1 – Pre-Production Environment Established	1	LOT		\$ -	
9		Deliverable 7.2 – Customized COTS Solution Completed	1	LOT		\$ -	
10		Deliverable 7.3 – Customized COTS Solution Reviewed and Approved	1	LOT		\$ -	
11		Deliverable 8.1 – Data Conversion Completed and Certified	1	LOT		\$ -	
12		Deliverable 8.2 – Ongoing Data Conversion and Cleaning	1	LOT		\$ -	
13		Deliverable 9.1 – Pre-Production Test Plan Completed	1	LOT		\$ -	
14		Deliverable 9.2 – System Interfaces Tested and Certified	1	LOT		\$ -	
15		Deliverable 9.3 – Integration Test Completed	1	LOT		\$ -	
16		Deliverable 9.4 – Operational Readiness Test Completed	1	LOT		\$ -	
17		Deliverable 9.5 – Performance Test Completed	1	LOT		\$ -	
18		Deliverable 9.6 – User Acceptance Test (UAT) Completed	1	LOT		\$ -	
19		Deliverable 10 .1– Training and Test Environment Established	1	LOT		\$ -	
20		Deliverable 10 .2– Training Plan Completed	1	LOT		\$ -	
21		Deliverable 10 .3– Solution and User Documentation Completed	1	LOT		\$ -	
22		Deliverable 10 .4– Training Completed	1	LOT		\$ -	
23		Deliverable 11 – RPS Secondary Data Center Environment Established	1	LOT		\$ -	
24		Deliverable 12 – Certificate of Production Solution Completed	1	LOT		\$ -	
25		Deliverable 13.1 – RPS Go-Live	1	LOT		\$ -	
26		Deliverable 13.2 – Warranty Period: Maintain and Support the Production Solution	1	LOT		\$ -	
27		Deliverable 13.3 – Transfer of Solution Administration Responsibilities	1	LOT		\$ -	
28		Deliverable 14 – Post-Implementation Support	1	LOT		\$ -	
29		Deliverable 15 – Post-Implementation Training Completed	1	LOT		\$ -	
30						<b>TOTAL</b>	\$ -

\* Cost - there will be a 20% holdback on all, due upon Final Acceptance  
 \*\* Ongoing Project Management shall be included in this implementation engagement

## REQUIRED FORMS - EXHIBIT 13

### RPS Cost Proposal Form (Page 2 of 4)

### Hardware / Software

Proposer's Name:							Proposer's Comments	
Line #	Category	Item Description	Quantity	Unit of Measure (UOM)	Proposer's Unit Price	Cost * (Qty x Unit Price)		
1	Virtual Hardware	Primary CJIS-Compliant Cloud Environment (Please refer to Task 7 and 12)	1	LOT		\$ -		
2		Secondary CJIS-Compliant Cloud Environment (Please refer to Task 11)	1	LOT		\$ -		
3		Direct Network Connection to the Cloud and County's Data Centers (Initial Setup)	1	LOT		\$ -		
4						\$ -		
5						\$ -		
6						\$ -		
7						\$ -		
					<b>Subtotal</b>	\$ -		
4	Software	3rd Party Software (e.g., OS), for both Primary and Secondary Data Centers	1	LOT		\$ -		
5		RPS Functionality Software	1	LOT		\$ -		
6		a) Regional Photo System (RPS) Solution	1	LOT		\$ -		
7		b) Facial Recognition Exchange Network (FREN)	1	LOT		\$ -		
8		c) Facial Recognition Algorithm	1	LOT		\$ -		
9		d) Pattern Matching Algorithm for SMTs	1	LOT		\$ -		
10						\$ -		
11						\$ -		
12					\$ -			
					<b>Subtotal</b>	\$ -		
13					<b>TOTAL</b>	\$ -		

## REQUIRED FORMS - EXHIBIT 13 RPS Cost Proposal Form (Page 3 of 4) Maintenance & Support (M&S)

**Proposer's Instructions:**

Use this form to list all maintenance and support fees for all Hardware and Software listed on Page 2 (Hardware\_Software) of this Cost Proposal form.

Proposer's Name:													Proposer's Comments
Line #	Category	Item Description	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
1	Virtual Hardware	Primary CJIS-Compliant Cloud Environment											
2		Secondary CJIS-Compliant Cloud Environment											
3		Direct Network Connection to the Cloud and County's Data Centers											
4													
5													
6													
7													
8													
9													
10													
11													
<b>Subtotal</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12	Software	3rd Party Software (e.g., OS) for both Primary and Secondary Data Centers											
13		RPS Functionality Software:											
14		a) Regional Photo System (RPS) Solution											
15		b) Facial Recognition Exchange Network (FREN)											
16		c) Facial Recognition Algorithm											
17		d) Pattern Matching Algorithm for SMTs											
21													
22													
23													
24													
<b>Subtotal</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
25	Misc.												
26													
27													
28													
29													
<b>Subtotal</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
30	<b>TOTAL</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	<b>GRAND TOTAL</b>
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31	Software Engineering Services - Fixed Hourly Rate				Per Hour	\$ -							
32	Hardware Refresh (Year 6) Installation and Configuration Services - Fixed Hourly Rate				Per Hour	\$ -							
33	Training Services - Fixed Hourly Rate				Per Hour	\$ -							
34	Misc. Services - Fixed Hourly Rate				Per Hour	\$ -							
35	Registration Fee for County Staff Attending Contractor's Annual User Conference (for the full event)				Per Attendee	\$ -							

**REQUIRED FORMS - EXHIBIT 13**  
**RPS Cost Proposal Form (Page 4 of 4)**  
**Proposer's Total Bid Cost**

Proposer's Name:				
Line #	Tab Name	Category Description	Cost From Other Worksheets	Proposer's Comments
1	SOW Deliverables	SOW Deliverables	\$ -	
2	Virtual Hardware_Software	Virtual Server Equipment, Network Communication, Algorithms, Browser-based Software	\$ -	
3	M&S	M&S Fees - Including Virtual Hardware, RPS Solution, Algorithms, FREN Software, Direct Network Communication Line, and SLA Service Provisions	\$ -	
4		<b>CONTRACT SUM SUBTOTAL</b>	<b>\$ -</b>	
		Pool Dollars (20%)	\$ -	
5		<b>MAXIMUM CONTRACT SUM TOTAL</b>	<b>\$ -</b>	
6		Fixed Hourly Rate for Software Engineering Services	\$ -	
7		Fixed Hourly Rate for Virtual Hardware Refresh Install/Config Services	\$ -	
8		Fixed Hourly Rate for Training Services	\$ -	
9		Fixed Rate for Misc. Services	\$ -	
10		Fixed Rate for User Conferences	\$ -	

Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.

\_\_\_\_\_  
**Name of Firm**

\_\_\_\_\_  
**Name of its Authorized Representative** **Title**

\_\_\_\_\_  
**Signature of its Authorized Representative** **Date**



**REQUIRED FORMS - EXHIBIT 14**



**LOS ANGELES COUNTY SHERIFFS DEPARTMENT  
FISCAL ADMINISTRATION  
CONTRACTS UNIT**

**CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

Project Number: **582-SH**

Project Title: **REGIONAL PHOTO SYSTEM SOLUTION**

This Confidentiality and Non-Disclosure Agreement (NDA) is intended to protect, in part, the integrity of the contracting process associated with this project as well as various proprietary confidential law enforcement materials developed by the County of Los Angeles, Sheriff's Department.

The County of Los Angeles (County) strives to ensure that there is no actual or perceived conflict of interest or bias in the contracting process. The County also strives to ensure that the County's proprietary confidential materials so-identified by the County and received by prospective Proposer or its employees or agents during or after the proposal submission process, remain confidential and are not disclosed, published, nor made available to any third party in any form.

By signing this NDA, I hereby certify and acknowledge on behalf of Proposer the following:

Initials of Authorized Representative

I hereby agree that NO confidential County materials associated with this project received by me, or our company, at the Mandatory Proposers' Conference or at any time thereafter, no matter how trivial, shall be directly or indirectly communicated by Proposer to any third party in any form, nor to any persons employed by Proposer who are not directly engaged in contributing to the proposal submission process for the subject Project.

\_\_\_\_\_

I further agree, in the event of inadvertent disclosure, Proposer will immediately notify the Department's Contracts Unit. In the event of a need to disclose such information or materials to a third party not directly engaged in the proposal submission process, Proposer will immediately notify and seek approval from the Contracts Unit prior to such disclosure.

\_\_\_\_\_

**I HAVE READ AND UNDERSTOOD THE ABOVE, AND HEREBY AGREE TO COMPLY WITH THE TERMS OF THIS NDA:**

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of its Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Role On Project



## EXHIBIT 15

### VIRTUAL HARDWARE AND SOFTWARE DELIVERY LIST AND SPECIFICATION SHEET

#### ADDED UNDER BULLETIN #7

Proposer must list all virtual hardware and software specifications required for the RPS Solution, where such specifications substantiate Proposer’s pricing quoted in Exhibit 13 (RPS Cost Proposal Form) of Appendix D (Required Forms) to the RFP.

*This Exhibit 15 must be completed and submitted as part of Proposer’s Cost Proposal as further specified in Paragraph 7.10 (Cost Proposal Format) of the RFP.*

Item #	System Component Description	Qty/ Unit	Make/Model/ Version and Part #	Component Specifications
1.	<b>Primary and Secondary CJIS-Compliant Cloud Solution for Production, Recovery, and Test/Train Environment</b>			(Requirement # TE-85)
2.	Cloud Servers *			
3.	Network Hardware			
4.	Tape Library or Backup Array			
5.	Other-Specify			

**(Add additional rows as needed)**

\* Cloud servers needed for Proprietary RPS, Database, Web Apps, Interfaces, Report Server, Audit History, Dashboard, FREN, etc.

## EXHIBIT 15

### VIRTUAL HARDWARE AND SOFTWARE DELIVERY LIST AND SPECIFICATION SHEET

Item #	System Component Description	Qty/ Unit	Make/Model/ Version and Part #	Component Specifications
6.	<b>Software for Primary and Secondary Sites for three environments (Production, Recovery, and Test/Train at LASD Data Center.)</b>			(Requirements # TE-60, TE-84, TE-85, TT-01 and FR-07)
7.	Proposer's RPS Base Software			
8.	Proposer's Base FREN Software			
9.	O/S Software			
10.	Database Software			
11.	FR Algorithm #1 Software (Subscription License)			
12.	Pattern-Matching Algorithm for SMTs Software (Subscription License)			
13.	Virtualization Software			
14.	Anti-Virus Software (McAfee endpoint security provided by County for Primary Site)			
15.	Report Writer Software			
16.	Interface Engine Software			
17.	Dashboard monitoring			
18.	Email Notifications			
19.	Other-Specify			

## EXHIBIT 15

### VIRTUAL HARDWARE AND SOFTWARE DELIVERY LIST AND SPECIFICATION SHEET

Item #	System Component Description	Qty/ Unit	Make/Model/ Version and Part #	Component Specifications
20.	Direct Network Connection from the Cloud to the County's Data Center			(Requirement # TE-85)

**(Add additional rows as needed)**

<b>Proposer's Name</b>	
<b>Completed By</b>	
<b>Email Address</b>	
<b>Phone Number</b>	
<p><b>PROPOSER'S ATTESTATION:</b></p> <p>I hereby attest that the hardware and software to be delivered to the County including all specifications detailed here above, will meet or exceed the stated in Attachment C.4 (Solution Response-Time Requirements) to Exhibit C (Service Level Agreement) for a period of five years from Final Acceptance based on LACRIS' volume and anticipated growth stated in Paragraph 3.0 (Legacy System(s) to be Replaced) of Appendix A (Statement of Work) [360,000 bookings and 250,000 records of subject images per year and two percent volume increase per year].</p>	
<b>Signature</b>	
<b>Title</b>	
<b>Date</b>	

**EXHIBIT 16**  
**CONTRIBUTION AND AGENT DECLARATION FORM**

**ADDED UNDER BULLETIN #9**

This form must be completed separately by all Proposers, 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 ("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 contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from Proposer, any paid agent of Proposer, 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 proposal, 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 Proposer to disqualification from the procurement.**

*This material is intended for use by Proposers, 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.*

HOA.104008393.4  
Rev. [4/16/24]

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

Los Angeles County  
Sheriff's Department

Regional Photo System (RPS) Solution  
Appendix D – Required Forms  
RFP 582-SH

**EXHIBIT 16**

**CONTRIBUTION AND AGENT DECLARATION FORM**

**A. COMPANY OR APPLICANT INFORMATION**

1) Declarant Company or Applicant Name:

[Click or tap here to enter text.](#)

a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal: [Click or tap here to enter text.](#)

b) If applicable, variations and acronyms of Declarant Company's name used within the past 12 months: [Click or tap here to enter text.](#)

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:

[Click or tap here to enter text.](#)

**[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):

[Click or tap here to enter text.](#)

b) Subsidiaries:

[Click or tap here to enter text.](#)

c) Related Business Entities:

[Click or tap here to enter text.](#)

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

[Click or tap here to enter text.](#)

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.

[Click or tap here to enter text.](#)

**EXHIBIT 16**

**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 the contract.

*(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.)*

[Click or tap here to enter text.](#)

- 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.

[Click or tap here to enter text.](#)

**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.

<b>Date</b> (contribution solicited, or directed)	<b>Recipient Name</b> (elected official)	<b>Amount</b>
<u><a href="#">Click or tap here to enter text.</a></u>	<u><a href="#">Click or tap here to enter text.</a></u>	<u><a href="#">Click or tap here to enter text.</a></u>
<u><a href="#">Click or tap here to enter text.</a></u>	<u><a href="#">Click or tap here to enter text.</a></u>	<u><a href="#">Click or tap here to enter text.</a></u>
<u><a href="#">Click or tap here to enter text.</a></u>	<u><a href="#">Click or tap here to enter text.</a></u>	<u><a href="#">Click or tap here to enter text.</a></u>

\*Please attach an additional page, if necessary.

**EXHIBIT 16**

**CONTRIBUTION AND AGENT DECLARATION FORM**

- 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.

<b>Date</b> (contribution made)	<b>Name</b> (of the contributor)	<b>Recipient Name</b> (elected official)	<b>Amount</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

\*Please attach an additional page, if necessary.

**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 Click or tap here to enter text. additional pages attached to this Contribution Declaration Form.

**EXHIBIT 16**

**CONTRIBUTION AND AGENT DECLARATION FORM**

**COMPANY PROPOSERS**

I, [Click or tap here to enter text.](#) (Authorized Representative), on behalf of [Click or tap here to enter text.](#)(Declarant Company), at which I am employed as [Click or tap here to enter text.](#) (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 bid/proposal or delays in the processing of the requested contract.

**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 the contract, 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 the contract after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract.

\_\_\_\_\_  
Signature

[Click or tap here to enter text.](#)

Date



**EXHIBIT 16**

**CONTRIBUTION AND AGENT DECLARATION FORM**

**INDIVIDUAL PROPOSERS**

I, [Click or tap here to enter text.](#), 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 proposal or delays in the processing of the requested contract.

**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 the contract, 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 contract.

\_\_\_\_\_  
Signature

[Click or tap here to enter text.](#)  
Date